Suicidal Clients: Ethical Considerations & Risk Management

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1

1

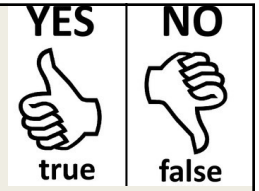
Learning Objectives

- Demonstrate knowledge of three NASW ethical principles related to supporting suicidal clients.
- Explain proper ethical and clinical guidelines related to suicide.
- Evaluate case studies to identify relevant social work ethics, values, and principles.
- Appraise unique suicide case studies and formulate clinical judgments about best practices.

2

2

Is it True or False?



FALSE

1. Social workers are responsible for predicting client suicide.
2. No suicide contracts are not recommended as a clinical tool for suicide intervention. TRUE
3. If a social worker has documentation of a suicide assessment being completed, they cannot be sued. FALSE
4. Clinicians should encourage suicidal clients to commit to treatment and living. TRUE
5. Ethically clinicians cannot refer out a suicidal client because they are not skilled or comfortable working with suicide. TRUE

3

3

Opening Vignette: A Missed Opportunity

Mary is an LCSW at an outpatient mental health clinic. She meets a new client, John, for a first session. During the first session, John discusses his recent divorce, job layoff last year, and increased drinking. John reports that he is depressed, feels hopeless, and doesn't think that things will get better.

Mary decides that addressing John's self esteem would be best at this point. She asks John to discuss his childhood, and he reveals that his grandfather died by suicide when John was nine years old. John states that his grandfather was an avid gun collector, and now John has several of his grandfather's guns as a collection.

Mary provides John with some homework on self-esteem for the next session. She decides that waiting to discuss John's depression will be best, because she doesn't want to make him more depressed right now.

John thanks Mary profusely as he leaves and makes an appointment for next week.

The next day, Mary receives a phone call from John's sister, who says John killed himself that morning. John's sister found Mary's card in John's wallet, and was calling to ask if John had appeared suicidal during their appointment.

4

4

Reflection and Outcome

- In that moment, Mary realizes that she did not complete a suicide risk assessment on John.
- She is flooded with warning signs that she overlooked: his depression, feelings of hopelessness, recent life stressors, and family history.
  - She also knows that these warning signs increased John's risk for suicide since he had access to lethal means (his grandfather's guns).
- John's sister files a complaint of negligence and malpractice with the state licensing board against Mary the LCSW.
- Mary appears before the licensing board for a hearing, where the determination is made that Mary's LCSW license will be suspended for one year. She is also required by the board to obtain 10 CEU's in suicide assessment and ethics of suicide.

5

5

Survey of Social Workers (2006)

- Over **90%** of Social Workers dealt with suicidal clients
- Only **20%** had formal training as part of their MSW program
- **64%** of those surveyed felt the training was inadequate

Reflection Questions re: Suicidal Clients

- How confident are you in assessing and treating suicidal clients?
- What risk management strategies are you most mindful of?
- What areas of practice or risk management do you need to enhance?

Source: Feldman, B. N., & Freedenthal, S. (2006). Social work education in suicide intervention and prevention: An unmet need. Suicide and Life-Threatening Behavior, 36, 467- 480. doi:10.1521/suli.2006.36.4.467

6

6

Ethical Considerations

- Autonomy
- Informed Consent
- Duty to Protect
- Confidentiality
- Nonmaleficence
- Beneficence

7

7

NASW Code of Ethics

HANDOUT:

Reamer/Conrad Ethical Problem Solving Steps

1.02 Self-Determination

- Social workers respect and promote the right of clients to self-determination and assist clients in their efforts to identify and clarify their goals. Social workers may limit clients' right to self-determination when, in the social workers' professional judgment, clients' actions or potential actions pose a serious, foreseeable, and imminent risk to themselves or others.

1.03 Informed Consent

- (a) Social workers should provide services to clients only in the context of a professional relationship based, when appropriate, on valid informed consent. Social workers should use clear and understandable language to inform clients of the purpose of the services, risks related to the services,

1.07 Privacy & Confidentiality

- The general expectation that social workers will keep information confidential does not apply when disclosure is necessary to prevent serious, foreseeable, and imminent harm to a client or others.

8

8

Practitioner Responsibility / Liability

HANDOUT:

Jane Case Study

- Social workers are legally expected to actively prevent the suicide of a client.
- The standard of care is legally defined as ***the duty to employ the degree of skill and care as would be used by a typical social workers in a similar circumstance.***
- Four elements must be present for a malpractice claim to be supported:
  1) the presence of a professional relationship,
  2) a violation of the standard of care,
  3) the violation resulting in damages or harm, and
  4) a direct causal relationship between the social worker's omissions and the suicidal act of the client

Berman, 2006

9

9

Case Analysis: An Ethical Perspective What Did This Practitioner Do Well?

