

The Tool for Assessment of Suicide Risk for Adolescents (TASR-A): How to use the TASR - A

The TASR-A was developed to assist in the clinical evaluation of young people at imminent risk for suicide. It was created by clinicians with expertise in the area of adolescent suicide assessment and the development and application of various scales and tools in clinical, research and institutional settings. The TASR-A was derived from the Tool for Assessment of Suicide Risk (TASR) that was developed for clinical use in emergency room, hospital and outpatient settings in the assessment of imminent suicide risk in adults. The adult TASR is found in the book: *Suicide Risk Management: A Manual for Health Professionals* (Kutcher and Chehil; Wiley-Blackwell, 2007).

The TASR is intended for use as part of a comprehensive mental health assessment of a young person considered to be at risk for suicide. The clinician should conduct the assessment in her/his usual manner and then score the TASR-A. If sections of the TASR-A have not been addressed in the interview, then the clinician should then go back and address them with the patient. A notation of the presence or absence of each risk factor identified on the TASR-A should be made in the appropriate space provided. Once the TASR-A has been completed, the clinician comes to a clinical decision as to the level of risk for imminent suicide and notes that in the space provided on the TASR-A.

The TASR-A is not a diagnostic tool since suicide is a behaviour rather than a medical diagnosis. The TASR-A is also not a predictive tool since there is no tool that can be demonstrated to predict suicide. Rather, the TASR-A is a semi-structured instrument that the clinician can follow to

ensure that the most common risk factors known to be associated with suicide in young people have been assessed. The tool also provides the clinician with a convenient overview of the entire risk factor assessment, thus allowing the clinician to make a best judgment call as to the level of risk for imminent suicide. Furthermore, the TASR-A provides an excellent documentation of the comprehensiveness of the suicide risk assessment conducted by the clinician and thus may be useful for both clinical record keeping and in medico-legal cases.

The TASR-A also includes a section in which the 6 item KADS score for depression can be recorded. This is important for a number of reasons. 1) Suicide, like behaviours, can often be the entry point for clinical assessment, and depression is a common risk factor for youth suicide. 2) The presence of a depressive disorder increases the probability of suicide in young people. 3) Treatment of depression has been demonstrated to decrease suicide attempts. The 6-item KADS can be accessed on the [professionals section of our website](#).

The 6-item KADS is designed for use in institutional settings (such as schools or primary care settings) where it can be used as a screening tool to identify young people at risk for depression or by trained health care providers (such as public health nurses, primary care physicians) or educators (such as guidance counselors) to help evaluate young people who are in distress or who have been identified as possibly having a mental health problem.

Permission and Training

The TASR-A can be used by expert clinicians (such as child and adolescent mental health staff working in sub-specialty or academic settings) without additional training. Training in the use of the TASR-A for other health providers is advised and can be arranged for groups of 10 or more by contacting the office of the Chair. Depending on the group, the duration of TASR-A training ranges from one to three hours.

The TASR-A is available freely for use but may not be sold, copied or otherwise distributed without the express written consent of Dr. Stan Kutcher.

We appreciate any feedback on the use, outcome or suitability of the TASR-A from any individual or group who is using it. Feedback can be directed to Dr. Stan Kutcher by email at skutcher@dal.ca.

Clinicians, educators, youth workers and others interested in other training programs pertaining to youth depression and suicide offered by the Chair can find further information by visiting the [training programs section of our website](#).

Instrumento para Medir el Riesgo Suicida: Version Adolescentes
(IMRS-A)

Nombre _____

Expediente _____

Perfil de Riesgo	Si	No
Masculio		
Historia Familiar de Suicidio		
Enfermedad Psiquiatrica		
Abuso de Sustancias		
Pobre Apoyo Social / Problemas Ambientales		

Sintomas de Riesgo	Si	No
Sintomas Depresivos		
Sintomas psicoticos		
Desesperanza / Minusvalia		
Anhedonia		
Ira / Impulsividad		

Perfil de Riesgo Durante la Entrevista	Si	No
Ideacion Suicida		
Planeacion Suicida		
Acceso a objetos o sustancias letales		
Conductas Suicidas Previas		
Conductas Suicidas Previas		
Problemas Actuales vistos como Insolucionales		
Alucinaciones de tipo commando (Suicidas / Homicidas)		
Uso Reciente de Sustancias		

Calificacion total del EDAK: _____

Nivel de Riesgo Suicida Inmediato

Alto _____

Moderado _____

Bajo _____

Decision terapueutica _____

Entrevistador _____

Fecha _____