

Flex Therapist CEUs

Suicide Prevention

1. Why is it important for healthcare professionals, including Physical Therapists and Physical Therapist Assistants, to receive training in suicide prevention?

- A. Because suicide can be treated solely through physical rehabilitation techniques
- B. Because they are responsible for diagnosing all mental health conditions
- C. Because nearly everyone is likely to know someone affected by suicide, and clinicians are in a key position to identify and refer at-risk patients
- D. Because suicide prevention is only relevant to mental health specialists

2. According to the Washington State Suicide Prevention Plan, what is the belief regarding the responsibility of suicide prevention?

- A. Everyone in Washington has a role in suicide prevention.
- B. Suicide prevention is primarily the responsibility of mental health professionals.
- C. Suicide prevention is solely the responsibility of the health system.
- D. Only family members are responsible for suicide prevention.

3. What is an essential step for healthcare providers when documenting suicide risk in patients?

- A. Ensure frequent follow-ups without documenting specific observations.
- B. Use standardized definitions to facilitate communication of the patient's situation.
- C. Focus on the patient's physical health over mental health issues.
- D. Create narrative descriptions instead of using structured scales.

4. Which of the following best distinguishes suicidal ideation from a suicide attempt?

- A. Suicidal ideation always includes a detailed plan to end one's life
- B. A suicide attempt involves self-harm with the intent to die, but does not result in death, while suicidal ideation refers to persistent thoughts about suicide
- C. A suicide attempt means wanting attention, while suicidal ideation is when someone feels happy.
- D. A suicide attempt is less serious than suicidal ideation

5. Why is it difficult to determine a single root cause of suicide?

- A. Most suicide cases are the result of random, unpredictable events
- B. People at risk of suicide are always willing to share their experiences
- C. There is no known correlation between suicide and personal background or history

D. Suicide is typically the result of a combination of multiple factors such as mental health, age, and life experiences

6. Why is suicide screening important in states like Washington, as mentioned in the course content?

- A. Because it mandates longer training sessions than other states
- B. Because the cost of healthcare is significantly higher in this state
- C. Because it has historically higher suicide rates than the national average
- D. Because the cultural profile demands specialized approaches

7. Which age group has the highest rate of suicide, according to current data?

- A. Older men
- B. Adolescents and young adults
- C. Middle-aged women
- D. Children under 10

8. Which resource is specifically available for veterans to connect to mental health services for suicide prevention?

- A. The National Institute of Mental Health (NIMH)
- B. The Substance Abuse and Mental Health Services Administration (SAMHSA)
- C. The Suicide and Crisis Lifeline (Dial 988 and then dial 1)
- D. The Anxiety and Depression Association of America (ADAA)

9. What screening tool is specifically recommended for standardized suicide screening in rehabilitation settings?

- A. Beck Depression Inventory (BDI)
- B. Patient Health Questionnaire (PHQ-9)
- C. Generalized Anxiety Disorder 7 (GAD-7)
- D. Hamilton Depression Rating Scale (HAM-D)

10. Considering the patient-centered approach, why is it important for rehabilitation professionals to use appropriate communication strategies with suicide-risk patients?

- A. To minimize the need for referrals to mental health professionals
- B. To solely focus on the physical health of the patient
- C. To better understand and support the patient's emotional and mental state
- D. To avoid discussing sensitive topics like suicide

11. What is one of the most important considerations for a PT when screening for suicide risk in a hospital setting?

- A. Assuming screening was already done by another provider.
- B. Using standardized tools to screen patients without assuming prior evaluation.
- C. Focusing on acute care indicators exclusively.
- D. Relying on mental health staff to perform patient screenings.

12. In the home health setting, what is a key responsibility of PTs and PTAs in suicide risk detection?

- A. Treating identified mental health conditions immediately.
- B. Ensuring that all mental health assessments are conducted by psychiatrists.
- C. Notifying family members at the first sign of suicide risk.
- D. Screening patients and referring to emergent care if necessary.

13. Which screening tool was originally developed to assess suicide risk in the pediatric population?

- A. PHQ – Patient Health Questionnaire
- B. SBQ – Suicide Behaviors Questionnaire
- C. ASQ – Ask Suicide Screening Questions
- D. ED-SAFE PSS-3 – ED-SAFE Patient Safety Screener

14. Which screening tool is standardized and quick for PTs to use during every patient interaction as part of a standard evaluation process?

- A. Ask Suicide Screening Questions (ASQ).
- B. Beck's Depression Inventory.
- C. General Anxiety Disorder Scale.
- D. Hamilton Depression Rating Scale.

