Welcome to Module 7 of DBHDS Support Coordination/Case Management Training Modules on the Assessment Process.

This Module provides basic information about how assessments are developed and written. It is made up of 3 sections.

Section 7a explains the sources for and the process of collecting, organizing, and interpreting assessment information and describes the elements of a culturally competent assessment.

Section 7b describes how to capture support needs, deficits, and stressors; personal values, goals, and priorities; strengths and resources; health and medical status; basic needs and activities of daily living; and support networks.

Section 7c identifies possible warning signs of harm to self and others and steps to take if someone is at risk for hurting themselves or others.
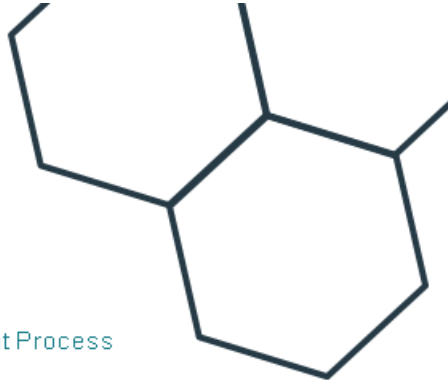
Module 7A

The Assessment Process

Objectives:

- Understand the process of collecting, organizing and interpreting information
- Know the sources of information needed for an adequate assessment
- Recognize the elements of a culturally competent assessment

The objectives of Module 7a on the assessment process are:

- to understand the process of collecting, organizing and interpreting information;
- know the sources of information needed for an adequate assessment; and
- to recognize the elements of a culturally competent assessment.

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Lives are complicated. Rarely does the source of difficulties or the solution to problems reside solely within an individual. Instead, problems and their solutions involve complex interactions with others and the environment.

Assessment is the on-going process of gathering and summarizing information that guides the work between the Support Coordinator/Case Manager and the person using services. It also refers to the document that synthesizes the information that has been gathered. The assessment is a time for discovery and determining initial and ongoing eligibility for services. If a person is using Behavioral Health Support Coordination/Case Management services, others in the agency may be responsible for conducting some or all of the assessment. However, the Support Coordinator/Case Manager should know all of the components of the assessment as well as ensure it remains up to date. Because it is an on-going process, efforts should be made to obtain previous assessments. Reassessments must be completed at least annually and any time there are changes in the medical, psychiatric, and behavioral health care needs of the person.

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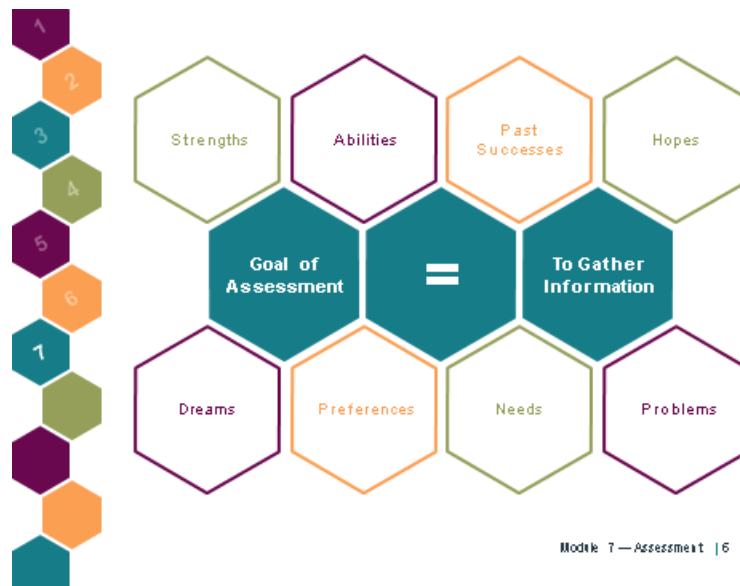
The goal of assessment is to gather information to continually add to understanding those supported including their strengths, abilities, past successes, hopes, dreams, preferences, needs, and problems. Assessment helps the person seeking services, the Support Coordinator/Case Manager, and others, prepare an ISP that is responsive, effective, and in keeping with the person's values and goals/outcomes. This requires gathering information about a person and their environment in all its complexity. Once the Support Coordinator/Case Manager gains an understanding of someone's strengths and challenges, together, they can plan for how to address needs.

