ASSESSING & MANAGING SUICIDE RISK

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Core Competencies

Competencies encompass clusters of knowledge, skills, abilities, and attitudes or perceptions required for people to be successful in their work. In this case, core competencies refer to the clinical evaluation, formulation of risk, treatment planning, and management of individuals at risk for suicide to protect their lives and promote their well-being.

The following set of core competencies, based on current empirical evidence and expert opinion, provides a common framework for learning about and gaining skill in working with individuals at risk for suicide. They are not intended to be construed or to serve as a standard of care.

The core competencies are intended to provide the foundation for developing courses for graduate students and continuing education for mental health professionals specific to the assessment and management of individuals at risk for suicide. Twenty-five competencies and their sub-competencies fall into seven broad categories as outlined below. Core competencies related to specific treatment interventions have not been developed.

A. Working with Individuals at Risk for Suicide: Attitudes and Approach

1. Manage one's own reactions to suicide

a. Become self-aware of emotional reactions, attitudes, and beliefs related to suicide

b. Understand the impact of clinicians' emotional reactions, attitudes, beliefs on the client

c. Tolerate and regulate one's emotional reactions to suicide

d. Obtain professional assistance

2. Reconcile the difference (and potential conflict) between the clinician's goal to prevent suicide and the client's goal to eliminate psychological pain via suicidal behavior

a. Understand that suicidal thinking and behavior "makes sense" to the client when viewed in the context of his or her history, vulnerabilities, and circumstances

b. Accept that a client may be suicidal and validate the depth of the client's strong feelings and desire to be free of pain

c. Understand the functional or useful purpose of suicidality to the client

d. Understand that most suicidal individuals suffer from a state of mental pain or anguish and a loss of self-respect

e. Maintain a nonjudgmental and supportive stance

f. Voice authentic concern and true desire to help the client

g. View each client as an individual with his or her own unique set of issues and circumstances and someone the clinician seeks to understand thoroughly within the client's own mini-culture (family and community context) rather than as a stereotypic 'suicidal patient'

3. Maintain a collaborative, non-adversarial stance

a. Listen thoroughly to attain a shared understanding of client's suicidality and goals

b. C ommunicate that helping to achieve resolution of the client's problem(s) is paramount

c. Obtain informed consent

d. Create an atmosphere in which the client feels safe in sharing information about his or her suicidal thoughts, behaviors, and plans

e. Share what you know about the suicidal state of mind

f. Honestly express why it is important that the client continues to live

g. Work with and do not abandon the client

h. Be empathic to the suicidal wish

4. Make a realistic assessment of one's ability and time to assess and care for a suicidal client as well as for what role one is best suited

B. Understanding Suicide

5. Define basic terms related to suicidality

6. Be familiar with suicide-related statistics

7. Describe the phenomenology of suicide

8. Demonstrate understanding of risk and protective factors

a. Ask questions about suicide-related risk and protective factors during assessment

b. Consider risk and protective factors when formulating risk

c. Incorporate modifiable risk and protective factors into treatment and services planning

d. Consider risk and protective factors when managing suicidal clients

C. Collecting Accurate Assessment Information

9. Integrate a risk assessment for suicidality early in a clinical interview, regardless of the setting in which the interview occurs and continue to collect assessment information on an ongoing basis

10. Elicit risk and protective factors

11. Elicit suicide ideation, behavior, and plans

12. Elicit warning signs of imminent risk of suicide

13. Obtain records and information from collateral sources as appropriate

D. Formulating Risk

14. Make a clinical judgment of the risk that a client will attempt or complete suicide in the short and long term

a. Integrate and prioritize all the information that has been collected

b. Assess the client's motivation to minimize or exaggerate risk

c. Assess acute/imminent suicidality

d. Assess chronic/ongoing suicidality

e. Consider developmental, cultural, and gender-related issues related to suicidality

15. Write the judgment and the rationale in the client's record

E. Developing a Treatment and Services Plan

16. Collaboratively develop an emergency plan that assures safety and conveys the message that the client's safety is not negotiable

17. Develop a written treatment and services plan that addresses the client's immediate, acute, and continuing suicide ideation and risk for suicide behavior

a. Address key modifiable risk and protective factors

b. Specify the setting and frequency of interventions for specific periods of time: immediate, acute, continuing care, maintenance of resolved suicidality

c. Identify a range of treatment alternatives

d. Develop the plan collaboratively with the client, family members, and significant others

18. Coordinate and work collaboratively with other treatment and service providers in an inter-disciplinary team approach

F. Managing Care

19. Develop policies and procedures for following clients closely including taking reasonable steps to be proactive

a. Motivate and support clients in getting them to a referral source or to their next treatment/intervention session

b. Engage in collaborative problem-solving with the client to address barriers in adhering to the plan and to revise the plan as necessary…session by session

c. Assure that the client, family, significant others, and other care providers are following through on actions as agreed

d. Assess the outcome of each referral

e. Develop and implement follow-up procedures for all missed appointments

f. Be available between appointments

g. Arrange for clinical coverage when therapist is unavailable

h. Assure continuity of care and follow-up contact with all suicidal clients who have ended treatment

20. Follow principles of crisis management

a. Take a problem-solving approach

b. Maintain a matter-of-fact demeanor

c. Perceive crises as opportunities for growth

d. Know that crises are short-lived

e. Neither punish nor reinforce suicidal behavior

G. Documenting

21. Document the following items related to suicidality
    a. Informed consent
    b. Information that was collected from a bio-psycho-social perspective
    c. Formulation of risk and rationale
    d. Treatment and services plan
    e. Management
    f. Interaction with professional colleagues
    g. Progress and outcomes

H. Understanding legal and regulatory issues related to suicidality

22. Understand state laws pertaining to suicide

23. Understand that poor or incomplete documentation make it difficult to defend against legal challenges

24. Protect client records and rights to privacy and confidentiality following the Health Insurance Portability and Accountability Act of 1996 that went into effect April 15, 2003