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Professional Reflection
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Suicide Risk and Safety Plan

I have worked with a variety of clients and students in a clinical setting as well as a school setting. Some students and clients have expressed that they had suicidal thoughts or were seriously considering suicide. In the following document I will break down the steps I took with those clients and students to ensure their safety, my thoughts on the effectiveness of the process I took and what, if anything, I would do different for future clients and students in similar situations.

After the client/student expresses having thoughts of suicide I started by assessing whether the client is currently having such thoughts. I then empathized with the incredibly difficult feelings they were going through. From here I let them know that I had a few more questions about their thoughts of suicide and referred back to the client informed consent signed at the beginning of counseling services. I said that the most important thing for us now is to ensure the client's safety and that I may be in a position to break confidentiality if the client expressed an intent to harm themselves. I then proceeded to assess the current status of suicidal thoughts and if the client has taken any recent action towards following through with a suicide (for example if the client has begun thinking about how they would carry out a suicide or have begun putting things in place to prepare for a suicide attempt). In my experiences, the client or students have experienced suicidal ideation or have presented warning signs to friends or family without having a specific plan to carry out. From this point I worked with the client to identify when and in what situations suicidal thoughts are most triggered and when they are least triggered. We talked about seeking out those places settings that helped manage suicidal thoughts and avoiding those that triggered them. I talked with them about the first things they could do if they did experience an increase in suicidal thoughts and were feeling out of control. We talked about techniques they had found to be helpful (i.e. going for a walk/exercising) and I offered some new ones (i.e. breathing exercises, self-affirmations, etc.). When they are feeling suicidal thoughts taking over and especially when the techniques for de-escalating do not work, we talked about who they could go to or call to talk to about their difficulties. This could be a family member or a friend they trusted. If all of those safety nets fell through for the client, I referred them to call the clinic, the suicide hotline (I gave them the number) or call 911. In this entire process, for students, even if they did not have a plan to carry out I let them know that I would need to call their parents and talked to them about exactly what I would say and that the purpose was to make sure that we could help the student work through their challenges and feel safe.

I the future I would follow this plan with some exceptions for situations in which a client or student had a clear intent, plans and means for carrying out a suicide. In such a case I would talk with them about the next required step in breaking confidentiality in order to contact the right help we needed. I would invite them to make the call with me if they desired to the hospital to get them the help they need.