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# CALM AND CONFIDENT APPROACHES FOR ASSESSING SELF-HARM AND SUICIDALITY

BEST PRACTICES FOR RISK AND LIABILITY MANAGEMENT

SHEILA E. CROWELL, PH.D



UTAH CENTER  
FOR EVIDENCE BASED  
TREATMENT

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# About me



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[www.psych.utah.edu](http://www.psych.utah.edu)



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**What is your profession?**

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# Intro | Our Agenda

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**PERFECT PREVENTION IS NOT POSSIBLE**

Ethics

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**Beneficence  
and  
Nonmaleficence**

**Fidelity and  
Responsibility**

**Integrity**

**Justice**

**Respect for  
Rights and  
Dignity**

# Intro | Our Agenda

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## PERFECT PREVENTION IS NOT POSSIBLE

### Function

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I'm feeling stressed and I need some ways to cope.

I'm feeling rejected and I need to know that I'm loved.

I'm feeling ashamed and need to know I can be forgiven.

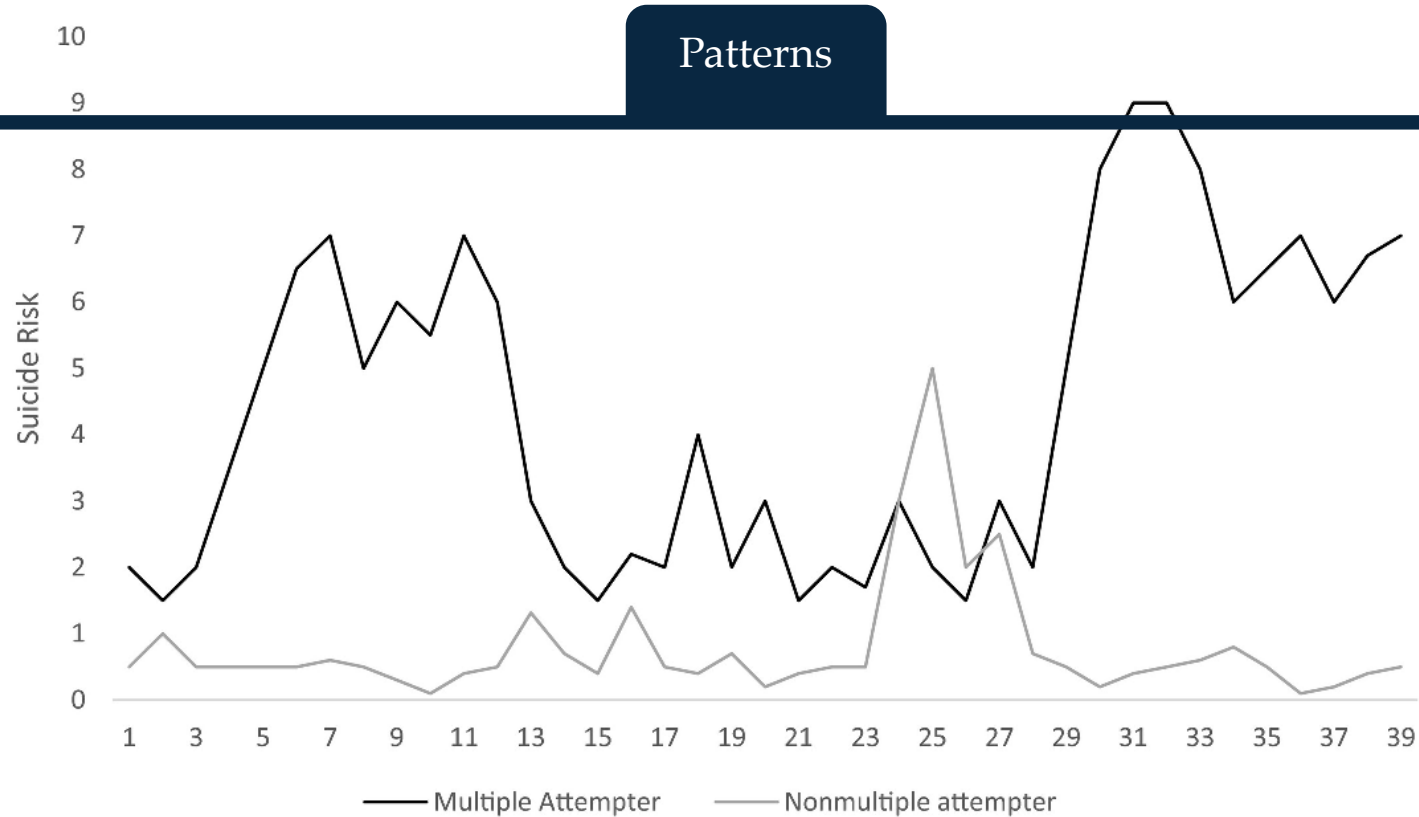
I'm worried I might hurt myself and need to be somewhere safe.



# Intro | Our Agenda

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## PERFECT PREVENTION IS NOT POSSIBLE



# Intro | Our Agenda

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**PERFECT PREVENTION IS NOT POSSIBLE**

