Implicit Association Testing May Predict Future Suicide Attempts

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The Implicit Association Test (IAT) is often used to measurebias for or against other people, but research in *Psychological Science* suggests that it may also serve as a valuablediagnostic tool, helping practitioners to identify and provide additionalsupport to individuals at risk of attempting suicide.

"Suicide is difficult to predict and prevent because peoplewho consider killing themselves often are unwilling or unable to report theirintentions," Nina Tello (Université de Poitiers, France) and colleagues explain."Measures of implicit cognition may be useful for detecting and predictingsensitive clinical behaviors that are unlikely to be reported."

The study was designed to serve as a direct [replicationof research on suicide risk](#) by APS Past President Mahzarin R. Banaji,APS Fellow Matthew K. Nock, and colleagues.

Similar to the original study design, Tello and colleaguesbegan by administering the Suicide IAT (S-IAT) to 165 patients, 50 of whom hadmade a suicide attempt in the previous week, who were receiving treatment in apsychiatric facility in France. The S-IAT measures the strength of individuals'automatic

associations between the self and death by comparing how quicklyparticipants categorize *self/death*and *others/life* pairings, and viceversa. An individual who responds more quickly to *self/death* pairings (e.g., die/me and funeral/I) and *others/life* pairings (e.g., thrive/theyand breathing/theirs) than they do to *other/death*or *self/life* pairings, for example,would score high on the test, suggesting they may be at heighten risk ofattempting suicide.

Participants also completed the Self-Injurious Thoughts andBehaviors Interview (SITBI), a questionnaire on the frequency, duration, andcontrollability of suicidal thoughts, and the Beck Scale for Suicide Ideation(BSSI), which assesses individuals' history of suicidal behavior. Sixth monthslater, 60% of these participants completed the SITBI and BSSI again, andprovided the researchers with their hospital medical records, including recordof any suicide attempts.

Overall, the S-IAT was found to be 85% accurate in predictingfuture suicide attempts among participants who responded at both time points –a slightly higher rate than the 75% accuracy suggested by Nock and Banaji'sfindings. This remained true even when controlling for clinical conditions andparticipants who could not be reached by phone for follow-up, the researchersnote. These findings make the S-IAT seem a good predictor offuture suicidal behavior, beyond other explicit measures and well-known suicidepredictors.

"Implicit identification with death or suicide stronglypredicted future suicide attempts over 6 months, over and beyond other clinicalpredictors," Tello and colleagues concluded.

Unlike in the previous study, Tello and colleagues did not findindividuals who had recently attempted suicide to score significantly higher onthe S-IAT than those who had not. The average S-IAT score was higher amongparticipants who had attempted suicide at any point in time than those who hadnot, however. Since participants in the control group at a psychiatric unit hada higher than average prevalence of previous suicide attempts than the generalpopulation in France, it's possible the medical histories of the control andexperimental groups were too similar to detect a difference in this area, Telloand colleagues suggest.

These findings support a growing body of research suggestingthat measures of implicit cognition can, in some cases, better predictreal-world behavior than explicit measures.

 "Suicidal thoughtsoften are held privately and are not detectable by others or even by oneself," Telloand colleagues write. "Implicit identification with death or suicide should beassessed early, and patients with an implicit bias toward suicide should begiven special attention and care."

The [NationalSuicide Prevention Lifeline](#) *is available 24 hours at 800-273-8255 inthe United States. For a list of international resources, please visit the* [SuicideStop International Help Center](#)*.*

References

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