15. How should a PT respond if a patient answers 'yes' to question 5 of the ASQ, indicating imminent risk?

- A. Ensure the patient is not left alone and arrange for emergent mental health evaluation.
- B. Schedule a follow-up visit for the next week.
- C. Complete a non-urgent formal assessment session.
- D. Provide personal counseling in a private setting.

16. What should PTs prioritize in outpatient settings when patients disclose suicidal thoughts?

- A. Documenting the disclosure for future reference without immediate action.
- B. Immediate referral to behavioral health specialists and ensuring privacy during disclosures.

- C. Assessing the necessity of hospital admission for all cases.
- D. Recording the conversation and reporting it at the end of the day.

17. Which screening tool may be most appropriate for assessing suicide risk in an outpatient physical therapy setting?

- A. ASQ (Ask Suicide-Screening Questions)
- B. PHQ-9
- C. GAD-7
- D. Beck Depression Inventory

18. When a patient screens positive for imminent suicide risk, what immediate action should a provider NOT take?

- A. Alert the behavioral health team for a safety evaluation
- B. Ensure the patient is not left unsupervised
- C. Use judgmental language that might escalate the situation
- D. Remove harmful objects from the patient's vicinity

19. What should a provider do when a screening tool indicates a low risk for suicide?

- A. Admit the patient to inpatient care immediately
- B. Refer to appropriate mental health resources
- C. Monitor without making any referral
- D. Ignore and continue with routine care

20. Which screening tool is designed to determine the severity of suicide risk, including ideation and behaviors, and is also used in emergency care and nonclinical settings?

- A. Patient Health Questionnaire (PHQ-9)
- B. Columbia Suicide Severity Rating Scale (C-SSRS)
- C. Suicide Behaviors Questionnaire-Revised (SBQ-R)
- D. ED-SAFE Patient Safety Screener

21. According to the content, who should directly assess a patient after a positive suicide screening?

- A. Primary care physician
- B. Physical therapist
- C. Registered nurse
- D. Mental health professional

22. Why should a standardized approach to suicide screening be implemented in healthcare settings?

- A. To ensure providers from any setting and background can look at a patient's chart and understand prior and current suicide risks
- B. To reduce paperwork and administrative load on providers
- C. To accommodate variations in patient understanding and communication
- D. To allow adaptation based on the specific healthcare provider's preferences

23. Which of the following is an inappropriate way to communicate with a patient regarding suicide?

- A. Using terms like 'commit suicide' or 'successful suicide'
- B. Providing facts, neutral language, and patient-centered words
- C. Discussing the widespread nature of suicide as a public health issue
- D. Ensuring an environment that is safe and free of judgment

24. What is a communication strategy that best supports patient-centered care when discussing mental health?

- A. Using medical jargon to normalize the conversation
- B. Reminding the patient of the consequences of not seeking help
- C. Adopting neutral language to avoid stigmatization
- D. Focusing on the provider's beliefs about treatment

25. What is a recommended action when an adult patient scores higher than 2 on the PHQ-2 screening tool?

- A. Continue with regular physical therapy sessions
- B. Refer the patient to a mental health professional immediately
- C. Administer the PHQ-9 to further evaluate depressive symptoms
- D. Conduct another medical evaluation to rule out physical causes

26. What is one of the primary roles of screening tools in suicide risk assessment?

- A. Triage the patient into the best possible plan
- B. Conclude mental health diagnosis definitively
- C. Determine the exact treatment duration
- D. Avoid any need for further professional evaluation

27. What is essential for a PT/PTA when working within an organization like Kaiser Permanente regarding mental health referrals?

- A. Always conduct psychotherapy sessions themselves

- B. Avoid referring to mental health to reduce stigma
- C. Refer within their organization to qualified outpatient mental health providers
- D. Refer patients exclusively to hospital inpatient services

28. Which is a correct way to approach a discussion about the Suicide and Crisis Lifeline with a patient?

- A. Avoid mentioning the Lifeline to prevent causing distress
- B. Express gratitude for disclosure and educate on the Lifeline as a resource
- C. Tell the patient that their situation is not serious enough to warrant the Lifeline
- D. Suggest the Lifeline is only for physical health concerns

29. What is a key feature of a patient safety plan for someone transitioning to home?

- A. Focusing solely on medication adherence
- B. Ensuring that patients engage in weekly therapy sessions
- C. Removing any lethal means for suicide attempts
- D. Recommending friends monitor the patient's daily activities

30. Which resource link could be used to find mental health professionals for referrals?

- A. Psychology Today: https://www.psychologytoday.com/us?tr=Hdr_Brand
- B. Washington State Department of Health Suicide Prevention Page
- C. National Institute of Mental Health Suicide Prevention Page
- D. Centers for Disease Control and Prevention Suicide Prevention Page

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