Intervention



High risk – Crisis or intensive services

Moderate risk – Crisis Response Plan

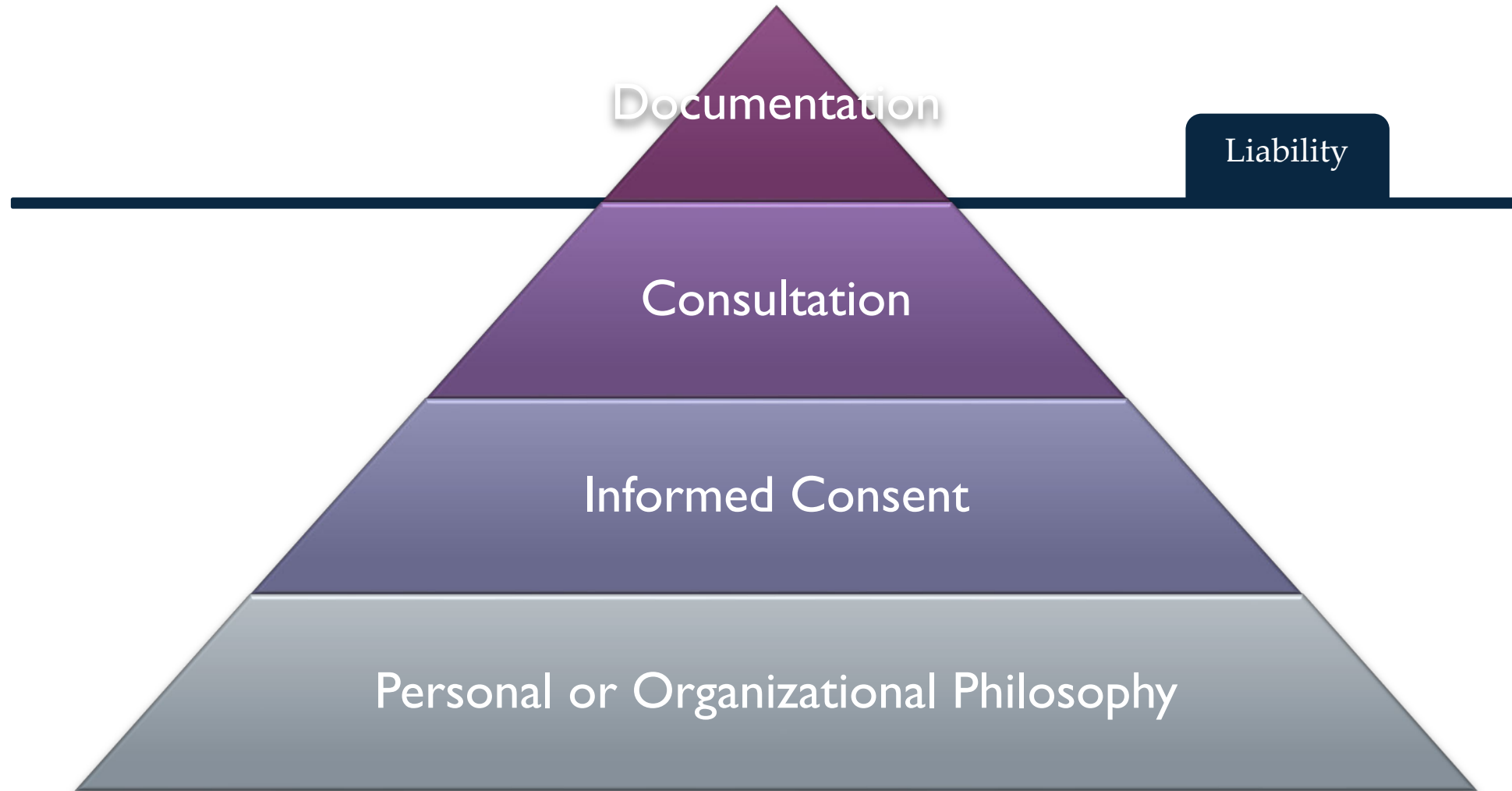
Low risk – Psychotherapy as usual



# Intro | Our Agenda

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IT IS POSSIBLE TO DO YOUR BEST  
PERFECT CONSENT IS NOT POSSIBLE





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# CHAPTER 1

ETHICAL CONSIDERATIONS WHEN CONDUCTING RISK ASSESSMENT

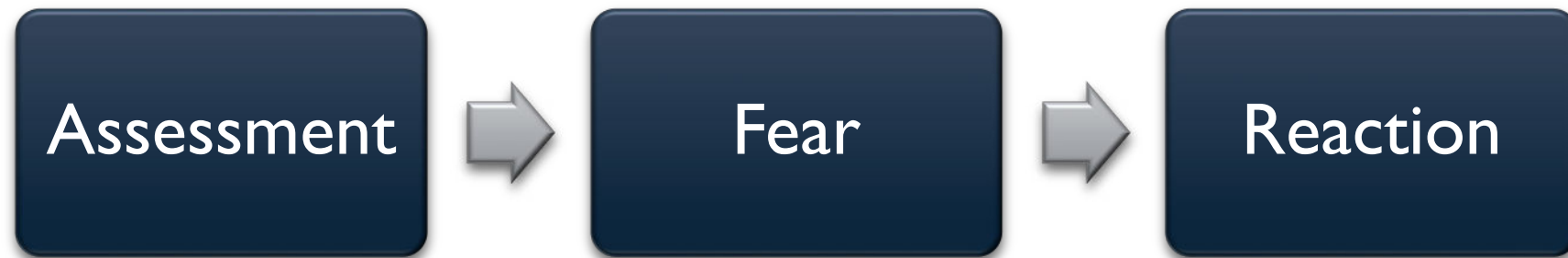
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**Do people have the right to die?**

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# BENEFICENCE AND NONMALEFICENCE





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# Radical community care

Trans Lifeline provides trans peer support for our community that's been divested from police since day one. We're run by and for trans people.

[Learn More](#) →

☎️ [\(877\) 565-8860](tel:(877)565-8860)



# BENEFICENCE AND NONMALEFICENCE

## ■ Beneficence to client/patient

- Respect autonomy of decision making
- Respect bodily autonomy
- Offer options
- Minimize therapist control
- Trust their wisdom
- Hold hope for their future self

## ■ Beneficence to loved ones/society

- Respect the feelings of those who love them
- Consider the possibility that the patient is perceiving their “burdensomeness” inaccurately
- Consider their current and future contributions
- Hold hope for their future relationships



## RESPECT FOR PEOPLE'S RIGHTS AND DIGNITY

- Psychologists respect the dignity and worth of all people and the rights of individuals to privacy, confidentiality, and self-determination.
- Psychologists are aware that special safeguards may be necessary to protect the rights and welfare of persons or communities whose vulnerabilities impair autonomous decision making.



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“ Ultimately, I cannot control what you do with your body and life.

& If I think you are going to end your life, I will do everything I can to try to stop you. ”





