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Testing the psychometric properties of the self-harm and suicide disclosure scale

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ABSTRACT

Suicide-related disclosure is an important component of identifying individuals at risk for suicide. However, no standardized measures exist to assess the degree to which individuals have disclosed suicide-related experiences. Therefore, the present study tested the psychometric properties of the *Self-Harm and Suicide Disclosure Scale*. A sample of 142 individuals, predominantly female and Caucasian, with ages ranging from 18–77 who had experienced suicidal ideation or behavior in their lifetime completed online surveys. A Rasch model analysis was used to test the item and individual separation and reliability and model fit of the instrument's use for disclosure to both family and nonfamily members. Analyses indicated strong item separation and reliability. Items were removed to improve model fit, resulting in two revised instruments. Findings indicate the *Revised Suicide and Self-Harm Disclosure Scales* are appropriate measures for assessing the depth of suicide-related disclosure. Future studies should attempt to replicate these findings with a more diverse sample.

1. Introduction

Disclosure of current suicidal ideation or behavior—that is, communication about the depth and variety of one's current experiences with suicidal ideation or behavior—is the most straightforward method for identifying individuals at risk for suicide. Without it, loved ones and professionals are forced to watch for warning signs to detect who is at risk and in need of services. Subsequently, disclosure is vital for ensuring that treatment and support networks are meeting these individuals' needs. Even while in treatment, the concealment of suicidal ideation and behavior could have a devastating impact, potentially resulting in ineffective strategies that do not help suicidal individuals, or worse, that exacerbate their symptoms. Information regarding the context of disclosure and the role of social network members in the disclosure process could be beneficial to clinicians working with suicidal populations and researchers developing new interventions.

Similarly, disclosure serves an important role in safety planning and the crisis response process. Safety planning typically includes a prioritized list of coping strategies that individuals can use to manage a suicidal crisis (Stanley and Brown, 2008). These plans typically require clients or patients to identify a support person they can call for support if other coping strategies are not effective (e.g., Jobes, 2006; Stanley and Brown, 2008). However, this option assumes that suicidal individuals will feel comfortable disclosing their suicidality to this support person. Interviews with attempt survivors indicated that comfort levels with disclosure may change over time (Frey et al., 2018), and it may be especially difficult to disclose when one is currently suicidal, given that suicidal desire is often accompanied by feelings of isolation and burdensomeness (Van Orden et al., 2010). Yet, there are no current strategies for assessing one's willingness to disclose or past experiences of disclosure. Similarly, research has not examined variations in disclosure between family and nonfamily members. The context of family relationships has been linked to a variety of mental health issues (see Hooley, 2007 for review), and these effects likely extend to suicidal experiences and disclosure. For this reason, some individuals may choose to disclose to nonfamily members (e.g., close friends) for support instead of family members. Assessing the degree to which someone discloses to another individual could be an important tool for measuring emotional support in one's social network.

Another primary concern with the current literature on suicide-related disclosure involves measurement. Previous attempts at measuring disclosure are often limited to single items that categorize disclosure based on whether it occurred (Beck et al., 1974; Logan et al., 2015) or query the number of people to whom that individual disclosed (Pruitt et al., 2016; Talley and Bettencourt, 2011). Other issues arise when studies rely on data, such as the National Violent Death Reporting Systems (NVDRS), that only accounts for disclosure if it was mentioned in reports from law enforcement or coroner/medical examiners,

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toxicology reports, or death certificates (Logan et al., 2015). This method omits disclosure that was not captured in these records. Moreover, these reports do not provide information about the depth of disclosure that occurred. For example, there is no indication of whether individuals disclosed how often ideation occurred, when or where ideation occurred, or why ideation developed (e.g., triggers). Individual experiences of suicide vary according to severity and symptomology, and the degree of disclosure can similarly vary. Our previous research measuring the depth of disclosure suggests that higher degrees of disclosure are linked to more helpful confidant reactions (Frey et al., 2016b; Frey and Fulginiti, 2017). However, the measure used in these studies was not tested for validity or reliability. Therefore, a psychometrically sound instrument is needed to determine not only whether disclosure has occurred but also the degree to which individuals have disclosed their suicide-related experiences.

Additionally, the decision to disclose varies and is likely dependent on the recipient of the disclosure. Previous research indicated that only 14% of social network members were named as individuals to whom suicidal individuals had disclosed (Fulginiti et al., 2016), highlighting that only a few social network members may be aware of one's suicidal experiences. A study of undergraduate students found that roughly two-thirds of those who seriously considered attempting suicide were more likely to tell a friend before anyone else (Drum et al., 2009). These findings suggest a dangerous possibility: A suicidal individual may disclose to someone with whom they feel comfortable yet who is not knowledgeable about the need for intervention or where to go for help. More concerning would be those occurrences when a suicidal individual discloses to someone who responds in a negative or stigmatizing manner (Frey et al., 2016a). For these reasons, instruments that measure disclosure also need to account for disclosure that changes based on each unique confidant.