An assessment should include:

- a central theme about the person seeking services;
- the findings from history and any other assessments conducted, including medical, psychological, vocational, etc.;
- the person's perception of their own needs, strengths, interests, preferences, and abilities, and
- the provider's perspective about what might affect the course of services.

Remember: Assessment is an ongoing process that should be updated as changes occur and new information is gathered. As these changes occur, the Support Coordinator/Case Manager is responsible for updating the ISP and communicating these changes to other service providers as indicated.

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Effective assessments start where a person is, prioritizing their immediate concerns. Be sure to pay attention to any immediate health and safety issues, risk or risks of harm which can include:

- medical conditions;
- at-risk behavior;
- restrictive protocols;
- special supervision requirements;
- other presenting needs, as expressed by the person and as documented in the referral information;
- the strengths and preferences of the person; and
- resources that might be available.

Conducting an assessment is really about eliciting someone's personal story. Since they are the expert on their life, most information gathered should be from them and/or their authorized representative or guardian, if applicable.

The assessment steps are:
- ask what someone is seeking, what services are wanted, what the person hopes to accomplish from this service experience, and what hopes and dreams the person has;
- listen to concerns without interrupting with an opinion;
- respect preferences, needs, and values;
- use the assessment interview to begin to engage the person served;
- assist the person to understand reasonable alternatives;
- help them identify strengths, resources, interests, and preferences;
- include the family and other supporters with the person's permission;
- determine together the person's current stage of recovery or level of support needs; and
- share the findings from the assessment with the person seeking services.
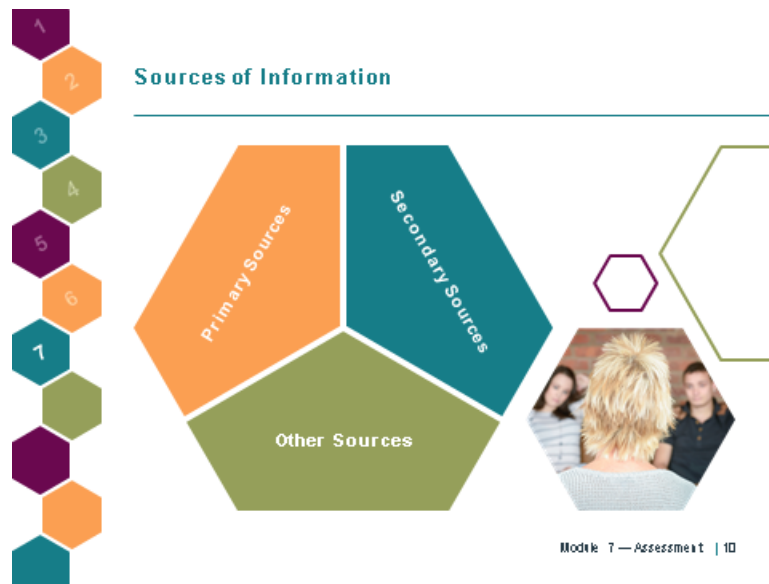
Thorough assessments involve gathering information from multiple sources. These sources will assist you by filling in different aspects of a person's story. This means, however, that there may be times when you will receive conflicting information. In the event that this occurs, try to understand and work together to resolve these discrepancies. Remember the Support Coordinator/Case Manager must have a release of information signed prior to contacting others.

Primary sources for information include:
- interviews and interactions with the person seeking services; and
- self-monitoring. Sometimes a person may keep a journal to record feelings, thoughts, and behaviors to share in order to have a better understanding about situations that might trigger difficulties or highlight needs.
  Secondary sources include:
- obtaining information from others who know and love the person being served. For some, age, developmental issues or communication styles may make it necessary to gather a lot information from those who know the person best.

Other sources of information may include:
- referral records;
- current agency records or other documentation;
- direct observation of behaviors and interactions with others;
- information from supporters, like relatives, friends, employers, teachers, or other professionals; and
- tests and other assessment instruments such as psychological and/or psychiatric evaluations, and screening and assessment tools.