# GOAL OF ETHICAL ASSESSMENT





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## CHAPTER 2

GETTING AT THE FUNCTION TO ENHANCE COMMUNICATION

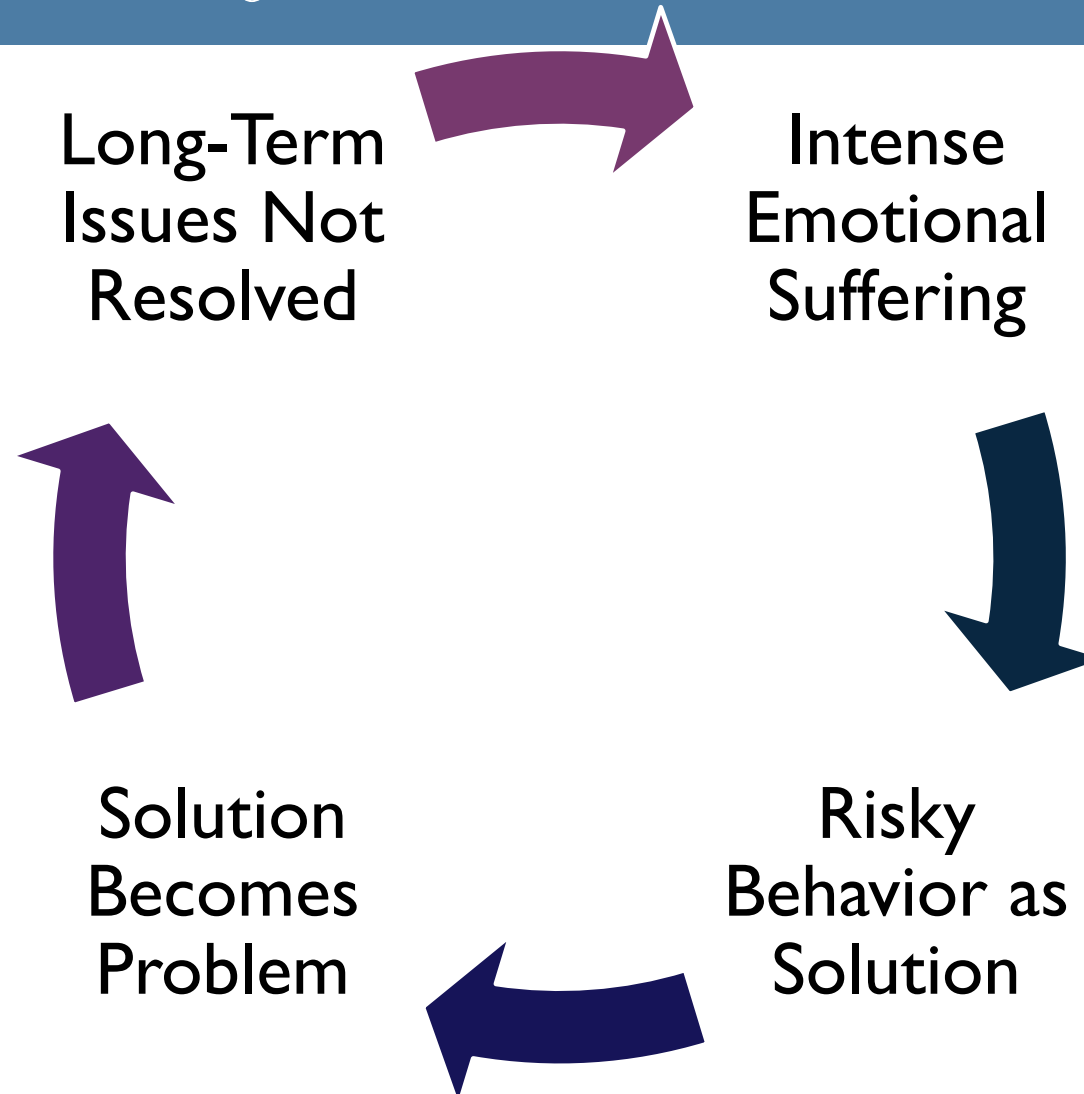
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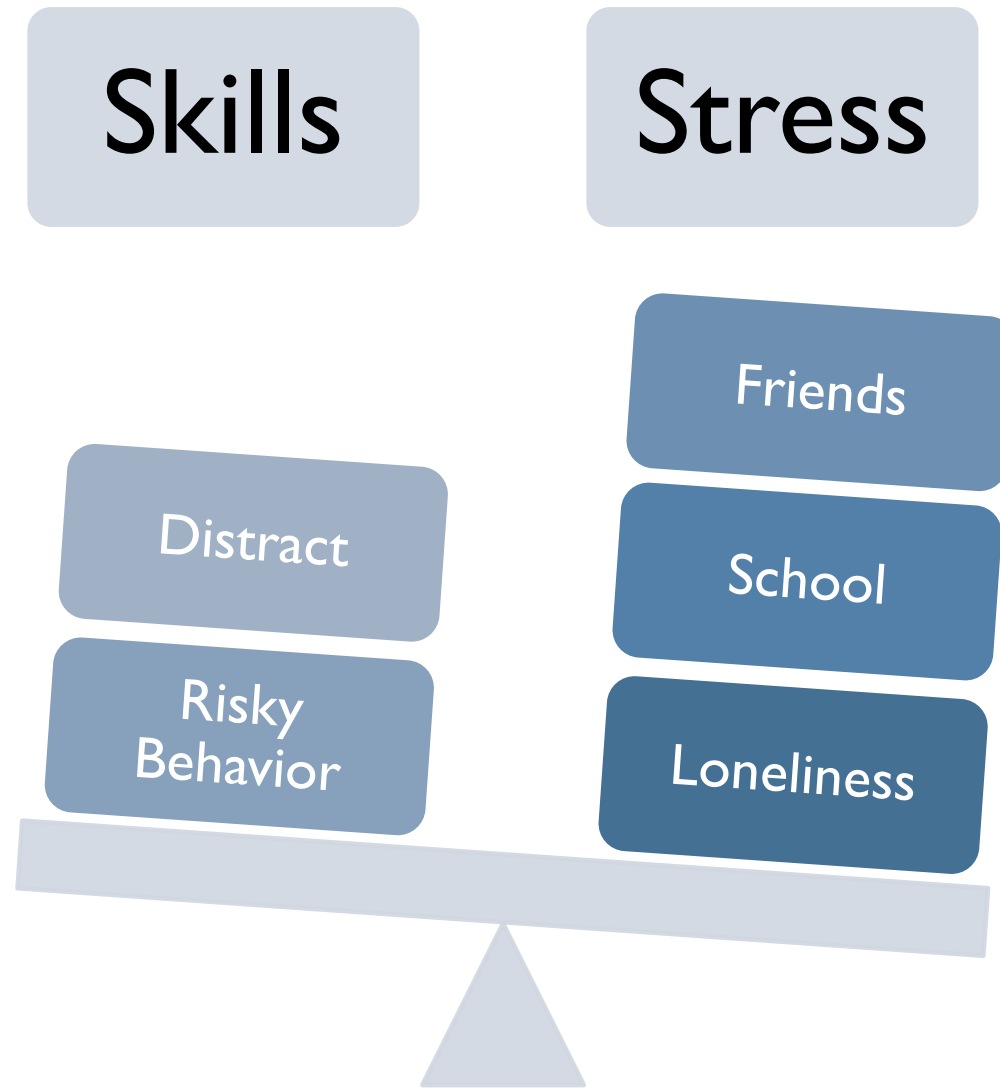
**In just few words, why do people self-harm or attempt suicide?**

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# FUNCTION OF SELF-INJURIOUS BEHAVIORS



## CRISIS: WHEN STRESSORS > SKILLS



# Say What You Mean to Say

## Loneliness/Disconnection

I'm feeling lonely and need someone to be there with me  
I'm feeling forgotten and need to know that someone cares  
I'm feeling like I don't belong and need some connection  
I'm feeling abandoned and need to know that you're still there for me  
I'm feeling unneeded and need to know that I matter  
I'm feeling rejected and need to know that I'm loved  
I'm feeling misunderstood and need some validation

