Analysis of a Suicide Prevented
With Extended QuikTest Analysis

By Dr. Robert Tippie
MARET Systems International
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I have debated long and hard about posting this as an actual article. I have obtained permission from the individual involved. I will, of course, make sure that complete anonymity occurs. I have decided to write this article since I think it may be of paramount importance to anyone who does any type of crisis counseling – even the most cursory type of crisis counseling intake.

The following events occurred over a period of time from late in 2007 to late February of 2008. The client's records presented in graphic form are real. The name has been blotted out so as to preserve identity. The following demonstrates the viability of the QuikTest Extended Results to determine the volatility and susceptibility of a client to suicide.

The case was one of my own. As stated above, I have obtained permission to post these results. I have posted them anonymously. I will give case history as it is appropriate. Users of MARET are encouraged to revisit the issue of using QuikTest on a regular basis. QuikTest, in this case, saved a life. The progression of results shows the upturn to catastrophic anxiety and depression. The client was weighed down under that burden to the point where taking their own life was the only recourse. The client was subsequently hospitalized in a psychiatric ward for a period of approximately 10 days. Their mood was substantially stabilized in that establishment.

As a cursory issue we will deal with subsequent issues that arose after the client's hospitalization. The client was heavily medicated during their hospital stay. That medication mitigated against recovery and I was faced with some hard ethical choices regarding disclosure of medications.

I am not recommending that everyone follow my lead on this issue. I am, however, informing you regarding my choices in therapy and how those choices worked out in the long run. Use this information for your benefit and your own admonition in your counseling practice – no matter what level of counseling you engage in.

Presentation

The client has presented themselves with substantial issues. Having conducted an extensive intake evaluation and interview, the following indicators are present:

- Major Depressive Episode
- Dysthymia
- Panic Attacks (jury still out on Panic Disorder)
- Significant Physical Health Issues
- Physical Abuse During Childhood

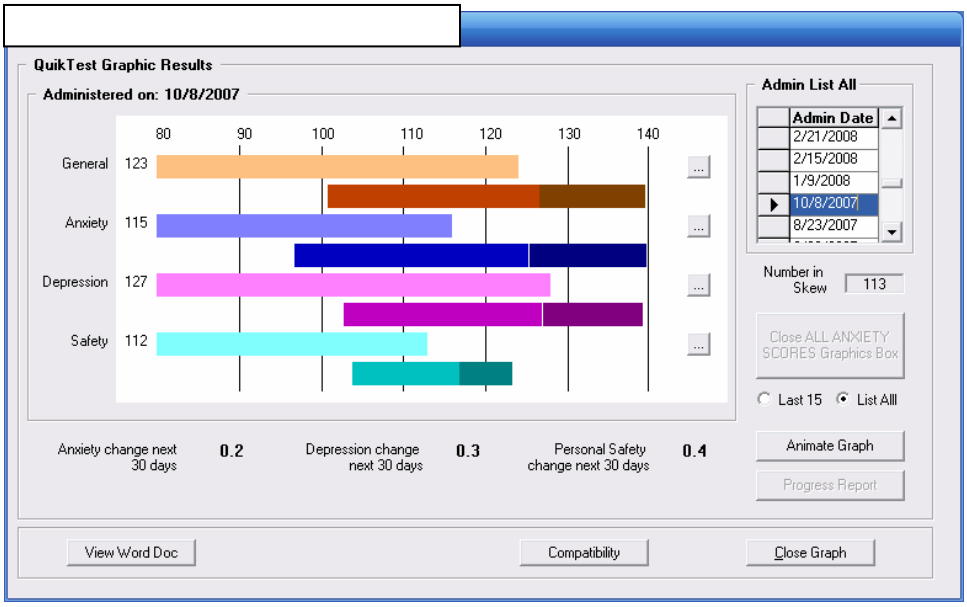
Drug use at this point included Klonopin only. There were no other drugs indicated (legal or illegal). The Klonopin was a natural proscriptive progression from Xanax (1 mg 2x daily) which had stopped working since Xanax is a short-term anxiolytic. The primary care physician opted for the longer-acting anxiolytic Klonopin.[1]

A QuikTest Indicator of Crisis

The client has been active for a significant period of time. The client has taken QuikTest in excess of 100 times. The graphs tell the story and the graphs indicate why you also should be using the extended QuikTest capabilities (they are free!).

