

**THE COUNSELING SOURCE, INC.
POLICY AND PROCEDURE**

TITLE: Client Suicidality/ Threat of Harm to Self

PURPOSE: To establish and maintain best clinical practices in the event of suspected suicide risk or threat of harm to self.

PROCEDURE: The clinician should refer to the following policy if a clinician suspects a risk of suicide or if a client reports a threat of harm to self. The policy is broken down into two different sections, as procedures for residential and school-based clients will differ slightly from procedures for non-residential/non school-based clients.

For nursing facility/residential settings/school-based clients:

1. Upon discovery of threat, the clinician will assess risk level of client either through the use of the clinical process or through the use of the *Brief Risk Assessment*.
2. If threat is reported and clinician is concerned for client safety/welfare, the clinician should always ensure client safety first and foremost and should not leave the client unattended until client is deemed to be safe.
3. Upon discovery of threat and assessment of risk level, the clinician should notify the appropriate staff person immediately to ensure continued supervision of client.
 - (a) **In nursing facility/residential settings**, the appropriate staff person to notify is the facility Social Worker, DON, or Administrator. If key staff people are unavailable, the clinician should go through the chain of command at the facility to notify staff who can then contact the Social Worker, DON, or Administrator.
 - (b) **In schools**, the appropriate staff person is the Principal, Guidance Counselor, or teacher who should have some familiarity with the client. The parent/guardian should also be notified, if clinically appropriate.
4. Based on the determined risk level, the clinician will discuss clinical recommendations with facility/school staff and parent/guardian (if applicable), such as psychiatric hospitalization, supervision/monitoring, or any other recommendation that is deemed appropriate by the clinician.
5. The clinician should thoroughly document contact with client, report of threat made by client, actions taken upon discovery of threat, and name/title of facility/school staff who was notified of the report prior to leaving the facility. This should be filed with other TCS documentation or left with point person. It is recommended that the clinician use the handwritten Progress Note, which should be located in the field kit. A copy of the note should be retained for your records.
6. The clinician should thoroughly document contact with client, report of threat made by client, actions taken upon discovery of threat, and name/title of facility/school staff who was notified of the report in Doc Tracker as soon as possible.
7. When deemed clinically appropriate, the clinician should attempt follow-up with facility/school staff and client or parent/guardian (if applicable) to ensure client safety and for ongoing assessment. All follow-up efforts should be documented in Doc Tracker.

For non-nursing facility/non-residential or non school-based clients:

1. Upon discovery of threat, each clinician will assess risk level through the clinical interview process or through the use of the *Brief Risk Assessment*.
2. If a threat is reported and clinician is concerned for client safety/welfare, the clinician should always ensure client safety first and foremost and should not leave the client unattended until client is deemed to be safe.
3. The clinician should consider the following course of action:
 - (a) If appropriate, recommend hospitalization and encourage client to go to the emergency room, if appropriate.
 - (b) Contact a family member, friend, or trusted member of client's support system to discuss report of threat and recommendations. If appropriate, the clinician should ask this person for assistance in transporting client to the emergency room.
 - (c) If risk is imminent and the client is refusing to go to the hospital and does not agree to not harm himself/herself, the clinician will call the police or 911 for assistance in transporting the client to the hospital and will not leave the client unattended until under appropriate police or medical supervision.
4. The clinician should thoroughly document contact with client in Doc Tracker as soon as possible, noting report of threat made by client, actions taken upon discovery of threat, and name/title of facility/school staff who was notified of the report.
5. When deemed clinically appropriate, the clinician should attempt follow-up with the client to ensure client safety and for ongoing assessment. All follow-up efforts should be documented in Doc Tracker.

REVIEWED: March 2018