Table 1
Primary Domains, Core Competencies, and Supervisory Tasks

Core competencies	Nature of supervisory task (self-awareness, content mastery, skill acquisition and refinement)
Working with individuals at risk for suicide: attitudes and approach	
1. Manage one's reactions to suicide.	Self-awareness (trainee insight and understanding): ▪ Recognize potential influence of emotional reactions (e.g. anxiety, anger, frustration) in the assessment and management process ▪ Identifying "personal" beliefs about suicide and their potential influence
2. Reconcile the difference (and potential conflict) between the clinician's goal to prevent suicide and the client's goal to eliminate psychological pain via suicidal behavior.	Skill acquisition: ▪ Provide an understandable model of suicidality and identify a common goal in treatment (i.e. relief of emotional pain and suffering)
3. Maintain a collaborative, non-adversarial stance.	Skill acquisition: ▪ Patience, empathy, understanding ▪ Active listening ▪ Acknowledge ambivalence about living ▪ Contextualize (normalize) feelings of despair and hopelessness ▪ Provide an understandable model of suicidality ▪ Identify a common goal for treatment
4. Make a realistic assessment of one's ability and time to assess and care for a suicidal client as well as for what role the clinician is best suited.	Skill acquisition: ▪ Recognize the time and resource demands of high-risk patients ▪ Articulate expectations regarding care for high-risk patients ▪ Articulate and establish appropriate boundaries for high-risk patient caseload
Understanding suicide	
1. Define basic terms related to suicidality.	Content mastery: ▪ Terminology ▪ Differentiate self-harm, suicide threat, suicide attempt (with and without injury) ▪ Recognize the importance of multiple attempter status
2. Be familiar with suicide-related statistics.	Content mastery: ▪ Statistics and related facts
3. Describe the phenomenology of suicide.	Content mastery: ▪ Ability to articulate a biopsychosocial model for understanding suicide
4. Demonstrate understanding of risk and protective factors.	Content mastery: ▪ Articulate a framework for understanding risk and protective factors
Collecting accurate assessment information	
1. Integrate risk assessment for suicidality early on in a clinical interview, regardless of the setting in which the interview occurs, and continue to collect assessment information on an ongoing basis.	Skill acquisition: ▪ Interviewing skills
2. Elicit risk and protective factors.	Skill acquisition: ▪ Appropriate questions to address risk and protective factors
3. Elicit suicidal ideation and behaviors.	Skill acquisition: ▪ Appropriate questions to elicit suicidal ideation and behaviors
4. Elicit warning signs of imminent risk of suicide.	Skill acquisition: ▪ Familiarity with warning signs for suicide ▪ Appropriate questions to elicit warning signs for suicide
5. Obtain records and information from collateral sources as appropriate.	Skill acquisition: ▪ Interviews with collateral information sources when available
Formulating risk	
1. Make a clinical judgment of the risk that a client will attempt or complete suicide in the short and long term.	Skill acquisition: ▪ Use a framework for formulating risk ▪ Differentiate between acute and chronic risk elements
2. Write the judgment and the rationale in the client's record.	Skill acquisition: ▪ Develop a consistent approach to documenting suicide risk at intake and each follow-up contact as appropriate

(table continues)

Table 1 (*Continued*)

Core competencies	Nature of supervisory task (self-awareness, content mastery, skill acquisition and refinement)
Developing a treatment and services plan	
1. Collaboratively develop an emergency plan that ensures safety and conveys the message that the client's safety is not negotiable.	Skill acquisition: ▪ Development of a safety plan (crisis response plan) that matches the patient's competency and skill level ▪ Be sure the patient can accomplish each step (role play)
2. Develop a written treatment and services plan that addresses the client's immediate, acute, and continuing suicide ideation and risk for suicide behavior.	Skill acquisition: ▪ Develop a treatment plan targeting suicidality (thoughts and related behaviors) and associated symptoms
3. Coordinate and work collaboratively with other treatment and services providers in an interdisciplinary team approach.	Skill acquisition: ▪ Coordinate care as appropriate with other providers (e.g. physicians, psychiatrists)
Managing care	
1. Develop policies and procedures for following clients closely, including taking reasonable steps to be proactive.	Skill acquisition: ▪ Ensure that access to available method is restricted or eliminated
2. Follow principles of crisis management.	Skill acquisition: ▪ Use basic crisis management strategies
3. Document the following items related to suicidality: informed consent, information that was collected from a biopsychosocial perspective, formulation of risk and rationale, treatment plan (well described and shown to be followed), and consultation with professional colleagues.	Skill acquisition: ▪ Consider an informed consent approach that acknowledges the risks inherent to managing suicidal patients ▪ Develop an approach to documentation that recognizes the importance of thorough documentation
Understanding legal and regulatory issues related to suicidality	
1. Understand state laws pertaining to suicide.	Content mastery: ▪ State laws related to suicide and high-risk patients
2. Understand legal challenges that are difficult to defend against as a result of poor or incomplete documentation.	Content mastery: ▪ Understand of standard-of-care issues with high-risk patients ▪ Understand issues of malpractice and negligence in clinical care
3. Protect client records and rights to privacy and confidentiality following the Health Insurance Portability and Accountability Act (HIPAA) of 1996 that went into effect April 15, 2003.	Content mastery: ▪ HIPAA