

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
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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.
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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.
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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 involves self-harm with the intent to die, but does not result in death, while suicidal ideation refers to persistent thoughts about suicide
 - D. A suicide attempt is less serious than suicidal ideation
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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
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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
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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)
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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)
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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
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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.
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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.
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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
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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.
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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.
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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.
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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
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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
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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
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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
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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
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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
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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
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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
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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
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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
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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
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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
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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
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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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