## Fear/Stress

I'm feeling scared and need some comfort  
I'm feeling anxious about the future and need to know that things will work out  
I'm feeling vulnerable and need some support  
I'm feeling hopeless and need to know that good things will come  
I'm feeling stressed and need some ways to cope  
I'm feeling overwhelmed and need some space

## Shame/Self-Criticism

I'm feeling ashamed and need to know that I can be forgiven  
I'm feeling judged and need to see my worth  
I'm feeling like a failure and need to see my successes  
I'm feeling worthless and need to know what gives me value  
I'm feeling self-hatred and need some compassion

## Fatigue/Apathy

I'm feeling stuck and need some ideas for solutions  
I'm feeling exhausted and need some rest  
I'm feeling weak and need some strength  
I'm feeling empty and need some substance and drive  
I'm feeling drained and need some energy  
I'm feeling apathetic and need some motivation  
I'm feeling numb and need help discovering and facing my feelings

## Powerlessness/Lack of Control

I'm feeling defeated and need to know that I will get through this  
I'm feeling trapped and need to know that there is a way out  
I'm feeling aimless and need some direction and purpose  
I'm worried that I can't change and need some patience and encouragement  
I'm feeling helpless and need some hope

## Sadness/Pain

I'm feeling down and need a lift  
I'm feeling consumed by grief and need some relief  
I'm feeling hurt and need some healing  
I'm worried that I might hurt myself and need to be somewhere safe

## Listen and Ask What's Going On

## Loneliness/Disconnection

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## CHAPTER 3

ASSESSING PATTERNS TO DETERMINE THE BEST COURSE OF ACTION

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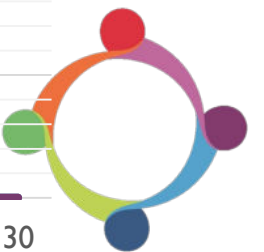
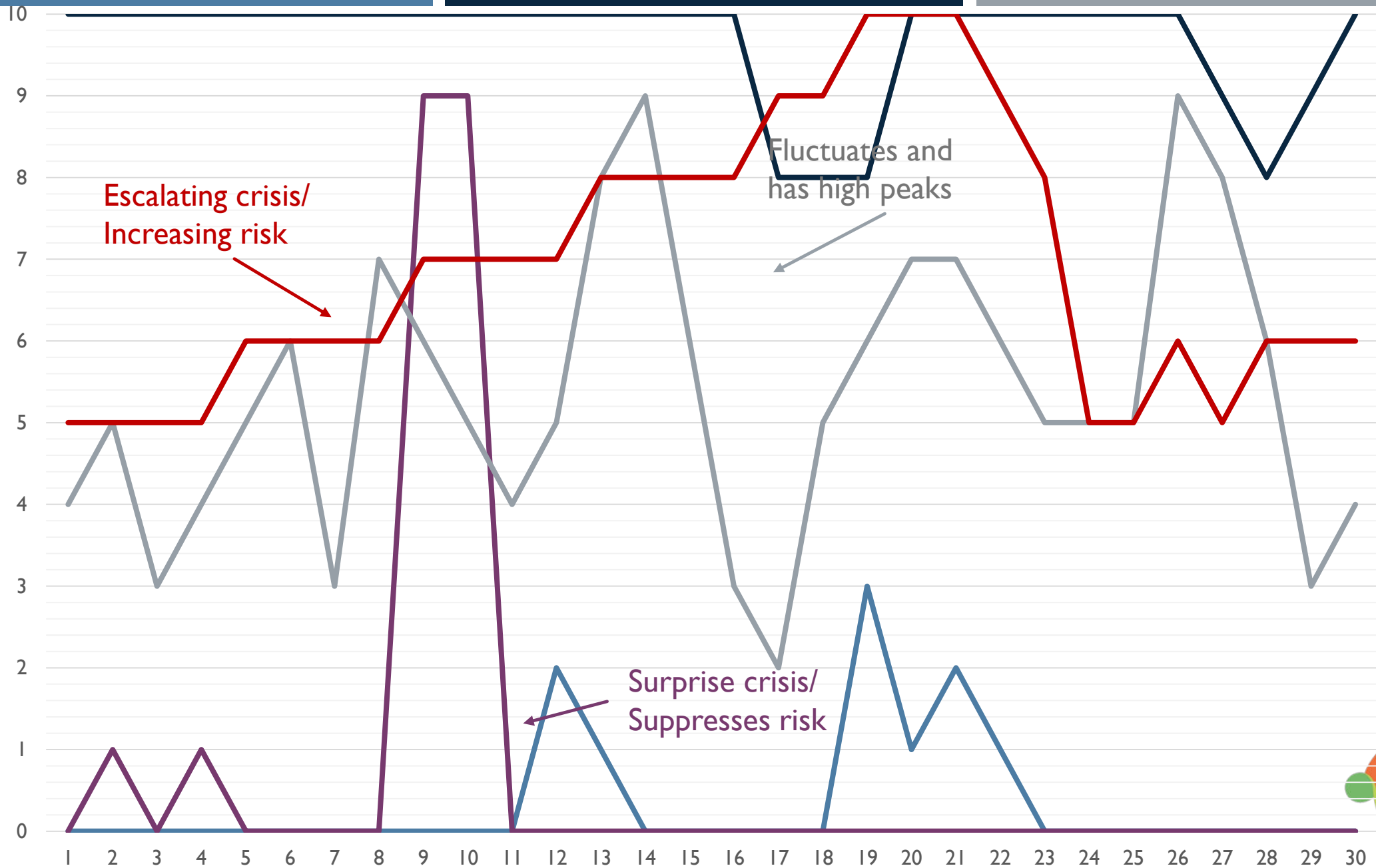


**What are your fears when assessing suicide risk?**

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My primary worry =  
Am I missing the pattern?

