

Treatment Options

- Suicide prevention becomes the treatment focus of therapy
- Rationale for treatment must be based on assessment of client and his/her perceived overall suicide risk
 - If client is suicidal because of relationship issues, what are you doing to address relationship problems?
 - If they have knives at home and plan to hurt themselves, what do you plan to do about this?

Set limits. Refer out if unable to treat client appropriately.
Follow up with referral.

For the clients we keep at CAPS. . . .

- Hospitalization, if needed
- Obtain previous records
- Emergency plans/after-hour care
- Commitment to Treatment/Crisis Response Plans
- Interventions based on client's concerns
- Relaxation, affect tolerance, thought records
- Cognitive therapy interventions (suicide thought records)
- Follow up each session (suicide rating scales)
- Get thee to consultation/supervision!

Remember your support. . .

- Consultation, supervision and commiseration with colleagues, supervisors
- Weekly case conference and emergency case conferences
- When it comes to suicide, most people feel in over their heads! Two heads are better than one