



Core Competencies for Assessing and Managing Suicide Risk

(Reference: Core Competencies of American Association of Suicidology and the Suicide Prevention Resource Centre, USA.)

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

1. Manage one's own reactions to suicide

- Become self aware of emotional reactions, attitudes and beliefs related to suicide
- Understand the impact of clinician's reactions, attitudes and beliefs on the client
- Tolerate and regulate one's emotional reactions to suicide
- Attend to self care by seeking professional assistance or collegial support for managing shifting feelings towards clients
- Contribute to a culture which decreases clinical isolation and promotes "sharing the burden" of caring for clients at risk.

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 behaviour:

- Understand that self harm, suicidal thinking and behaviour "makes sense" to the client when viewed in the context of his or her own history, vulnerabilities and circumstances (and realizing that some self harm is not an intent to die)
- Accept that a client may be suicidal and validate the depth of the client's strong feelings and desire to be free of pain
- Understand the functional or useful purpose of suicidality to the client (eg-to eliminate pain)
- Understand that most suicidal individuals suffer from a state of mental pain or anguish and a loss of self-respect
- Maintain a non judgmental and supportive stance
- Voice authentic concern and true desire to help the client

- View each client holistically and as an individual within the context of his or her own circumstances. Seek to understand the person thoroughly in the family and community context rather than as a stereotypic suicidal patient' with a potentially stigmatizing diagnosis.

3. Maintain a collaborative, non-adversarial stance

- Listen thoroughly to attain a shared understanding of the client's suicidality and goals
- Communicate that helping to achieve resolution of the client's problem(s) is paramount
- Obtain informed consent to protect client rights and promote client participation in making decisions regarding care and treatment options.
- Create an atmosphere in which the client feels safe in sharing information about his or her suicidal thoughts, behaviours and plans
- Share what you know about the suicidal state of mind
- Honestly express why it is important that the client continues to live; be life affirming and hope instilling.
- Work with and do not abandon the client
- Be empathetic to the suicidal wish

4. Commence assessment for suicide risk. There is an expectation that all clinicians are competent to do this. Assess the client's requirements for care.

- Assessment may determine that a higher level of care is required and care may depend upon roles and resources (for instance, the Family Practitioner in a community office and the Psychiatrist in an acute care setting).
- Clinicians may need to consider realistic alternatives for care and back-up, given their setting, skill and roles.

B. Understanding Suicide

5. Be familiar with basic terms related to suicidality (to be available on MH web site in Education section and with Documentation of Suicide Risk Policy on MH Policy website)

6. Be familiar with suicide-related statistics including those of our mental health patient population (to be available on MH web site and updated annually)

7. Understand and describe the experience of suicidality from the patient's perspective.

8. Demonstrate understanding of risk and protective factors

- Ask questions about suicide-related risk and protective factors during assessment
- Consider risk and protective factors when formulating risk

- Incorporate modifiable, dynamic risk and protective factors into treatment and services (ie: housing and finances), planning

C. Collecting Accurate Assessment Information

- 9. Integrate a risk assessment for suicidality 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, behaviour 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 may attempt or complete suicide in the short or long term**
 - Integrate and prioritize all the information regarding risk and protective factors
 - Assess if the client is minimizing or escalating their stated risk
 - Assess acute and imminent suicidality
 - Assess chronic and ongoing suicidality
 - Consider developmental, cultural and gender-related issues related to suicidality
 - Access additional clinical consultation as required
- 15. Document the clinical judgment in the client's health 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 plan for treatment and services (eg-housing, finances, supports) that addresses the client's immediate, acute and continuing suicide ideation and risk for suicide behaviour**
 - Address key modifiable risk and protective factors
 - Specify the setting and frequency of interventions and reassessments
 - Identify and offer potential treatment alternatives; consider the client's ability/willingness to act on a treatment plan.

- Invoke the provision for assessment and treatment under the Mental Health Act of Alberta when the client is at high risk for self harm and unwilling or incompetent to consent to treatment.

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

F. Managing Care

19. When maintaining a plan for following clients at risk for suicide, consider the following:

- Engage in collaborative problem-solving with the client to address barriers in adhering to the plan and to revise the plan as necessary, on an ongoing basis
- Develop and implement follow-up procedures for all missed appointments
- Develop with the client, a plan for managing crises between appointments
- Arrange for clinical coverage when the therapist is unavailable
- Support clients in accessing a referral source or next treatment/intervention appointment, including forwarding documentation
- Support the client, family, significant others, and other care providers in following through on actions and referrals as agreed.

20. Follow principles of crisis management;

- Take a problem-solving approach
- Maintain a matter-of fact demeanor
- Perceive crises as opportunities for growth
- Know that crises are short-lived
- Neither punish nor reinforce suicidal behaviour

G. Documentation:

- Client involvement in decision-making and treatment choices (consent)
- Information gained from fields of inquiry
- Formulation of risk and rationale
- Treatment plan
- Management of risk

- Consultation and interaction with professional colleagues
- Progress and outcomes

H. Understanding legislation as related to suicidality:

- **Mental Health Act of Alberta**
- **The Health Information Act of Alberta**
- **Federal firearms legislation**