When getting to know someone during an assessment, it is helpful to encourage the person seeking services to share their story. Some of the information a Support Coordinator/Case Manager asks about during an assessment may be very sensitive and difficult to share.
There are many questions a Support Coordinator/Case Manager can ask to encourage people to begin sharing their stories.

For example:
"Would you tell me about yourself?"
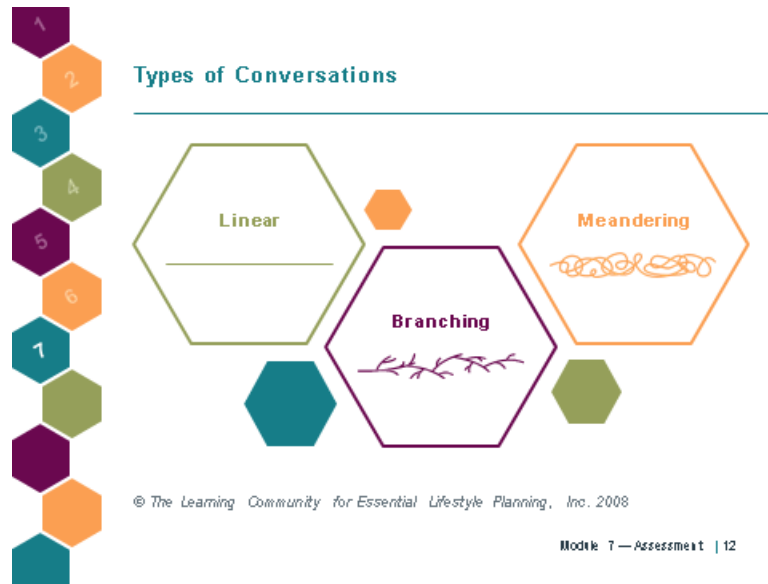"What do you think might be important for me to know about your situation, family, culture, background?"
"What brought you here today?"

Be creative. Sometimes people do not communicate using words. Or some people are not comfortable telling their story in a conversation. There are creative ways to elicit stories. For example you might ask someone to:
  • share songs that represent an important aspect of their lives; or
  • show you pictures of their family and talk about them.

It is not easy for everyone to sit in a chair across from a professional and talk about topics that are important and personal to them. Sometimes it helps to be active for part of the assessment. For example take a walk, play catch, take a walk around the household and ask questions about what is there, or encourage them to write about a topic of their choosing.

Types of Conversations

Linear

Meandering

Branching

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There are at least 3 ways for a Support Coordinator/Case Manager to have conversations with those seeking services when they are trying to gather information. These are described as linear, branching and meandering conversation. Meandering is the most difficult to master, but each type has benefits depending on the type of information needed.

Here is an example of Bob and his Support Coordinator/Case Manager, Ann, having a linear conversation about his morning routine. Linear conversation usually follows a chronological timeline of questioning.

Ann: What time do you wake up?
Bob: 7 am.
Ann: How do you wake up? An alarm clock? By yourself?
Bob: I set my alarm, but I usually wake up before it goes off.
Ann: And then what do you do?
Bob: I like to lay in bed for a few minutes just to wake up. I listen to the radio.
Ann: What do you do when you get out of bed?
Bob: I put on my robe, turn off the radio, and go get some coffee.
When might you want to use this type of conversation?

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Here is an example of Bob and his Support Coordinator/Case Manager, Ann, having a branching conversation about his morning routine. These conversations can be thought of as walking through time, branching off and coming back to the main topic.

Ann: What time do you wake up?
Bob: 7 am.
Ann: How do you wake up? An alarm clock? By yourself?
Bob: I set my alarm, but I usually wake up before it goes off.
Ann: Have you always woken up by yourself?
Bob: I started waking up by myself after I worked at this construction job and I had to be there like at 6 am. Now waking up at 7 seems late.
Ann: And then what do you do after you wake up?
Bob: I like to lay in bed for a few minutes just to wake up. I listen to the radio.
Ann: What radio station do you listen to?
Bob: I like to wake up to rock music. Something to get me going.
Ann: What do you do when you get out of bed?
When might you want to use this type of conversation?

Here is an example of Bob and his Support Coordinator/Case Manager, Ann, having a meandering conversation about his morning routine. These are natural conversations that require the Support Coordinator/Case Manager to have a mental map of what they want to learn.