The graph below represents a relatively baseline graph similar to all that had proceeded it. Although there are some elevations, those elevations presented themselves throughout the course of therapy. This graph is not unusual from previous graphs.

Both the anxiety and the depression scores are very significantly elevated in the graph below. Any score above 120 is significant. Yet, this is the "normal" scoring range for either anxiety or depression for this client (although there is wide variance). The safety score is relatively low and in normal range which is somewhat reassuring in light of the higher anxiety and depression scores. This score was recorded on October 8th. 2007.



[1] The effects of Xanax typically only last 4 hours or so. Klonopin, however, lasts as long as 12 hours. Thus, the patient can have the same effect of Xanax for 12 hours instead of 4 hours by switching to Klonopin. The negative aspects of Klonopin include the fact that it is a regimented drug – it must be taken daily without interruption or the patient may suffer seizure disorder. Klonopin use should be a warning sign to the therapist that a client is suffering from very extreme anxiety issues. Usually primary care physicians will couple this drug with an antidepressant. In this case, the PCP did not at the request of the patient who has suffered severe negative reactions to SSRI-type antidepressants in the past.

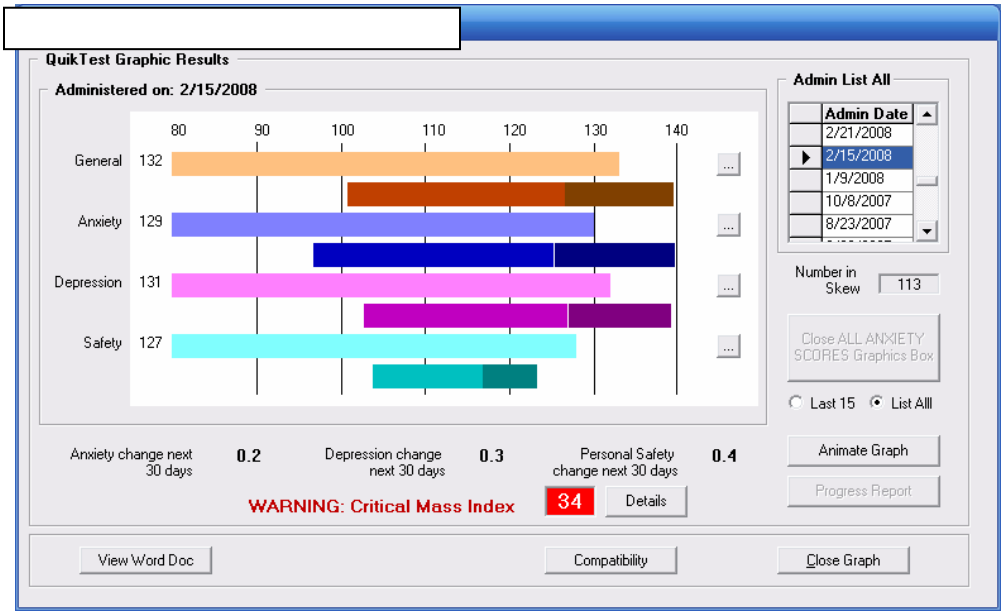
A Point of Immanent Suicidal Threat

While there were QuikTest results prior to the one presented below, I have presented this one because it shows the clear deterioration of the client's condition. In addition to all of the other factors that were weighted upon the client, the client has now suffered a severe financial and social setback. This seems to have pushed them over the edge.

In the previous counseling session, the client was significantly troubled, yet they were in control of themselves. In this case, the client appeared to be in the process of losing control of their entire psyche.

Notice now that the anxiety and depression levels have slipped into the 130s. Any score in the 130 range is never good – even for a client suffering from chronic conditions. Also notice that the safety score has eroded to the upper 120s from a more stable 112 previously. These scores are significantly. And, quite frankly, I should have hospitalized this individual against their will with these scores.