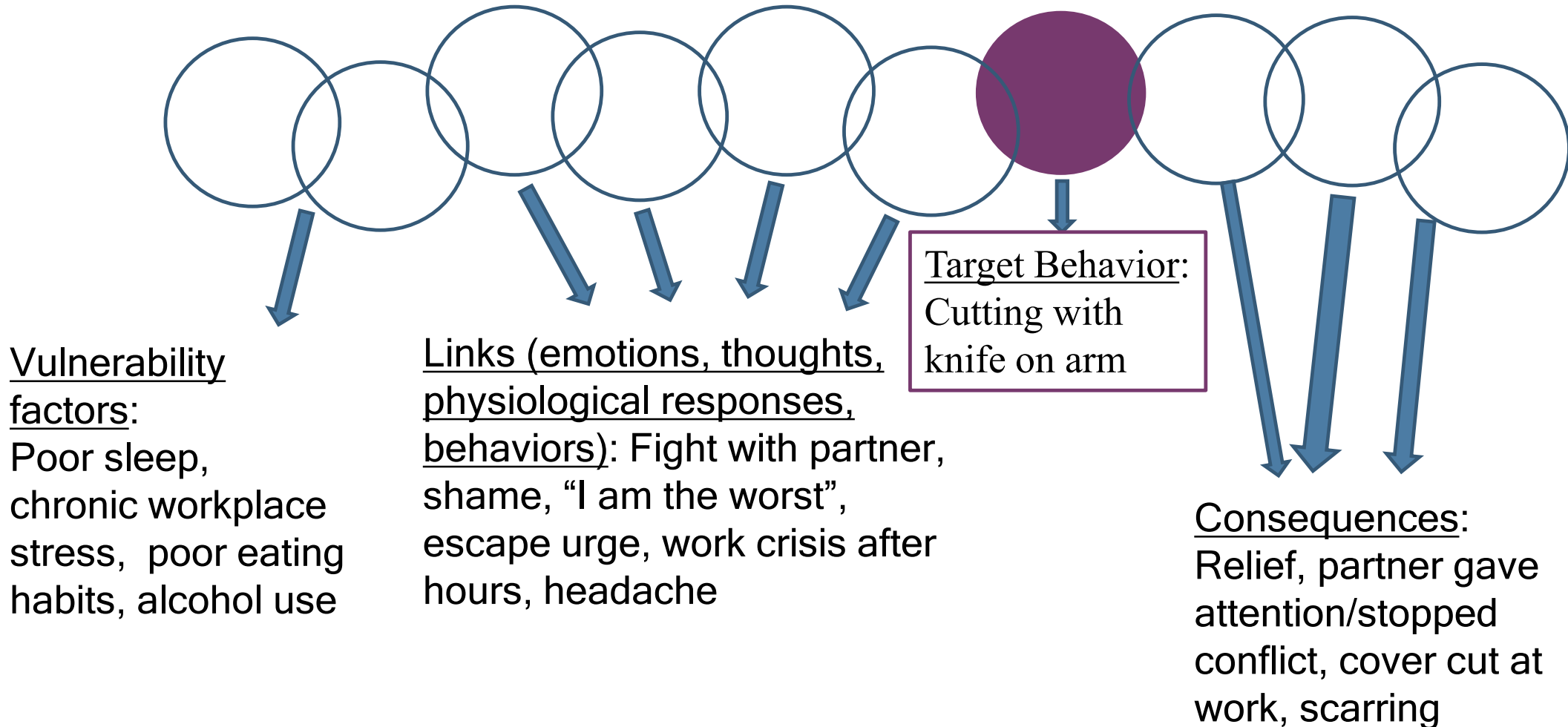
# Suicide Risk over 30 Days





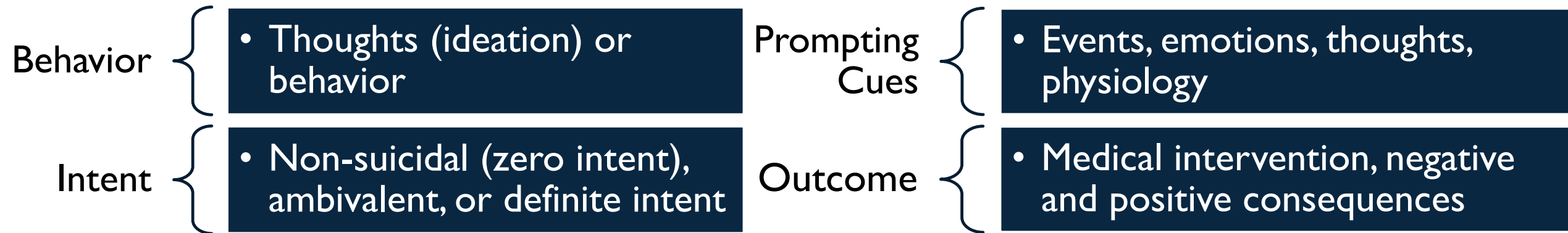
# HOW TO ASSESS THE PATTERN

# FOR ONGOING CLIENTS: FUNCTIONAL ANALYSIS



## FOR FIRST-TIME CLIENTS OR ASSESSMENT ONLY

- Consider structured questions about history of self-injurious thoughts and behaviors





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## CHAPTER 4

ESTABLISHING RISK LEVEL AND MATCHING YOUR INTERVENTION

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**What are some important things to assess in order to establish a client's risk level?**

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## TWO HUMANS TALKING...WHAT TO DO

- In order to intervene appropriately, you must establish the level of risk
- How do you start the conversation?



# TWO HUMANS TALKING...WHAT TO DO

- Be genuine
  - “Here are my greatest concerns...”
- Be collaborative
  - “Let’s figure this out together.”
- Be real about potential hospitalization
  - “If I think you are going to die, I will take every step...”
  - “Many people find it helpful to go to the hospital”



# RISK ASSESSMENT BASED UPON RESPECT

- Respect autonomy
  - “We will figure this out together.”
- Do not make promises to keep secrets
  - “I respect your privacy and my most important job is to keep you safe.”
- Don’t freak out
  - “I’ve heard these things before. I’m here to help.”
- Validate emotion AND emphasize a different pathway to relief
  - “It sounds like you are in so much pain. Let’s find another solution”





# RISK ASSESSMENT BASED UPON RESPECT

- Identify events that prompted crisis
  - “Help me understand what happened.”
- Listen carefully and summarize problem situation
  - “It sounds like X happened and then Y?”
- Generate a more skillful plan of action
  - “What’s worked in the past? What if we tried...?”
- Emphatically tell them not to commit suicide or self-harm
  - “I care about you and you must not die.”
- Generate hope
  - “Right now you feel stuck, but we will absolutely figure this out.”



# ASK THE QUESTIONS

- So it sounds like XYZ happened and then you had the thought [did you have the thought] that suicide was a solution to this problem?
- OK, so...
  - What did you think you would do? [Plan]
  - Were you thinking about how you'd go through on the plan? [Access to means]
  - Do you think you might go through with it? [Intent]
  - What might prevent you from acting on that plan? [barriers to acting]
  - What reasons do you have for not committing suicide? [Reasons for living, protective factors]



## ASSESSING RISK LEVEL: HIGH

Clear plan, means and intent, few barriers or protective factors. OR

Similar circumstances and risk factors to past suicide attempts. OR

Current distress is too high to assess appropriately.



## ASSESSING RISK LEVEL: MODERATE

Some degree of plan, means and intent, some barriers or protective factors. OR

Somewhat similar circumstances and risk factors to past suicide attempts/similar situations. BUT

Person is able/willing to problem solve, believes they wouldn't act. Able to make commitment.



## ASSESSING RISK LEVEL: LOW

Current ideation with no firm plan, unrealistic plan, low intent, barriers affect access to means.

