

Supervision Boot Camp: Consultation

**"Saving All Their Days":
Managing Suicidal and Self-Injurious Clients**

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Suicidal and Self-Injurious Behavior

What we will talk about today:

- The reality of suicide among our client populations
- The extent of clinical encounters with suicidal clients
- Guidance for creating a supervisory framework to address suicide risk
- Supervising clinicians through the loss of a client to suicide
- Unique factors of self-injurious behaviors

The Sad Reality of Suicide

Centers for Disease Control

- In 2019, Suicide was the 10th leading cause of death in the US
- Suicide was the 2nd leading cause of death among people ages 10 – 34
- Over 47,500 people were lost to suicide in 2019
- Anywhere from 20 – 200 (based on age group) attempted suicide is estimated for each completed suicide

Clinical Encounters of Suicidal Patients

- 71% of mental health providers will work with clients with suicidal ideation
- 23% of mental health providers will work with clients who complete suicide
- Many training programs have limited coursework on working with suicidal patients
- This leaves most counselor trainees, interns, and early career professionals to learn these skills within their clinical setting

Impacts of client suicide

- Grief and loss
- Guilt
- Trauma responses (intrusive thoughts, rumination, avoidance)
- Doubts of competency
- Impact on new clinicians greater than on more experienced clinicians (McAdams & Foster, 2000)
- Impacts can be long-lasting and career-changing

Supervising Clinicians

Because trainees will be at different levels of competency:

1. Establish where your trainee/supervisee is in terms of the core competencies that relate to clinical management of suicidal clients.
2. Consider a developmental approach when appropriate.
3. Supervise regarding suicidal clients BEFORE supervisee's encounter the issue in session.
4. Provide resources to increase structure of clinician decision making (especially during early levels of supervision):
 1. SAFE-T
 2. Columbia Suicide Rating Scale
5. Studies indicate that this is a dynamic process evolving over time, with dual focus on client welfare and clinician growth (Hoffman, 2013)

Core Clinical Competencies

As identified by the American Association of Suicidology (2020)

The 24 core competencies have been grouped into eight overall topics :

1. Attitudes and Approaches for Working with Suicidal Clients
2. Understanding Suicide
3. Collecting Assessment Information
4. Formulating Risk
5. Developing a Treatment and Services Plan
6. Managing Care
7. Documenting
8. Understanding Legal Issues Related to Suicidality

How well we do as supervisors

- Even with proper training, supervising these cases can be difficult
- Research suggests that supervisors go through different stages in their own development that impact their confidence, comfort, and efficacy at providing support in high-risk cases
- Guidance on risk assessment and management changes over time (e.g. suicide "contracts") so we need to continue to learn and grow as supervisors.

Supervising a clinician when a client completes suicide

What helps

Research indicates that certain specific things are helpful to supervisees when a client has died due to suicide:

- Providing a safe environment to talk about the supervisee's experience
- Disclosure of similar supervisor experiences
- Normalizing clinician reactions to the experience

What is particularly unhelpful

- Giving news of client suicide without providing the time to process the event with support
- Forcing rapid and/or public processing of the event (e.g. treatment team meeting)
- Being callous or unresponsive to clinician response/distress
- Attending more to legal concerns than clinician reaction

Self-Injurious Behavior

- Also a very stressful clinical situation
- Can be difficult for less experienced clinicians sometimes to understand differences between function of self-injury and suicidal behaviors
- Self-injury and suicidal ideation frequently co-occur, or occur over time with the same clients
- Key for management of SIB is making sure that supervisees understand the dynamics and the function of the behavior to aid in risk assessment and treatment planning

What to do today

To improve your ability supervising clinicians with suicidal clients

- If you haven't already, check in with supervisees regarding what training/experience they have with suicide
 - Make sure (before clinicians encounter these cases) that they understand differences and overlap of suicidal thought/behavior and self-injurious behavior
- Review supervisees in terms of the core competencies and highlight any areas for additional support/training
- Consider what empirically supported tools might be of benefit to supervisees still building confidence in assessing client risk

Final Reminder

- Supervising trainees/supervisees working with suicidal clients is also stressful for the supervisor
- Research indicates that supervisors can experience symptoms of trauma related to these cases, along with compassion fatigue
- Self-monitoring for these symptoms, seeking consultation, and having institutions review response to suicidal cases can be helpful checks and balances

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