### STUDY GUIDE

**CHAPTER 16**

1. Define suicide.
2. What did Shneidman believe all suicides had in common and were traceable to? What four types of suicide did he distinguish?
3. How did Shneidman define subintentional death? What four types of subintentional death did he distinguish?
4. Cite statistics on suicide as a cause of death.
5. How have views about suicide changed across history?
6. Define suicidal behavior disorder. Where is this disorder currently listed in the DSM-5-TR?
7. What is suicidal ideation? What arguments are made for or against suicidal behavior as a distinct DSM-5-TRdisorder given its high comorbidity with many other presenting problems?
8. Summarize the position of critics who contend that suicide has been unnecessarily medicalized.
9. Define nonsuicidal self-injury (NSSI). What is the status of this disorder in the DSM-5-TR and ICD-11? Name different types of self-injury that would fall under this diagnosis.
10. What is the relationship between NSSI, other presenting problems, and suicidal behavior?
11. Explain why the HPA axis and cortisol are being studied for the potential roles in suicidal behavior.
12. What neurotransmitter is suspected of playing a role in suicidal behavior and what is that suspected role?
13. What challenges do researchers searching for suicidal biomarkers face?
14. Indicate what drugs are prescribed for suicidal and self-harming behavior. What is the evidence base for using these drugs?
15. What kinds of explanations do psychodynamic therapists offer to explain suicide and self-harm?
16. How do cognitive-behavioral therapies (CBT) conceptualize suicide and self-harm?
17. Outline the techniques used in CBT for suicide prevention (CBT-SP).
18. How do humanistic therapists think about suicide? What therapy approach might they adopt and why?
19. What are the four kinds of suicide, according to Durkheim?
20. What roles do sociocultural theorists see gender, and age playing in suicide?
21. What is the Werther effect? What evidence is there for this effect?
22. What are suicide prevention programs? Be sure to mention phone hotlines and crisis intervention.
23. What is safety planning? Is it effective?
24. What are suicide public education programs? What evidence is there for them?
25. Explain what method restriction is and how it is used to prevent suicides.
26. Define the “thank you” theory of involuntary commitment. Describe arguments for and against hospitalizing suicidal people against their will.
27. Can we predict who will commit suicide?
28. Define the biopsychosocial model and eclecticism. What are the main arguments in favor of and against them?
29. List and define the five general principles of the American Psychological Association’s ethics code.
30. What is informed consent? Why is it important in research? Describe some infamous cases in which informed consent was not obtained.
31. What are the Nuremberg Code and the Declaration of Helsinki?
32. Why is extra attention to informed consent needed when using research participants from vulnerable clinical populations?
33. Define confidentiality. Why is it important in clinical practice?
34. How is privilege different than confidentiality?
35. What is the ethical principle of competence and how can therapists use it to guide their clinical practice?
36. Define what conflicts of interest are and how they can pose ethical difficulties for clinicians.
37. What is access to care? Outline common barriers to access.
38. How has telehealth improved access to care?
39. Define insanity and the insanity defense. Why are these considered legal, rather than psychological, terms?
40. Briefly outline historical antecedents of the modern insanity defense.
41. What was the *M’Naghten* case and how did it lead to the establishment of the M’Naghten test?
42. Differentiate the following legal tests of insanity: M’Naghten test, irresistible impulse test, Durham test, and the model penal code test.
43. How did the Insanity Defense Reform Act (IDRA) affect the insanity defense in the United States?
44. What is the U.S.’s guilty but mentally ill (GBMI) verdict?
45. Describe how the insanity defense is used in various countries around the world.
46. What is Canada’s not criminally responsible on account of mental disorder (NCRMD) verdict?
47. Sketch arguments for and against the insanity defense.
48. In the past, how were defendants in England “encouraged” to participate in their own defense? When did such practices end?
49. How is competency to stand trial defined in the United States? Describe the famous Supreme Court case that established the requirement that defendants facing trial be competent.
50. In the U.S., how is competency determined? What happens to defendants declared mentally incompetent?
51. Outline controversies and issues in declaring defendants legally incompetent.
52. Distinguish criminal from civil commitment.
53. What forms of government power provide the legal basis for civil commitment?
54. Differentiate temporary from extended commitment.
55. What are the goals of extended commitment? What requirements must a person meet for extended commitment to be imposed?
56. What is involuntary outpatient commitment (IOC)?
57. Explain arguments for and against civil commitment.
58. What is the right to refuse treatment? On what grounds might someone refuse treatment?
59. What happens when a patient refuses treatment?
60. Summarize arguments for and against the right to refuse treatment.
61. What is the right to treatment? What federal case in the U.S. established a right to treatment and what constitutes the minimal care this ruling said people are minimally entitled to?
62. What was the *Osheroff* case and how is it relevant to the debate over whether the right to treatment requires the use of empirically supported treatments (ESTs)?
63. What was the *Tarasoff* case and how did it establish a legal duty to warn for U.S. clinicians?
64. What is the duty to warn?
65. What is the duty to protect?
66. What challenges and problems have been identified in the duties to warn and protect?