Person is able/willing to problem solve, expresses unlikeliness to act. Able to make a commitment.

Person is at least somewhat willing to try new or different things to alleviate distress.



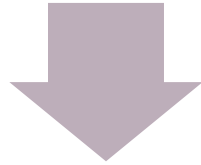
# MATCHING YOUR INTERVENTION

High



Crisis  
Services

Moderate



Crisis  
Response  
Planning

Low



Skills and  
Strategies



# THE HIGH HIGH RISK CLIENT

- Goal: Collaborative working on safety
- Involve caregivers (if child, teen, or even YA)
- Demystify inpatient treatment
- Emphasize benefits of voluntary treatment
- Offer crisis diversion options
  - Parents/partner able to commit to supervision
  - Practice calling or texting crisis services



# THE MODERATE (OR FLUCTUATING) RISK CLIENT

- Crisis response planning
  - Person's distress needs to be low enough to make a plan to prevent future risk
  - NOT for imminent risk
- For youth, caregiver collaboration is helpful





# THE MODERATE/ FLUCTUATING RISK CLIENT: KEY ELEMENTS OF A CRP

- Triggers and warning signs
- Existing coping skills
- Who to call
- Reasons for living
- Parent/caregiver strategies
- Environmental safety



## LOW RISK CLIENT: ESTABLISH HOPE, OFFER SKILLS

- Your primary goal is to buy time through a mutual willingness to try anything and everything
- “I have hundreds of skills and, if I run out, I will look for a colleague who has different skills!”
- CHECK YOUR FEAR!
  - Fear on your face often looks like disappointment or anger to a sensitive client