I don't care who the client is and what their previous scores have been. These scores are dangerous and no one can sustain these types of scores for any period of time without catastrophic consequences.



Time for a Trip to the Hospital

The next set of QuikTest results were recorded one week later. It was evident at that point that the client had reached a critical mass in their anxiety and depression levels. These scores left me with little or no recourse. The anxiety and depression scores were again elevated by another 10 points from the disastrous scores of the previous week. Furthermore, the safety score had stayed at the previous level of 127. This gave the client a Critical Mass Index of 69 out of 100. This was a suicide waiting to happen and I knew it.

The client was willing to admit that they were considering the prospect of suicide. After questioning the client it was determined that they had decided upon hanging as the method of suicide. The client also indicated that they could not "make it through the weekend" in their current state. Thus, that was enough

for me to decide that the client had a nonspecific date in mind. Examining the graph above, the therapist can see one case in which suicide is most definitely indicated.

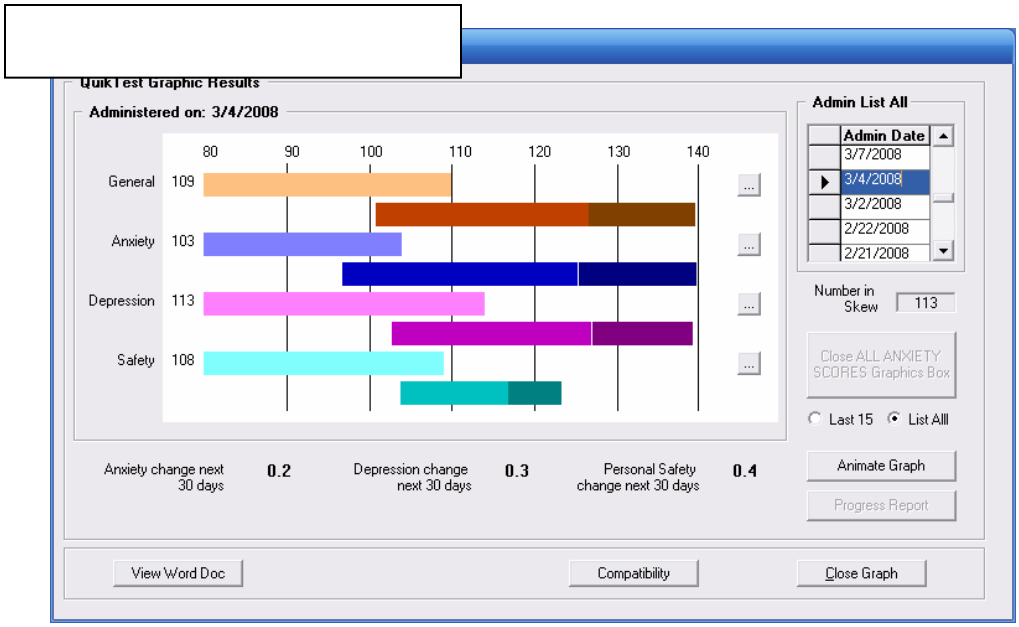
An ambulance was called for the client who did not resist the effort for intervention. The client's wife was also called and she was appreciative that a medical option had been taken to prevent suicide.

Notice the severity of the scores indicated below. The therapist should understand that I waited at least one week too long to intervene in this situation. It should have been done the week prior. The client was most likely in danger the entire week. Scores should never exceed that indicated in the previous week (although I allowed it to happen since the client was coherent).

Post-Hospital Scores

The client was hospitalized for a period exceeding one week. They were engaged in intensive and appropriate psychotherapy specifically related to their suicidal ideations. The result was a substantial decrease in anxiety scores, in depression scores, and in personal safety scores. All of those scores were brought within normal ranges.

Those scores are indicated on the graph below.



One of the hazards of inpatient treatment, however, is that the client is never allowed to leave in patient treatment without a drug regiment. This client entered in patient treatment using 1 milligram of Klonopin in the morning and 1 milligram of Klonopin in the evening. This regiment had been engaged for a period no less than one year (indicating that the client was in all likelihood addicted to Klonopin and would suffer serious withdrawals, including seizure disorder if the abruptly discontinued drug use).