Ann: So, what's your morning routine like?
Bob: I like to have a very laid back morning. I usually wake up by myself, but I set my alarm for 7 just in case.
Ann: Have you always woken up by yourself?
Bob: No, when I was a teenager, my mom used to have to wake me up several times before I got out of bed. I started waking up by myself after I worked at this construction job and I had to be there like at 6 am. Now waking up at 7 seems late.
Ann: Why do you set your alarm for 7 then?
Bob: This new medication makes me sleepy in the morning, so I can't really get up too much earlier. I don't like to wake up late because then I'm rushed. You know, I don't want to just get up and have to rush to get out the door.
Ann: Besides making you sleepy in the morning, how are the new meds working?
Bob: They are actually helping a lot. I'm sleeping a lot better.
Ann: Oh, I'm glad to hear that. So, how do you deal with being sleepy in the morning?
Bob: I like to lay in bed for a few minutes just to wake up. I listen to the radio.
Ann: What radio station do you listen to?
Bob: I like to wake up to rock music. Something to get me going.
When might you want to use this type of conversation?

According to the DSM-5 "culture refers to systems of knowledge, concepts, rules, and practices that are learned and transmitted across generations. Culture includes language, religion and spirituality, family structures, life-cycle stages, ceremonial rituals, and customs, as well as moral and legal systems. Cultures are open, dynamic systems that undergo continuous change over time; in the contemporary world, most individuals and groups are exposed to multiple cultures, which they use to fashion their own identities and make sense of experience."

Addressing

A — Age & Generational Influences
D — Developmental & Acquired Disabilities
R — Religion & Spiritual Orientation
E — Ethnicity
S — Socioeconomic Status
S — Sexual Orientation
I — Indigenous Heritage
N — National Origin
G — Gender

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Culture, therefore, is made up of many components beyond race and ethnicity.
An easy-to- remember framework called addressing lists many of these components and include:
- age and generational influences;
- developmental and acquired disabilities;
- religion and spiritual orientation;
- ethnicity;
- socioeconomic status;
- sexual orientation;
- indigenous heritage;
- national origin; and
- gender.

The views and practices associated with the combination of these cultural characteristics affect how all participants in behavioral health and developmental disabilities services process understand disability and engage in care. This means those served and their families, as well as Support Coordinators/Case Managers.

Among other things, Support Coordinators/Case Managers need to consider how each of these characteristics may uniquely affect a person they are supporting. The only way to understand this, is by talking with the person engaged in services.

The gathering of the information is only the beginning. The next step is to integrate and summarize the information. An accurate record is as much a part of the helping process as any other activity.

- Documentation is required by regulatory authorities and payers.
- The process of documentation increases the Support Coordinator's/Case Manager's ability to ensure continuity, consistency, and coordination of services.
- The information gathered can be useful to the person using services along with other service and support providers.

Writing up the Assessment

- Keep in Mind Your Purpose & Audience
- Be Precise, Accurate & Legible
- Avoid the Use of Labels, Subjective Terminology & Jargon
- Be Respectful
- Indicate Where Information Came From
- Share the Assessment with the Person

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When writing up the assessment, keep in mind its purpose and audience. This helps the Support Coordinator/Case Manager decide what information to include.

- Be precise, accurate, and legible. The information in the assessment will impact services. It is important to document sources of information and clearly note the basis for any conclusions.
- Avoid the use of labels, subjective terminology, and jargon.
- Rather than use labels, use the person's own words using direct quotes, and include observations to substantiate their statements.
- Be respectful. Would the person supported find it to be a fair representation of them and their life circumstances, strengths, etc.?
- Indicate where information came from such as by self report, family, or information received from medical and educational records. Share the assessment with the person served and all involved parties.

Module 7B

Topics in Assessment
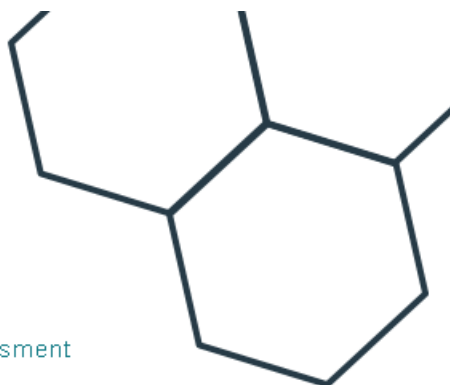
Section 7b covers topics that are included in a thorough assessment.