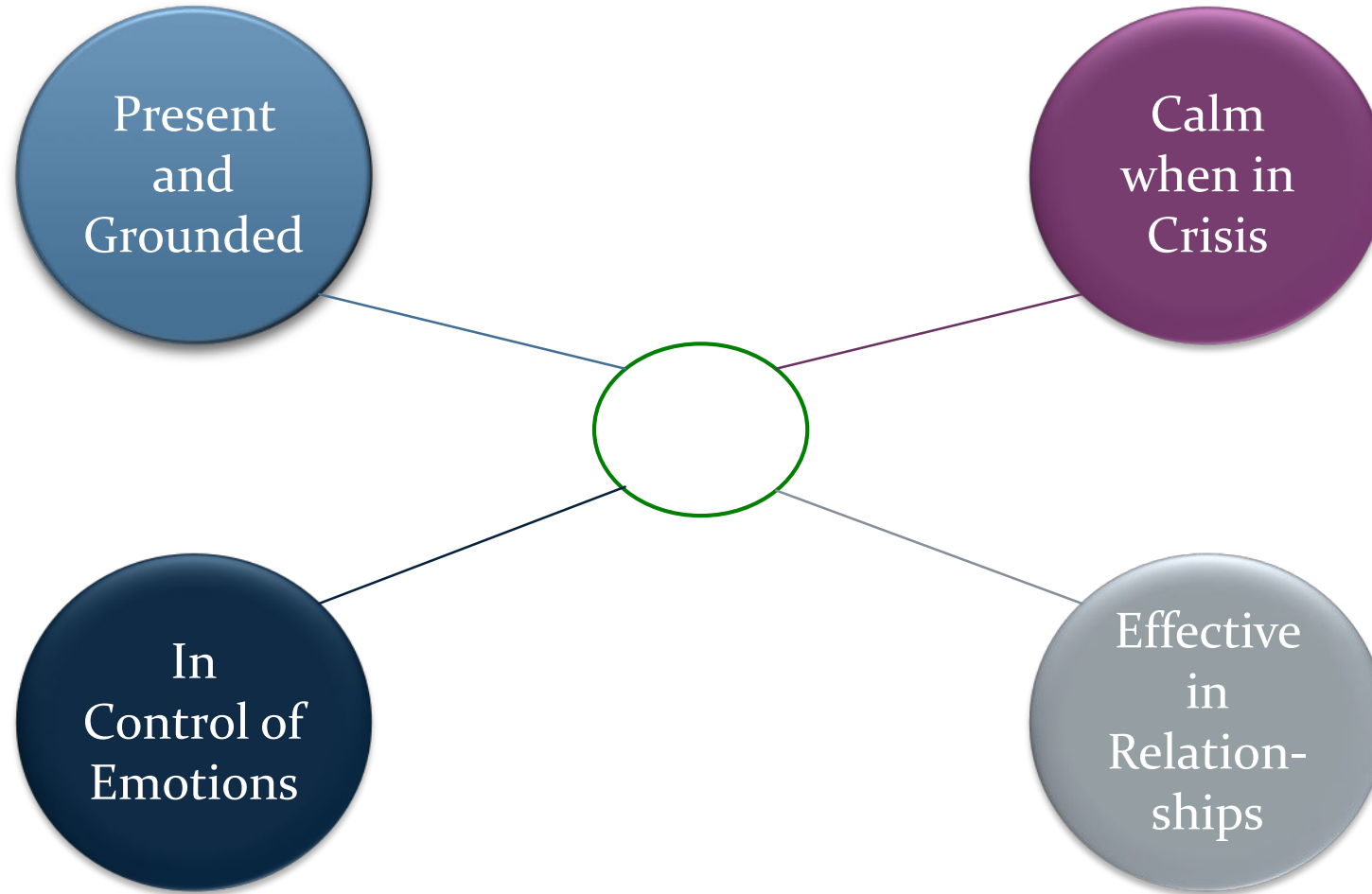


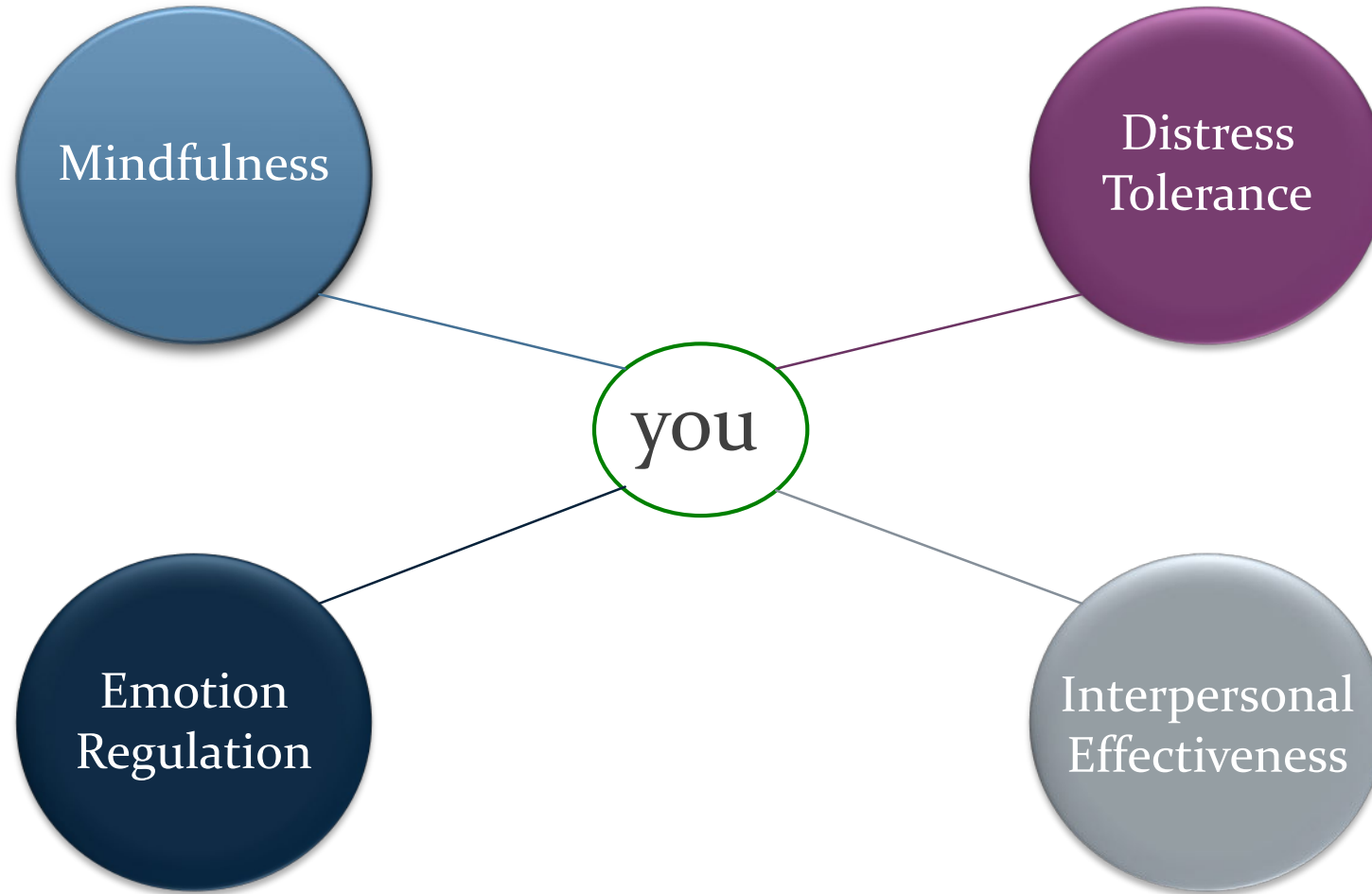
# OFFER YOUR SKILLS

- Establish a commitment (not a contract)
- Listen for risky behaviors or lack of skills
  - Self-injurious/life threatening behaviors
  - Substance use
  - Skills deficits
  - Social isolation
- Validate the valid and establish trust
- Goal: “I hear you; I understand you; I have something for you”



you





## NEXT STEPS

- Reinforce and clarify plan of action
- Elicit agreement that they will not engage in action for some specific time period
- Elicit agreement to remove lethal implements
- Troubleshoot factors that might interfere with plan
- Increased social support
- Support client in talking with parents/supports
- Help clients/supports to anticipate recurrence of crisis
- Exude calm demeanor with parent and teen



## NEXT STEPS

- IF commitment and crisis plan are credible, provide resources
  - Warm line
  - Crisis lines
  - Crisis text lines
  - Safe UT app
- Practice using resources together!!
- Consult with colleagues in the moment
- Plan next contact
- Take care of yourself



# CLIENTS WITH CHRONIC FLUCTUATING RISK

- Monitor fluctuations
- Establish lines of communication (with teens involve caregiver)
- Emphasize the need for more intensive therapy
- Teach skills







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## CHAPTER 5

LIABILITY MANAGEMENT

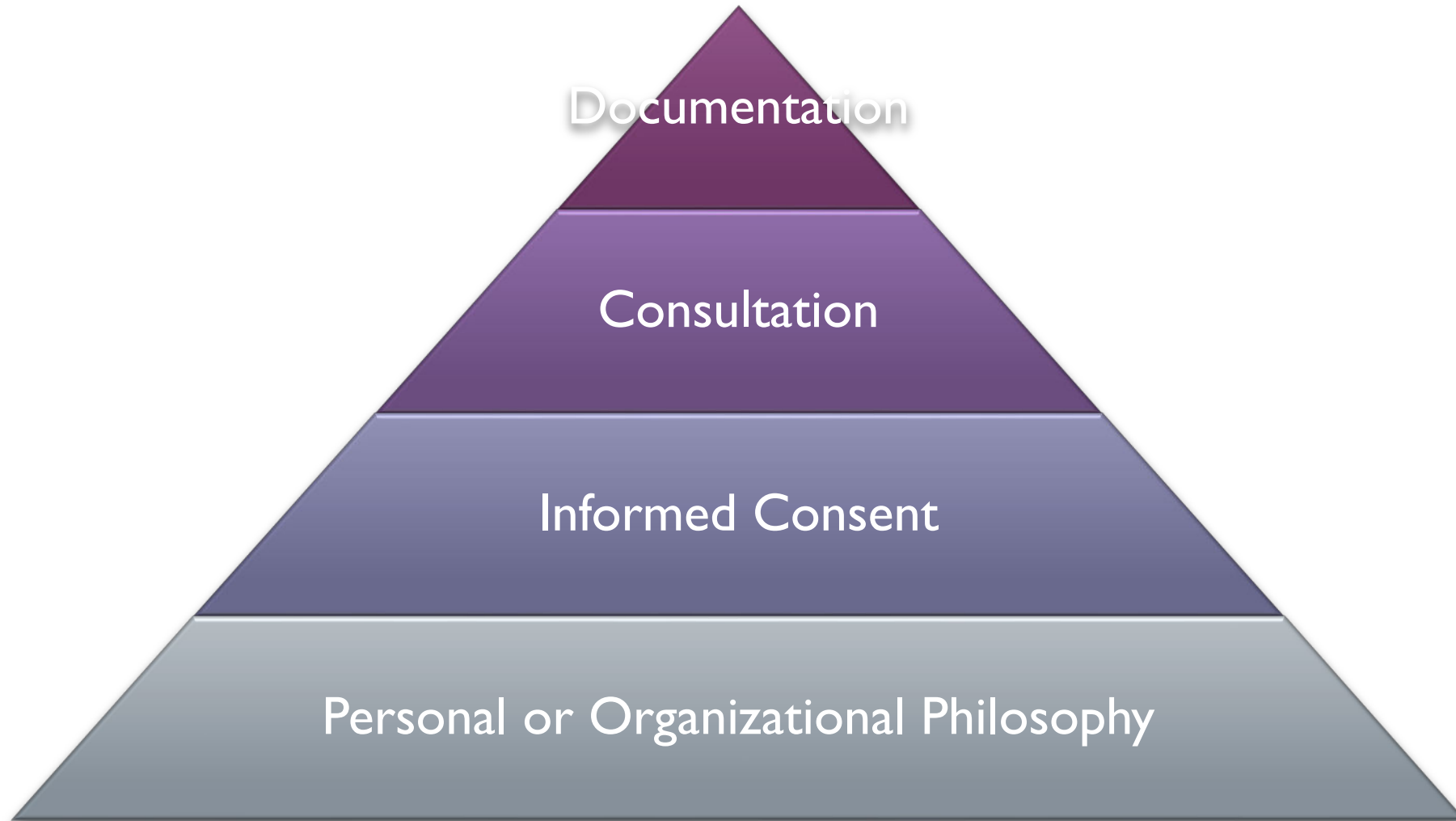
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**Could you state your personal or organizational philosophy (on when to elevate care) confidently?**

