

Table 1  
*Primary Domains, Core Competencies, and Supervisory Tasks*

Core competencies	Nature of supervisory task (self-awareness, content mastery, skill acquisition and refinement)
<b>Working with individuals at risk for suicide: attitudes and approach</b>	
1. Manage one's reactions to suicide.	Self-awareness (trainee insight and understanding): <ul style="list-style-type: none"> <li>■ Recognize potential influence of emotional reactions (e.g. anxiety, anger, frustration) in the assessment and management process</li> <li>■ Identifying "personal" beliefs about suicide and their potential influence</li> </ul>
2. Reconcile the difference (and potential conflict) between the clinician's goal to prevent suicide and the client's goal to eliminate psychological pain via suicidal behavior.	Skill acquisition: <ul style="list-style-type: none"> <li>■ Provide an understandable model of suicidality and identify a common goal in treatment (i.e. relief of emotional pain and suffering)</li> </ul>
3. Maintain a collaborative, non-adversarial stance.	Skill acquisition: <ul style="list-style-type: none"> <li>■ Patience, empathy, understanding</li> <li>■ Active listening</li> <li>■ Acknowledge ambivalence about living</li> <li>■ Contextualize (normalize) feelings of despair and hopelessness</li> <li>■ Provide an understandable model of suicidality</li> <li>■ Identify a common goal for treatment</li> </ul>
4. Make a realistic assessment of one's ability and time to assess and care for a suicidal client as well as for what role the clinician is best suited.	Skill acquisition: <ul style="list-style-type: none"> <li>■ Recognize the time and resource demands of high-risk patients</li> <li>■ Articulate expectations regarding care for high-risk patients</li> <li>■ Articulate and establish appropriate boundaries for high-risk patient caseload</li> </ul>
<b>Understanding suicide</b>	
1. Define basic terms related to suicidality.	Content mastery: <ul style="list-style-type: none"> <li>■ Terminology</li> <li>■ Differentiate self-harm, suicide threat, suicide attempt (with and without injury)</li> <li>■ Recognize the importance of multiple attempter status</li> </ul>
2. Be familiar with suicide-related statistics.	Content mastery: <ul style="list-style-type: none"> <li>■ Statistics and related facts</li> </ul>
3. Describe the phenomenology of suicide.	Content mastery: <ul style="list-style-type: none"> <li>■ Ability to articulate a biopsychosocial model for understanding suicide</li> </ul>
4. Demonstrate understanding of risk and protective factors.	Content mastery: <ul style="list-style-type: none"> <li>■ Articulate a framework for understanding risk and protective factors</li> </ul>
<b>Collecting accurate assessment information</b>	
1. Integrate risk assessment for suicidality early on in a clinical interview, regardless of the setting in which the interview occurs, and continue to collect assessment information on an ongoing basis.	Skill acquisition: <ul style="list-style-type: none"> <li>■ Interviewing skills</li> </ul>
2. Elicit risk and protective factors.	Skill acquisition: <ul style="list-style-type: none"> <li>■ Appropriate questions to address risk and protective factors</li> </ul>
3. Elicit suicidal ideation and behaviors.	Skill acquisition: <ul style="list-style-type: none"> <li>■ Appropriate questions to elicit suicidal ideation and behaviors</li> </ul>
4. Elicit warning signs of imminent risk of suicide.	Skill acquisition: <ul style="list-style-type: none"> <li>■ Familiarity with warning signs for suicide</li> <li>■ Appropriate questions to elicit warning signs for suicide</li> </ul>
5. Obtain records and information from collateral sources as appropriate.	Skill acquisition: <ul style="list-style-type: none"> <li>■ Interviews with collateral information sources when available</li> </ul>
<b>Formulating risk</b>	
1. Make a clinical judgment of the risk that a client will attempt or complete suicide in the short and long term.	Skill acquisition: <ul style="list-style-type: none"> <li>■ Use a framework for formulating risk</li> <li>■ Differentiate between acute and chronic risk elements</li> </ul>
2. Write the judgment and the rationale in the client's record.	Skill acquisition: <ul style="list-style-type: none"> <li>■ Develop a consistent approach to documenting suicide risk at intake and each follow-up contact as appropriate</li> </ul>

*(table continues)*

Table 1 (Continued)

Core competencies	Nature of supervisory task (self-awareness, content mastery, skill acquisition and refinement)
Developing a treatment and services plan	
<ol style="list-style-type: none"> <li>1. Collaboratively develop an emergency plan that ensures safety and conveys the message that the client's safety is not negotiable.</li> <li>2. Develop a written treatment and services plan that addresses the client's immediate, acute, and continuing suicide ideation and risk for suicide behavior.</li> <li>3. Coordinate and work collaboratively with other treatment and services providers in an interdisciplinary team approach.</li> </ol>	<p>Skill acquisition:</p> <ul style="list-style-type: none"> <li>■ Development of a safety plan (crisis response plan) that matches the patient's competency and skill level</li> <li>■ Be sure the patient can accomplish each step (role play)</li> </ul> <p>Skill acquisition:</p> <ul style="list-style-type: none"> <li>■ Develop a treatment plan targeting suicidality (thoughts and related behaviors) and associated symptoms</li> </ul> <p>Skill acquisition:</p> <ul style="list-style-type: none"> <li>■ Coordinate care as appropriate with other providers (e.g. physicians, psychiatrists)</li> </ul>
Managing care	
<ol style="list-style-type: none"> <li>1. Develop policies and procedures for following clients closely, including taking reasonable steps to be proactive.</li> <li>2. Follow principles of crisis management.</li> <li>3. Document the following items related to suicidality: informed consent, information that was collected from a biopsychosocial perspective, formulation of risk and rationale, treatment plan (well described and shown to be followed), and consultation with professional colleagues.</li> </ol>	<p>Skill acquisition:</p> <ul style="list-style-type: none"> <li>■ Ensure that access to available method is restricted or eliminated</li> </ul> <p>Skill acquisition:</p> <ul style="list-style-type: none"> <li>■ Use basic crisis management strategies</li> </ul> <p>Skill acquisition:</p> <ul style="list-style-type: none"> <li>■ Consider an informed consent approach that acknowledges the risks inherent to managing suicidal patients</li> <li>■ Develop an approach to documentation that recognizes the importance of thorough documentation</li> </ul>
Understanding legal and regulatory issues related to suicidality	
<ol style="list-style-type: none"> <li>1. Understand state laws pertaining to suicide.</li> <li>2. Understand legal challenges that are difficult to defend against as a result of poor or incomplete documentation.</li> <li>3. Protect client records and rights to privacy and confidentiality following the Health Insurance Portability and Accountability Act (HIPAA) of 1996</li> </ol>	<p>Content mastery:</p> <ul style="list-style-type: none"> <li>■ State laws related to suicide and high-risk patients</li> </ul> <p>Content mastery:</p> <ul style="list-style-type: none"> <li>■ Understand of standard-of-care issues with high-risk patients</li> <li>■ Understand issues of malpractice and negligence in clinical care</li> </ul> <p>Content mastery:</p> <ul style="list-style-type: none"> <li>■ HIPAA</li> </ul>