

To: All Providers
From: PerformCare
Date: July 16, 2025
Subject: Suicide Prevention #24: Acquired Capacity for Suicide

This month, PerformCare would like to provide some information and resources related to a person's acquired capacity to attempt suicide. Thomas Joiner (2005) originally conceptualized the Interpersonal Theory of Suicide in his book, "Why People Die by Suicide", which remains a valuable resource for both clinicians and the people they work with. This theory has been widely accepted in terms of understanding how one comes to think about or attempt to take their life. Joiner's theory indicates that an individual's consideration of suicide relates to their sense of belonging, perceived burdensome to others and their acquired capacity to take their life. Acquired capacity was also referenced as necessary for suicide in a prior communication on the Three Step - Theory of Suicide (Klonsky et. al, 2019). Recall, that the capacity to take one's life refers both practical capability (access to means), genetic predispositions, and a personal disposition to be able to tolerate pain and be de-sensitized to the notion of their own death.

The concept of acquired capacity to take one's life calls for clinicians to address this in their assessment of risk and in treatment. One mechanism or practical tool that may help to assess this is the most recent and revised Acquired Capability for Suicide Scale - Fearlessness About Death (ACSS-FAD), which can be accessed at Dr. Joiner's Psychology Laboratory <https://psy.fsu.edu/joinerlab/resources/>. Other excellent resources can be found here.

It is important to note that the ACSS-FAD has been studied and found to have sound psychometric properties by Ribeiro et al. (2014) and various others. This scale does not yield a cut-off score for predictive capabilities. Generally speaking, higher scores would lead to higher acquired capacity. But, as with any measure, this is offered as a clinical tool that should be used in conjunction with a comprehensive assessment of risk to include a suicide specific clinical interview with the person being treated. That said, acquired capacity should be evaluated in any best practice assessment of risk.

References

<https://psy.fsu.edu/joinerlab/resources/>

Joiner, T.E. (2005). *Why people die by suicide*. Harvard University Press

Klonsky E.D., Pachkowski M.C, Shahnaz A., & May A,M (2019). The three-step theory of suicide: Description, evidence, and some useful points of clarification. *Prev Med.* 2021 Nov;152

Ribeiro, J. D., Witte, T. K., Van Orden, K. A., Selby, E. A., Gordon, K. H., Bender, T. W., & Joiner, T. E., Jr. (2014). Fearlessness about death: The psychometric properties and construct validity of the revision to the Acquired Capability for Suicide Scale. *Psychological Assessment*, 26(1), 115–126.