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# KEY COMPONENTS OF LIABILITY MANAGEMENT



DOCUMENTATION  
ALONE IS  
INSUFFICIENT FOR  
LIABILITY  
MANAGEMENT

## PERSONAL OR ORGANIZATIONAL PHILOSOPHY

Refer out or  
hospitalize for any  
level of risk

Full client autonomy;  
never involve police or  
designated examiners



# PERSONAL OR ORGANIZATIONAL PHILOSOPHY

- Factors that can influence organizational/personal philosophy
  - Are you able to see clients on a recurrence
  - Are clients involved in multiple modalities and/or with multiple providers
  - Do clients have access by phone or email and do they know how to use those communication forms appropriately
  - Are you tracking risk on a daily or weekly basis
  - Are you regularly consulting with others about risk levels
  - Have you provided informed consent about when and how you will take action



# DBT PHILOSOPHY

- Clients are expected to use skills in their daily lives
- Hospitalization is viewed as a last resort and should be as brief as possible
- Common reasons for hospitalization
  - Client is spiraling rapidly or slowly becoming worse and worse
  - Client-therapist relationship is so ruptured that client is unable to use skills
  - Need for medical eval (onset of manic or psychotic sx, severe eating disorder or substance use)
  - Therapist urgently needs a break
  - Client/parent/school/police decides upon hospitalization without consulting DBT therapist



## INFORMED CONSENT

“ Our goal is to keep you out of the hospital and in your daily life.

&

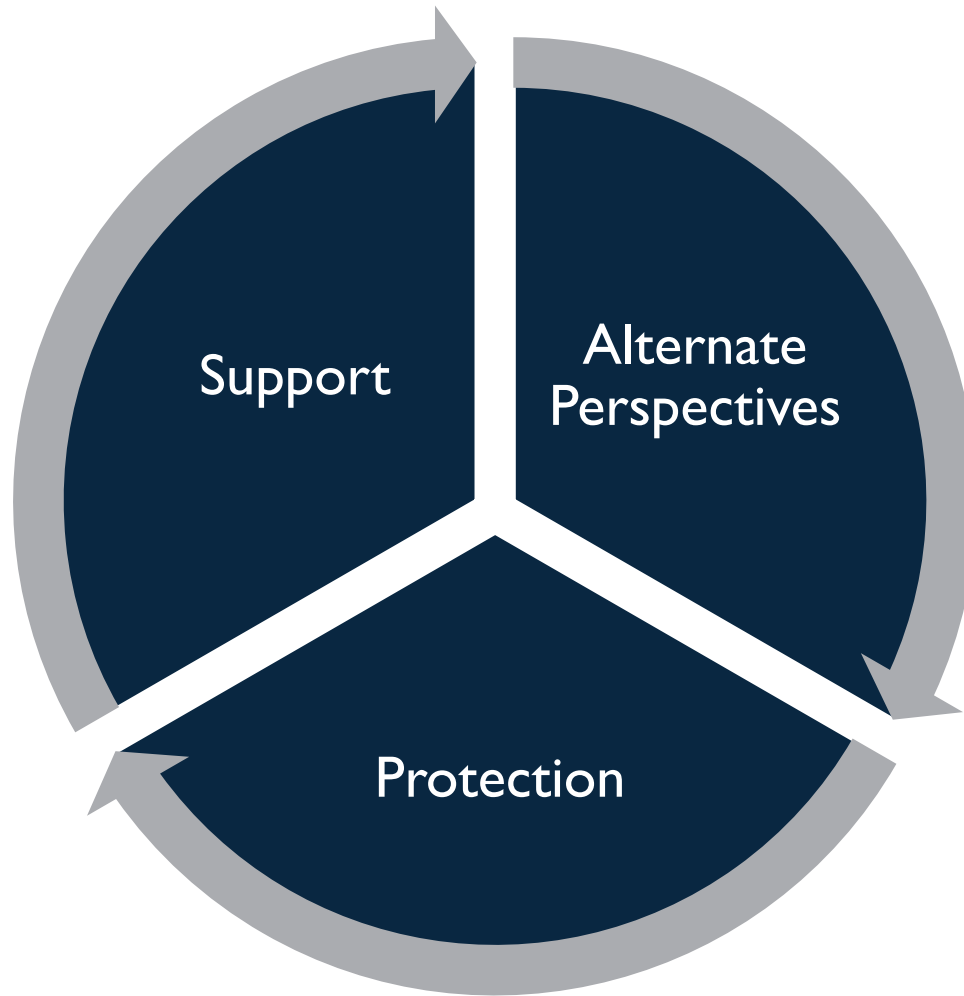
Sometimes a higher level of care can be really helpful or even necessary.

”





# CONSULTATION



# DOCUMENTATION DO-S AND DON'T-S

## ■ Do

- Refer to your current and ongoing assessments; what changed and what's similar to past times
- Note risk factors
- Note protective factors
- Report on client resources, environmental safety, and sources of support
- Describe client's upcoming plans and next contact with mental health providers
- Behavioral exam
- Consultation you've received
- In light of all the above, why you believe the current level of care is sufficient at this time



# DOCUMENTATION DO-S AND DON'T-S

- Don't
  - Describe everything that happened point by point
  - Note elevated risk without updating your assessment
  - Engage in multiple other forms of “documentation” without completing your chart note
  - Wait for later to document
  - Keep chart notes that aren't time stamped
  - Fire the client



# NEVER WORRY ALONE

- Form a network of colleagues who will help you
  - Know your philosophy
  - Describe your approach to your clients and document their understanding
  - Support you when deciding whether a higher level of care is needed (DBT, other IOP, inpatient, residential, state hospital)
  - Document consistently and effectively



THANK YOU!!!!

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