Ability to assess and manage risk of self-harm

Knowledge

An ability to draw on knowledge that assessment of risk:
is more likely to be helpful (both to the client and the assessor) if it focuses on engaging the individual in a clinically meaningful dialogue
is less effective (and useful) if carried out as a 'checklist' that attempts to cover all bases, whether or not they are relevant to the client

An ability to draw on knowledge that because it is difficult to predict future suicide attempts accurately, even comprehensive risk assessments can only yield a poor estimate of risk
An ability to draw on knowledge that although many factors have been identified as associated with risk:
they cannot be relied on to predict risk with any certainty
they are subject to change, meaning that assessments of risk are only relevant to the short-term outlook

An ability to draw on knowledge that talking about suicide does not increase the likelihood of suicide attempts, and that it is helpful to maintain an open and frank stance when discussing it
An ability to draw on knowledge that self-harm and suicidal acts reflect high levels of psychological distress, and serve different functions for different people (and for the same person, at different times)
An ability to draw on knowledge that (by building hope and identifying specific ways forward) a collaborative assessment can be a powerful intervention in its own right

Engagement

An ability to conduct an assessment in a compassionate and collaborative manner
An ability to help the client manage the potential distress associated with discussing difficult material

Assessment

An ability to work with the client to identify behaviours (both currently and in the past) that relate to suicidal intent (e.g. preparing a will, writing a note, saying goodbye to significant others, acquiring the means to end life)

An ability to discuss with the client the specific characteristics of suicide attempts (e.g. level of intent to die, level of regret about not dying, the function of the attempt, whether precautions against discovery were taken), and use this to estimate the likelihood of future acts
An ability to help the client identify protective factors that may be associated with decreased thoughts of suicide or feelings that life was not worth living

Assessing cognitive factors associated with self-harm and/or suicide

An ability to work with the client to identify cognitions that focus on suicide (including their content, duration, frequency and intensity of suicidal thinking, and the level of intent to die):
currently
at their most severe, in the immediate past and previously

Assessing interpersonal factors associated with self-harm and/or suicide

An ability to assess a sense of social isolation
An ability to assess a sense of being a burden on significant others
An ability to assess 'markers' that indicate the development of a capability to carry out suicide or self-harm (usually experiences that foster a diminished fear of pain and self-inflicted injury) e.g.:
current markers, e.g.:
fearlessness about injury or death
prolonged ideation and/or preoccupation about suicide
highly detailed and concrete plans for suicide
a specified time and place for suicide
if self-harm has taken place, an intent to die at the time of injury
current and past experiences, e.g.:
previous suicide attempts (especially multiple suicide attempts)
regret at surviving attempts
self-harming behaviours
exposure to childhood physical and/or sexual violence

Developing a risk management plan

An ability to develop a risk management plan that balances the need for safety with the need for autonomy and agency in the client's life
An ability to judge the appropriate level of intervention, guided by the presence and strength of risk and protective factors, and:
an ability to recognise when the risk is going to be difficult to contain safely in the context of the therapist's resources and to refer appropriately