

Conduct testing in a prison

Psychology



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Conduct Testing In a Prison Conduct Testing In a Prison People who are preoccupied with suicidal ideation have a particular preoccupation in the act. Usually, people do not die through suicide unless they both have the desire of dying through it as well as the ability of doing so. Usually, people who have been holding two particular psychological states in the mind at the same time, and for an adequately sufficient time, have a high tendency of committing suicide. These two psychological situations are a sense of social alienation or low belongingness and perceived burdensomeness (Fisher, 2013). The male, in the case, felt socially alienated after his wife was away. He was in a helplessness situation since he was going to face too many years in prison. However, this young man did not commit suicide based on the fact that he did not hold the two psychological states in the mind for an adequate period. This gives the implication that he was not meeting the conditions of committing suicide (Fisher, 2013).

On the other hand, the businessman had experienced depression for a long time. Even after the family took away his guns and the man promised the psychiatrist that he would not commit suicide, he went ahead and bought a new gun which he used to kill himself. This shows that he was adequately prepared to commit suicide. On the same note, even people who have a high suicidal attempt rate can deny these feelings such that even the most experienced psychiatrists cannot detect it.

Psychiatrists should assess for the self-preservation tendency in the victims. It is a solid enough instinct such that only a few people can overcome it through force of will. People may have developed a boldness of death, injury, and pain, which are acquired through having experience painful and provocative events repeatedly. The experiences include previous self-injury, <https://assignbuster.com/conduct-testing-in-a-prison/>

numerous physical fights, repeated accidental injuries, and occupations such as front-line soldier and physician where exposure to injury and pain, either vicariously or directly, is common (Fisher, 2013).

Mostly, people who commit suicide have the acquired lethal self-injury ability. If one has a high suicide tendency, there is a need for urgent psychiatric assistance as well as effective psychotherapeutic treatments.

There should be an assessment of the actual psychological features of the individual so as to promote application of psychotherapeutic crisis interventions. It can define a treatment that is guided by the assessment.

The psychodynamic suicidal crisis intervention model can also be used.

Before psychotherapy for the individuals defined in the case study is began, there is a great need to define their psychological assessments, select the treatment (inpatient/ hospital or out-patient clinic), assess pharmacotherapy indications, as well as the psychotherapy. Assessing the unconscious and conscientious conflicts that lead to an attempt of suicide should form the initial foundation of the therapist's work and use of the psychotherapeutic crisis intervention (Fisher, 2013).

There is a need for regular suicide screening programs among people who have expressed the desire to commit suicide. These can be greatly helpful since research indicates that suicidal individuals often express signs of emotional distress or depression. If the psychiatrist identifies a strong desire for suicide in the individual, effective treatment should be begun immediately.

More importantly, for William's family, the family should be guided on the close connection between stress, suicide ideation, and suicide. The causes as to why the wife makes such statements should be identified and addressed.

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The family has a great role in preventing a member's suicide based on the ethical codes (Fisher, 2013).

References

Fisher, C. B. (2013). *Decoding the ethics code: A practical guide for psychologists* (3rd ed.). Thousand Oaks, CA Sage Publications, Inc.