- ✓ Established therapeutic alliance
- ✓ Expressed compassion
- ✓ Inquired directly about quality and duration of symptoms
- ✓ Intervened by addressing hopelessness and reasons for living

10

10

Case Analysis: Areas for Improvement

1. Discuss process of evaluating suicide risk →informed consent, and how they would approach it together. Benefits:
   a) *presents the opportunity to assess and categorize risk level from the outset of therapy and lay the foundation for ongoing monitoring of symptoms*
   b) *opportunity to reduce distress and suffering*

2. A formal and comprehensive evaluation of risk factors and suicide warning signs is recommended in this situation. Numerous suicide risk factors are present:

- ❑ divorced marital status
- ❑ occupation (physician)
- ❑ a recent stressful event or loss (divorce)
- ❑ no children
- ❑ past suicide attempt
- ❑ history of intense and pervasive suicidal ideation
- ❑ social isolation
- ❑ hopelessness
- ❑ disturbances in sleep

11

11

Case Analysis: Areas for Improvement

HANDOUT:

Safety Plan, SMART Plan of Action

3. Safety Plan

- Formalized, collaborative intervention recommended
- Emergency and non-emergency resources
- Coping skills
- Reasons for living
- Protective factors

4. Access to Lethal Means

- History of overdose
- Avoidance of meds w/overdose potential
- Assess access to ALL lethal means
- Limit, safeguard, lock up, dispose of

12

12

Case Analysis: Final Thoughts

HANDOUTS:

C-SSRS, SAFE-T

- Addressing all four of these factors would best inform assessment, Jane's risk level, and the intervention process.
  - For example, Jane's risk level is raised by the severity of her depression, as well as the presence and severity of past suicidal behaviors, in this case, a suicide attempt that was more lethal in nature (i.e., resulting in physical injury requiring medical attention).
- Assessing the severity of current suicidal symptoms would have been helpful and important for these reasons.
  - These steps can be readily accomplished using a brief, standardized scale (such as the C-SSRS).
  - This would allow the clinician to easily quantify the severity of symptoms and risk level focus to guide clinical decision-making and documentation of action taken.

13

13

No Suicide Contracts

- The use of a no-suicide contract may create an illusion of safety.
- The refusal of a client to agree to a no-suicide contract does not necessarily mean that he or she is at imminent risk of suicide.
- The willingness of a client to agree to a no-suicide contract does not necessarily mean that the risk of suicide has been lessened.
- The presence of psychiatric symptoms, such as severe depression or psychosis, may impede a client's mental capacity to enter into such an agreement.
- The client may be willing to sign such an agreement simply to placate the therapist.
- The therapist is asking a client to enter into an agreement with life and death consequences, even thought he or she may have had little time to develop genuine rapport with the client.
- The client who feels amendable to entering such into the agreement at one moment in time may feel quite differently after leaving the therapist's office.

14

HANDOUT:

CTS

An Alternative Clinical Tool: Commitment to Treatment Statement (CTS)

- An agreement between the patient and clinician in which the patient agrees to make a commitment to the treatment process and living by:
  (1)identifying the roles, obligations, and expectations of both the clinician and the patient in treatment;
  (2) communicating openly and honestly about all aspects of treatment including suicide; and
  (3) accessing identified emergency services during periods of crisis that might threaten the patient's ability to honor the agreement

15

15

The Gold Standard (Meichenbaum)

- ✓ What did they do to establish and maintain a _therapeutic alliance_ with their suicidal patient?
- ✓ What specific _assessment_ strategies and measures did the clinician employ with the patient on an ongoing basis to monitor suicide risk?
- ✓ How was the information _conveyed_ to the patient (feedback) and to significant others in the patient's life (family members, treatment providers)?
- ✓ What specific _diagnosis_ (primary and comorbid) were formulated and how did this information impact the _treatment plan_?

16

16

The Gold Standard (Meichenbaum)

- ✓ What specific steps were taken to reduce ___risk factors___ (psycho-education of patient, removal of lethal means, safety plan, resources)?
- ✓ What was done explicitly to address treatment ___adherence___ to psychotropic medications, address both barriers to treatment and anti-therapeutic patient behaviors?
- ✓ What specific ___therapeutic interventions___ were provided, and how were they evaluated for their efficacy?
- ✓ If the suicidal patient was sent home, what specifically was done to monitor patient ___safety___? (i.e. phone calls, relative supervision, next day therapy appointment)

17

17

The Gold Standard (Meichenbaum)

HANDOUT:

The Gold Standard

- Finally, when are where were all of these steps ___documented___, and by whom?