1.1. The present study

The purpose of the present study is to determine whether the *Self-Harm and Suicide Disclosure Scale* is a valid and reliable instrument for assessing suicide-related disclosure among individuals with lived experience of suicide. In several ways, this study contributes to the Rasch model (refer to Data Analysis section) and those with lived experience of suicide. First, this study examines how well the Rasch model distinguishes between scale items and those with lived experience. Second, the study provides an examination of how well the items and individuals with lived experience lie on the continuum of disclosure. Third, the study examines the dimensionality and separation of the disclosure items. Fourth, if any of these issues are deemed unsatisfactory based on agreed-upon standards, this process allows for and guides re-specification to obtain satisfactory results.

2. Method

2.1. Sampling plan and sample characteristics

Recruitment and data collection occurred in late 2013 and early 2014 as part of a larger study examining the role of suicide stigma, suicide-related disclosure, and family relationships. Published studies have used the original scale to test disclosure as a predictor of depression symptoms (Frey et al., 2016b) and interpersonal needs (Frey and Fulginiti, 2017). The original scale was published as an appendix in the Frey et al. (2016b) report. However, neither of these studies tested the psychometric properties of the scale nor made alterations to the full, original scale items. Invitations to complete an online survey about "suicide stigma and family interactions" were posted on listservs maintained by the American Association of Suicidology and distributed by interested parties (e.g., Suicide Prevention Resource Center, Suicide Anonymous, etc.) to utilize snowball sampling (see Appendix A for full invitation). To be eligible for the study, respondents were required to be at least 18 years old and have previously experienced suicidal ideation. The survey was started by 198 respondents, but roughly a fourth of respondents (28.2%) did not complete the larger survey; respondents were omitted from the present study if they did not complete the survey (n = 56). Demographic questions were placed at the end of the survey, and all omissions left the survey before answering any questions related to disclosure; therefore, demographic and disclosure information are not available for these respondents. Little's MCAR test was used to support our assumption that other missing data was missing at random, $\chi^2 = 177.78$, $p = .833$. No incentives were provided for participation, and the institutional review board affiliated with the first author's previous institution approved this protocol.

Table 1
Demographic characteristics of participants (N = 142).

Characteristics	*n*	%
Sex		
Male	32	22.5
Female	109	76.8
Transgender	1	0.7
Race/Ethnicity		
Caucasian	127	89.4
Hispanic/Latino	6	4.2
African American	3	2.1
Asian/Asian American	3	2.1
Middle Eastern	2	1.4
Other	1	0.7
Relationship status		
Single, never married	59	41.5
Married	46	32.4
Divorced	23	16.2
Separated	13	9.2
Widowed	1	0.7
Parenthood status		
Children	64	45.1
No children	77	54.2
Missing data	1	0.7

These methods resulted in a sample of 142 individuals with ages 18–77 (M = 38.8, SD = 13.1) who were primarily female (76.8%) and Caucasian (89.4%). Frey et al. (2016b) originally reported 144 had completed the survey; after further examination, we discovered two additional respondents terminated the survey early and therefore were omitted from this study. Frey et al. (2016b) also focused on measures related to family-only disclosure, which limited its sample to only 74. Table 1 presents demographic information for the present study. Roughly 22.5% were male with 1 transgender individual. Additional races and ethnicities represented in the sample included 4.2% Hispanic or Latino, 2.8% Asian or Asian American, 2.1% Black or African American, 1.4% Middle Eastern, and 0.7% indicated they identified as an option not listed (Other). The survey did not assess country of origin or residence; however, given that our data collection used outlets that serve primarily U.S. yet some international populations, it is possible that some respondents resided outside of the U.S. Less than half (41.5%) of respondents were single and had never married, 32.4% were married, 16.2% were divorced, 9.2% were separated, and 0.7% were widowed. Among those with children (45.1%), the number of children ranged from 1–8 (M = 2.0, SD = 1.3). Over two-thirds of the sample had attempted suicide (69.7%), 8.5% had experienced ideation with intent and plans but did not attempt, 7.7% had experienced ideation with the intent to die but no plans, and 14.1% had experienced ideation with no intent or plans.

2.2. Instrument description

The *Self-Harm & Suicide Disclosure Scale* (Frey et al., 2016b) was developed to assess the depth of disclosure regarding past and current

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