



INFORMED CONSENT WITH SUICIDAL PATIENTS

The Assessment and Clinical Management of Suicidal Clients M. David Rudd, Ph.D., ABPP

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Consistent with available data, any informed consent statement, whether consistent with the example provided below or not, should include several identifiable elements including:

1. For patients who have attempted suicide or who have reported suicidal ideation, risk can endure throughout the treatment process and, for possibly as many as half, can result in a subsequent suicide attempt.
2. Patients who have made multiple suicide attempts are at the greatest risk to continue to experience symptoms, associated dysphoria and make a subsequent suicide attempt.
3. Therapy will involve emotional experiences and related upset. The patient and therapist will work together to help the patient work through difficult emotions, but at times painful issues will be discussed and purposefully targeted in treatment.
4. Therapy will involve experimenting with and learning new skills that will lead to more effective problem solving without using suicidal behaviors.
5. Procedures to follow in a crisis situation will be explicitly described and the patient and therapist will work together to determine things the patient is willing (and capable) to do.
6. One of the primary targets in treatment is the reduction of suicidal behaviors.
7. The failure to pursue treatment for certain disorders carries the risk for a subsequent suicide attempt and, for a smaller percentage, death.



8. A collaborative approach to treatment, compliance with the treatment plan, and effective crisis management are all essential to reducing risks and maximizing treatment outcomes.

EXAMPLE STATEMENT

If you're presenting with some form of suicidality (i.e. suicidal thinking or a suicide attempt), it's important to recognize the risks inherent in treatment, as well as a decision not to seek treatment. Randomized controlled trials for the treatment of suicidality have found re-attempt rates during treatment as high as 47%, with a number of experimental treatments significantly reducing the rate of subsequent attempts by as much as half. The risk of a suicide attempt during treatment is greatest for those who have made multiple suicide attempts (i.e. two or more). Treatments have also been found effective at preventing repeat suicide attempts, reducing symptoms related to suicidality (e.g. depression, anxiety, and hopelessness), and associated problems (e.g. interpersonal stress, problem-solving ability). One of the risks both in and out of treatment for various disorders (e.g. major depression, bipolar disorder, schizophrenia, anorexia, borderline personality disorder) is death, although this is infrequent and relatively rare. Specific rates vary across diagnoses in outpatient (or inpatient) care. Treatments for all of these problems have been found to be effective. If you would like diagnosis-specific information, please let me know.

We will talk more specifically about the issue of suicidal thoughts and behavior in our commitment to treatment agreement. A primary target in treatment will be the reduction of suicidal behaviors. An important element of therapy involves learning new skills that will help you to more effectively manage your emotions, reactions, and relationships with others without suicidal behavior. As you learn these new skills, you should begin to notice improvements in your mood and how you feel you are managing your life.



You should be aware that we will talk about some things that will be very painful for you. We will do this when both of us feel that you have acquired the skills to be able to deal with these emotions and we will work together to help you benefit from these experiences.

Early in your therapy we will set up a crisis response plan that will include specific steps for you to follow when you begin to feel upset or in crisis. I will expect you to make every effort to carry out these plans and we will any obstacles that come up when you try to use this crisis response plan. This is a very critical part of your treatment and it is less likely that your treatment will be successful if you do not utilize this plan.

What is clear is that use of a crisis response plan and a willingness to fully engage in the treatment process will reduce risks and increase the effectiveness of treatment. Given the risk of problems in treatment for those with chronic suicidality, it's important to recognize and understand up front the potential need for family support and involvement in care. This might mean allowing me to contact a family member during a suicidal crisis. It's also critical to recognize the need for an honest and trusting relationship in treatment, one allowing for you to be direct and specific when problems with treatment compliance emerge.