IF IT ISN'T DOCUMENTED, IT DIDN'T HAPPEN…AND YOU CAN'T DEFEND IT.

18

18

Case Study: What Would You Do?

A client completed suicide a few weeks ago. Today you receive an email request from the spouse of your deceased client requesting treatment records. You are unsure of the legalities around this request. What should you do?

- NASW Code of Ethics requires that the confidential records and information of deceased clients be protected according to the same standards that apply to living clients (NASW, 2008, Standard 1.07(r)).
- The Code permits the release of information upon consent of the client or "a person legally authorized to consent on behalf of the client" (NASW, 2008, Standard 1.07(b)).
  - This may include the executor or administrator of the estate for a deceased individual.

19

19

Tips When Speaking with Family Members

- Express sympathy and support for the family
- Listen and respond to the emotional needs of the grieving family rather than talking
- Focus on the sadness of the death and the needs of the family rather than the details of the treatment
- Provide information about suicide in general rather than specific information about the client
- Explain confidentiality laws
- Provide any resources or referrals for individual therapy, if needed
- Prepare a list of suicide survivor resources to give to the family if they want them
- Avoid engaging in therapeutic work with the family, since this may create a dual relationship

20

20

Group Case Study

- For this case study, find 2-3 people around you to form a group.
- Examine this case study through the lens of the nine-step ethical decision-making model.
- Identify a group member to:
  - Take notes
  - Keep the group on task through the nine steps
  - Be the spokesperson

21

21

Case Study Reflections

Step 1: Define the situation clearly.

1) Jordan had an ethical obligation to break confidentiality after Toni reported she was going to kill herself via email.
2) Jordan accessed Toni's mental health record even though Toni is a client of Jordan's supervisor.
3) Jordan looked up Toni on Facebook as a way of communicating with Toni outside of the agency.
4) Jordan's supervisor made comments about his clients out in the open where subordinates (such as Jordan) could overhear, and this breaks confidentiality.
5) Jordan had not reflected on her own personal values that may have played a role in how this situation unfolded.

22

22

Key Considerations

- Your ethical, moral, and philosophical conceptualization of suicide will have direct and indirect influences on your clinical practice.
- Practitioners are expected to uphold their professional standard of care, despite their personal beliefs.
- It is critical to be aware of the legal and ethical responsibilities related to the role of a social workers, particularly concerning malpractice liability.
- Suicide raises challenging and complex problems due to the numerous situations, conditions, and circumstances that can lead to it.
- Possessing skill in proper suicide assessment and intervention will assist a social worker in being thorough in their practice.
- Having a support network of supervisors, consultants, and teams is essential.

23

23

A Deeper Dive RESOURCES

- 35 Years of Working w/Suicidal Clients: Lessons Learned (Meichenbaum): https://www.melissainstitute.org/documents/35_Years_Suicidal_Patients.pdf
- American Foundation for Suicide Prevention: https://afsp.org/
- Suicide Prevention Resource Center: https://www.sprc.org/resources-programs
- Zero Suicide: https://zerosuicide.edc.org/
- SAMHSA Evidenced-based Practice Guide: https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-06-01-002.pdf
- "Living & Dying: A Love Story" documentary: https://vimeo.com/257939456
- Ethical and Philosophical Issues in Suicide: https://connect.springerpub.com/content/book/978-0-8261-3515-5/part/part01/chapter/ch01
- Jordan and Toni case study: https://www.counseling.org/docs/default-source/default-document-library/university-of-toledo.pdf?sfvrs

24

24

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Additional RESOURCES

- SQUARE videos: https://www.square.org.au/risk-assessment/risk-assessment-videos/
- Ethical Considerations in the Assessment & Management of Suicide Risk: https://focus.psychiatryonline.org/doi/pdf/10.1176/appi.focus.10.4.467
- Ethical & Philosophical Issues in Suicide: https://connect.springerpub.com/content/book/978-0-8261-3515-5/part/part01/chapter/ch01
- Ethics and Suicide Prevention: https://theconnectprogram.org/wp-content/uploads/2018/11/NASWArticle-suicide-and-ethics.pdf
- Legal and Liability Issues in Suicide Care: https://zerosuicide.edc.org/sites/default/files/Legal%20and%20Liability%20Issues%20in%20Suicide%20Care%205.27.16%20PPT%20Transcript.pdf
- Case Against No-Suicide Contracts: The Commitment to Treatment Statement as an Alternative: https://www.ccsme.org/wp-content/uploads/2017/01/NoSuicideContracts.pdf

25

25