During the client's in patient stay, the attending psychiatrist placed the client on Remeron due to the fact that the client had expressed a previous negative reaction to SSRI-based antidepressants. This was in addition to the Klonopin (which was maintained by the psychiatrist).

Current QuikTest Results

Post-hospital treatment continued. The patient expressed the fact that they felt much better and more in control following their hospital stay. However, over the ensuing weeks, the client began to express that the drugs – especially the Remeron – were causing significant disruption of daily activities. This included what appeared to be hallucinogenic or pre-hallucinogenic states in which the client was confused between reality and non-reality. The client was also experiencing heightened states of arousal that boarded on Panic Attacks, which were outside of previous norms.

In my expert opinion, I believed that the drugs were presenting an unsafe condition for the client. The client was advised to immediately contact their psychiatrist for a consultation. The psychiatrist was less than accommodating and instructed the client to remain on the drugs, despite the fact that it was apparent that the drugs were causing a reaction stated on the website of the drug manufacturer.

The client contacted me and stated that they wished to curtain all drug activity. I advised the client that it was not safe to simply stop using either of the drugs that the client was taking. I reinforced to the client that both drugs could have serious withdrawal affects if they were discontinued abruptly.

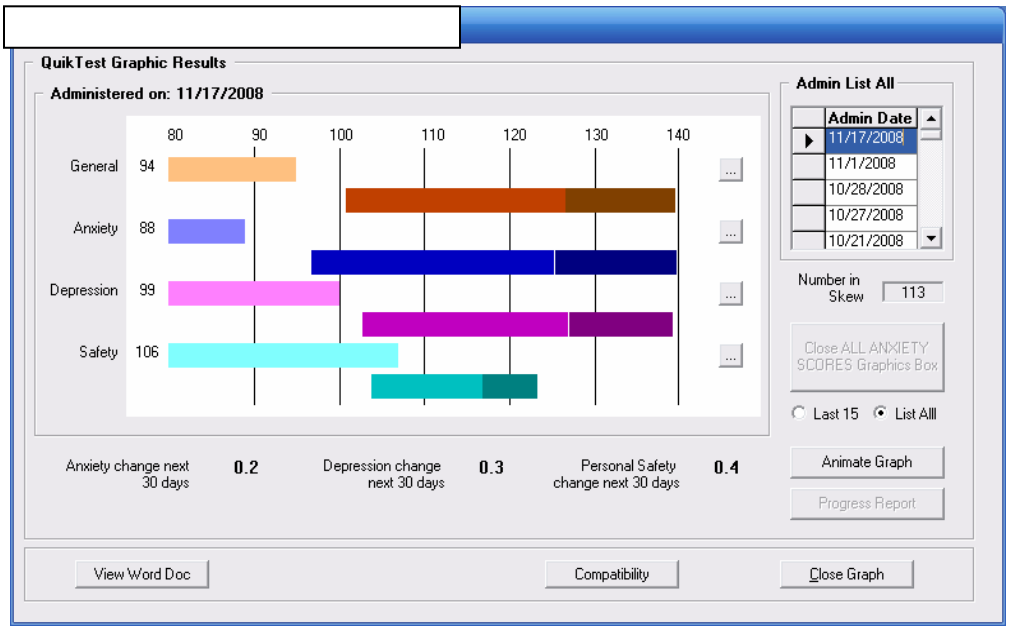
The client was told that if they wished to cease using the drugs they should contact a trusted pharmacist who might tell them how to successfully curtail drug use. The client did so and faithfully followed the

recommendations and guidelines of the pharmacist. With a four-week period of time, the client was drug free.

I continue to see the client with very successful results. The clients most recent set of QuikTest results are posted below. These results indicate no drug use at all. This set of results, as can be seen, are among the best that the client has displayed thus far.

It is my hope that this article will help those who counsel anxiety and depression. I hope that you see the critical state that someone can be in and that you learn to recognize significant scores that might indicate an immanent threat of suicide.

If you have any questions or comments, please feel free to contact me.



Bob at MARET Systems International
maretsoftware@yahoo.com