

Summit Wellness Center

CRISIS MANAGEMENT SUMMARY

What is the difference between homicidal or suicidal "ideations" and a homicidal or suicidal statement or "declaration"?

Ideations are merely thoughts about engaging in the behavior. These thoughts may be fleeting and non- specific, such as "I would be better of dead" or "I really just want to die". Whereas statements and declarations are much more direct and may be more specific like "I'm going to kill myself" or "When I see her, I'm going to kill her". The tone moves from a general desire and thought to something more action oriented.

Once you have identified the comment as a statement or declaration, you will proceed with the following process to determine how best to support and assist the counselee.

Issues related to homicidality:

If a counselee expresses a desire to physically hurt, injure or kill someone how should we handle this?

There are several components that must be considered when assessing for homicidality as well as suicidality.

- History (previous attempts)
- Intent (how certain is the person that this is something they actually intend to do?)
- Plan (has the person devised a plan to follow through with their intent to harm?)
- Access (does the person have access to materials [weapons, medications, etc.] to follow through

with the plan?)

All of these issues will be discussed in further detail, but when you are assessing a counselee who has indicated that they have experienced homicidal or suicidal ideations these are the broad areas of content that must be further evaluated to determine the appropriate plan of action.

What is the Duty to Warn?

In general, the duty to warn refers to the legal responsibility that counselors have to break confidentiality and notify intended victims of the potential threat held by the counselee. The case of Tarasoff v Regents of the University of California (1976) set the precedents for our responsibility as counselors to attempt to reasonably assure the safety of our patients and others. (See "Duty to Warn" http://www.tamu-commerce.edu/counseling/faculty/salazar/516/coun516handout15.pdf)



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How do we warn?

It is important that you disclose the limits of confidentiality (see statement below) at the outset of counseling so that the counselee is aware of your legal obligations as a counselor. Once a counselee has declared that she intends to harm someone else and you have identified a foreseeable victims(s), you should:

- Inform the counselee of your duty to warn and let her know that you will be attempting to contact the intended victim
- Determine if it is necessary to involve any other protective authority (police, Chesapeake Community Services Board 757.547.9334, ER, etc.) to ensure the safety of the conselee and the public
- Contact your Ministry Leader to update them regarding the situation
- Thoroughly document your interaction and responses to the counselee's statement

What if a counselee says that she's suicidal? What should I do?

Again, you consider the general components of history, intent, plan and access. But there are very specific indicators that suggest an increased likelihood of committing suicide that you must be aware of as well. These build on the previously mentioned components (history, intent, plan, access):

- Intent is a crucial component in assessment as well as access to method.
- Preparation to act (prep and rehearsal behavior) is another key element to assess.
- Capability to act (previous attempt or self-harm behavior or experience of trauma) is something these that requires our attention.
- Barriers to act (reasons for living) is another component to assess. But unlike the others mentioned, this can actually serve as a protective mechanism that will provide you with valuable information to use to encourage or support the counselee
- Another important indicator associated with increased sucidality is hopelessness.

Risk Factors for Suicide (retrieved 10.23.09 from http://www.sprc.org/library/ srisk.pdf)

- Biopsychosocial Risk Factors
- Environmental Risk Factors



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- Socialcultural Risk Factors
- Demographical Risk Factors

My counselee has screened positive based on my suicidal assessment using the above indicators. Now what?

- The priority becomes keeping the counselee safe.
- Since you have notified the counselee of the limits of confidentiality, you need to remind them of this and inform them that you are now required to assist them and keep them safe.
- Your first line of defense is to get the counselee to agree to getting immediate assistance.
- Do not leave him or her alone.
- Suggest that they contact their doctor and/or get to a hospital immediately.
- Contact a family member or other supportive person that can meet him or her at the office and take them to the hospital (do not take them in your vehicle). If that is not an option you should consider calling an ambulance.
- You can also contact Chesapeake CSB to get additional support and assistance (757.547.9334).
- Contact your Ministry Leader and update them regarding the situation
- Thoroughly document your interaction and responses to the counselee's statement

What if the counselee calls and screens positive for suicidality?

Go through a similar process as if they were in the office, but try to determine where the counselee is located. If you have this information and become concerned that they are seriously at risk and are not receptive to intervention or support, if you're able to call for help for the counselee without disconnecting your call with him or her, do so. If not, ask can you call them right back and hang up and call for assistance (police).

Somethings To Keep In Mind

Most suicidal people want desperately to live, but are unable to see alternatives to their problems. But, if someone is intent on committing suicide there may little that we can (personally) do to prevent this from occurring. Never forget our most valuable asset in intervention...along with doing all of the practical things to help keep the counselee safe...remember the power of PRAYER.