

SLAP / PALS

There is a method known as SLAP (or some people prefer PALS) for determining suicide risk.

S: Social support - does the person have social support? Someone with little or no social support is at higher risk.

L: Lethality - If the person has a plan, how lethal is the method? A gun is more lethal than a pill overdose.

A: Access - This is access to the method. Does the person have the pills or would they have to get them? Do they have the bullets or would they have to stop by Wal-Mart?

P: Plan/previous attempts - Does the person have a plan about how they would kill themselves, or just some vague notion that it might be better if they were dead? People with a specific plan or who have previously attempted suicide are at higher risk.

Now, if you suspect someone might be suicidal, simply ask them if they are planning on hurting themselves. Most of the time if they are, they will tell you!

The SLAP interview protocol can be used when a person has expressed suicidal ideation. The focus of this interview is to figure out the lethality of the person's plan or whether the person has really thought through what he or she is going to do. The questions are posed in regard to:

- S = the specificity of the plan in regard to time, place, and other details. Which plan speaks to increased risk for a successful suicide?
- L = the lethality of means. Which means are least/most likely to be harmful?
- A = availability of the means. Which means are most accessible given the environment?
- P = what is the proximity to rescuers or foilers? Which plan is most likely to be obstructed?

When risk for suicide has been determined, both nonpharmacologic and pharmacologic treatment plans should be developed.

This is not meant as medical advice, but it might help you to have this in your head if you know someone that might be at risk for suicide so you can help them get professional help.

http://www.medscape.com/viewarticle/578395_2