The objectives for this section are:
- understand how to capture support needs, challenges, and stressors, personal values, goals, and priorities, and strengths and resources; and
- understand how to capture health and medical status, risks and potential risks of harm, basic needs and activities of daily living (ADLs), and support networks.

Topics Covered in Assessment

- Support Needs, Problems & Stressors
- Personal Values, Goals & Priorities
- Strengths & Resources
- Health & Medical Status
- Risks & Potential Risks of Harm
- Activities of Daily Living (ADLs) & Basic Needs
- Support Networks

http://register.dls.virginia.gov/details.aspx?id=6997
12VAC35-105-650. Assessment Policy
112 VAC35-105-1245. Case Management Direct Assessments

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There are 3 main areas that should be explored in an assessment:
- support needs, problems, and stressors;
- personal values, goals, and priorities; and
- strengths and resources.

Additional topics include:
- health and medical status;
- risks and potential risks of harm;
- activities of daily living (ADLs) and basic needs; and
- support networks.

The link provided is for the emergency regulations set forth by the Department of Behavioral Health and Developmental Services and lists all the requirements for an assessment. Included in the emergency regulations are updates to the assessment policy and Case Management direct assessments. The link is also listed in the material section of this module.

Tell Me About Yourself...

To better understand the support needs, challenges, and stressors, ask the person seeking services to tell their story.

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As a Support Coordinator/Case Manager, it is important to seek to understand the meaning people ascribe to their needs, what life would be like if their need was met or their problem was resolved and what is wanted and expected from the Support Coordinator/Case Manager. It is also important to discover who else is involved with the current situation and how they are involved.

A prolonged focus on problems and challenges often leads to feelings of shame and failure, and these do not promote recovery or enhance engagement in services.

In a recovery-oriented, person-centered approach, it is important to identify and leverage the strengths of people and their supporters. This promotes recovery, enhances engagement, and increases effectiveness of services.

Identifying strengths and resources in the assessment has many benefits for the person served and your work together. Doing so allows an opportunity for those served to consciously identify instances where they have been successful as a result of their own actions and abilities, as well as identifying services or supports that have been successful in the past. It also helps to identify future needs and the steps necessary to address those needs.

Looking at strengths encourages the development of a positive, trusting relationship between a person and the Support Coordinator/Case Manager. It encourages follow-through with services and puts focus on hope and optimism. Focusing on strengths and resources helps the Support Coordinator/Case Manager and those served avoid getting overwhelmed by the challenges.

At a minimum, it is important that the Support Coordinator/Case Manager explore all the strengths suggested by Adams & Grieder.

These strengths include:
- abilities, talents, competencies, and accomplishments in all areas of life;
- values and traditions;
- interests, hopes, dreams, aspirations, and motivation;
- resources and assets;
- unique individual attributes of a physical or psychological nature;
- behaviors at home, school, work, or in the community that have worked well; and
- family members, relatives, friends, and other "natural supports."

Values, goals and priorities indicate what is important to someone. In turn, they help to decide how to prioritize various aspects in one's life.

Part of the assessment process is gathering information about values, goals, and priorities of the people seeking services so that the Support Coordinator/Case Manager can learn more about them as well as to better support them in the planning process.
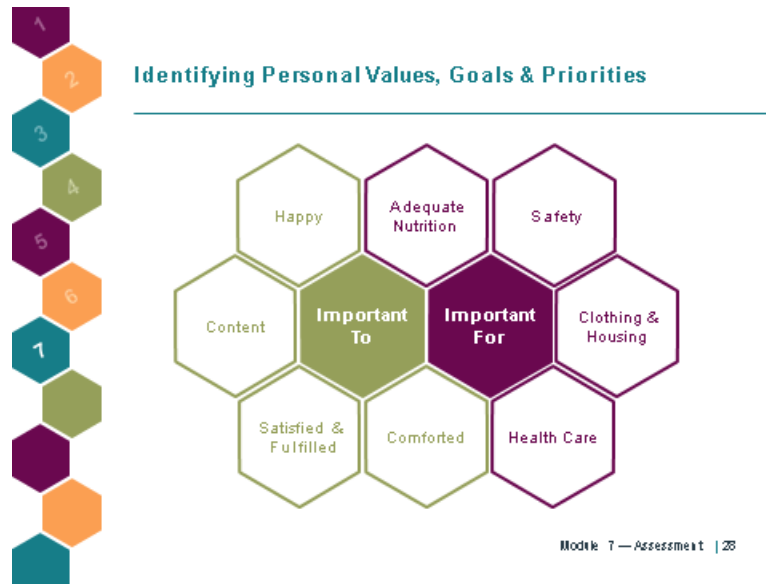
Problems often involve unmet wants and needs.

