

# Clinical Social Work

Practice Update from the National Association of Social Workers

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National Association of Social Workers  
750 First Street NE – Suite 700  
Washington, DC 20002-4241  
Phone: 202-408-8600  
TTD: 202-336-8396  
Fax: 202-336-8311  
Web: [www.socialworkers.org](http://www.socialworkers.org)

## MINIMIZING PRACTICE RISKS WITH SUICIDAL PATIENTS

Having a potentially suicidal patient can be one of the most dreadful outcomes in clinical practice, especially in an outpatient setting where supportive office resources may be limited. Treating such a patient can be intense and create stress for the practitioner, who may be held liable should the patient die. There are no clinical guidelines that guarantee a clinical social worker or other mental health practitioner immunity from losing a patient to suicide or from being sued. However, the clinical social worker can minimize her or his overall risks when assessing or treating a potentially suicidal patient in the following ways:

1. Recognize suicidal risks before a problem arises. The best time to think through risk management regarding suicide is before the crisis arises. The clinical social worker should be familiar with laws and regulations that govern clinical practice in her or his state and with the *NASW Code of Ethics*.
2. Understand statutes in your state regarding confidentiality. In some situations breaching confidentiality is legally and ethically valid, especially when the patient is a danger to self or others.
3. Be knowledgeable about community resources, referral sources, and hospitalization procedures available to suicidal patients.
4. Know what the literature and experts say about the epidemiology, risk factors and management of the suicidal patient. Stay current with developments in the field. Participate in continuing education programs to keep skills sharpened.
5. Retain for supervision or consultation a professional colleague who has expertise in working with suicidal patients. Doing so provides evidence that the clinical social worker responded appropriately even when the result was unfortunate.
6. Secure past medical and psychotherapy records to assist in obtaining an adequate history and in establishing a baseline for assessing the patient's presenting problem. This information also helps the clinical social worker to understand the patient better and to establish a more effective treatment plan.
7. Practice good record keeping including well-organized treatment plans and thorough assessments that identify risk factors and competence. Document all activities performed on behalf of the patient such as consultations, referrals, telephone calls, office visits, clinical judgments, rationales, and observations.
8. Provide daily 24-hour office coverage. Arrange for coverage when you will be away from the office. A patient should know how to obtain help in your absence.
9. Obtain adequate malpractice insurance and have access to an attorney who is knowledgeable about malpractice liability for mental health practitioners.

It is good practice for the clinical social worker to be knowledgeable about these issues and to maintain keen skills in the assessment and prevention of suicide.

- Clinical social workers should consider both clinical and legal risk management issues when working with suicidal patients.
- A potentially suicidal patient may have at least one psychiatric diagnosis, such as depression or other affective disorder and substance abuse problems. A psychiatric disorder and factors such as severe family stress, parental history of depression or suicide, and exposure to violence also may increase risk.
- The clinical social worker should perform a risk assessment that includes, but is not limited to, risk factors of child, family, and environment; severity and intent of self-injurious behavior; presence of psychiatric disorder; presence of substance abuse; and protective concerns.

**The Power of Social Work**



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Mirean Coleman, MSW, LICSW  
Senior Staff Associate for  
Clinical Social Work  
[mcoleman@naswdc.org](mailto:mcoleman@naswdc.org)

**Clinical Social Work**  
**NASW Practice Update**

Minimizing Practice Risks  
with Suicidal Patients  
Page 2

## Resources

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