

Is a HIGHER LEVEL of Treatment Required??

Support System Involvement –if the client is afraid of their actions, but not intent on hurting themselves.

1. Bring more people onto your client's "team."
 - a. If the client is a minor, the parents should be informed.
 - b. If the client is an adult, talk with them about calling their emergency contact.
 - c. You can contact their primary care physician, especially if you think medication changes may be involved in their decline.
 - d. If they live alone, can they stay with someone (or can someone stay with them)?
2. Can you see the client more frequently (and related – can they pay for more frequent sessions) for the time being?
3. Make a plan to remove any means of suicide as is relevant to this client.
 - a. Is their plan related to guns? Make a plan to have the guns removed from the home for now.
 - b. Is their plan related to knives? Remove their access to sharp objects for now.
 - c. Is their plan related to medication? Have someone hold and dispense the medication for now.
4. Have the client (and their team) arrange a 24-hour watch.
 - a. Family, friends, church members, neighbors can be enlisted to stay with client around the clock.

Welfare Check - If you have reason to be concerned about your client's safety

You can call the police department and request a Community Response Team officer to do a welfare check. You can also request a call back with the outcome. 303-633-6100

Specifically Focused Treatment

Certain crises are best addressed at specialized facilities, e.g. eating disorders, first responders. Clients with Borderline Personality Disorder should attend a facility that offers DBT group (or may benefit from an outpatient DBT skills group). If they are chemically dependent (CD), they need to go to a CD location/detox before mental health (MH) inpatient care.

Intensive Outpatient (IOP) and Partial Hospitalization (PHP) – Especially for severe, worsening depression or anxiety, frequent sub-crisis situations, not functioning.

Intensive Outpatient is usually a few days a week, for a few hours a day.

Partial hospitalization keeps clients at the hospital and in group treatment for most days of the week, for several hours a day. But the client does not spend the night at the hospital.

This option can also be used if the client needs a medication change and doesn't have access to a psychiatrist in a reasonable time frame.

Inpatient – Client is in imminent danger to themselves or someone else

You will move the client toward hospitalization if you are convinced that they will hurt themselves or someone else despite the other efforts that are happening.

1. Suicidal- they've made suicidal statements in the last 24 hours, they have made some kind of gesture or threat, they've started preparing (notes, saying goodbye, organizing their affairs), or they've made some kind of attempt.
2. Homicidal- threats, gestures, or statements about hurting others that are imminent (they plan to do it at a specific time soon) AND the target is specific. In this case, you have a duty to warn the specific person the person is threatening, and to call the police about the threat as well.
3. Gravely Disabled- it is appropriate to seek inpatient assistance if the client has a psychotic break or is unable to function.

Emergency Room

If the client actually attempted suicide and then called you in crisis afterward, they should go to the nearest ER to check for medical issues ESPECIALLY if they overdosed. Often they will be transferred to an inpatient setting from the ER.

If the person is under the influence of a substance and suicidal, the ER is a sound place to get them to safety quickly.