Wants or things that are 'important to' are those factors that help us to lead a good life. These are the things that help people feel happy, content, satisfied, fulfilled and comforted. They might include spending time outdoors, having a pet, or eating our favorite foods.

Needs or things that are 'important for' include adequate nutrition, safety, clothing, housing, and health care, things that people cannot live without.

Things that are 'important to' and 'important for' someone are unique to each individual.

Questions to Ask

What would your life look like if it were perfect?

What kind of [home, job, friends, education, hobbies] do you want to have in 6 months? …in a year? …in 5 years?

What is the definition of success for your life? Failure?

What do people who know and care for you say about your strengths?

What makes you happy? Sad? Angry?

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These are some questions the Support Coordinator/Case Manager can ask to help someone identify personal values, goals and priorities.

What kind of [*home, job, friends, education, hobbies*] do you want to have in 6 months?
…In a year? …In 5 years?
What makes you happy? Sad? Angry?
What would your life look like if it were perfect?
What do people who know and care for you say about your strengths?
What is the definition of success for your life? Failure?
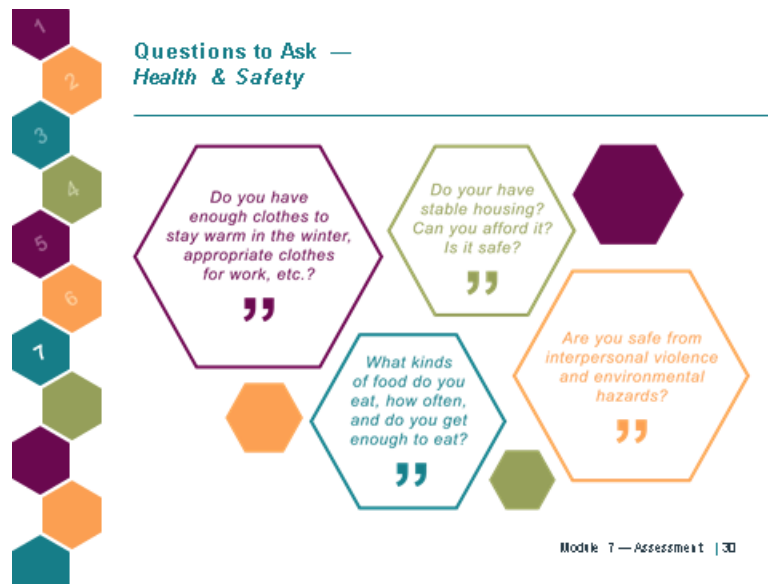
Assessment includes gathering information on the degree to which basic health and safety needs are met as well as someone's ability to independently care for themselves.

The following are some questions that can be asked to assess the areas of food and nutrition, clothing, safety and housing:

- What kinds of food do you eat, how often, and do you get enough to eat?
- Do you have enough clothes to stay warm in the winter, appropriate clothes for work, etc.?
- Are you safe from interpersonal violence and environmental hazards?
- Do your have stable housing? Can you afford it? Is it safe?

Here are things to look for when assessing safety in the home.
- Are there barriers to access?
- Are there any electrical hazards?
- How about fire hazards, smoke alarm?
- Is the heating and air conditioning sufficient?
- Is the water temperature sufficient and not scalding?
- Are the toilet and bathing facilities adequate?
- Is there a working stove & refrigerator?
- Is there safe and adequate lighting?
- Are the surroundings sanitary?
- Is the neighborhood safe?

Assessing Living Skills

- Activities of Daily Living (ADLs)
- Instrumental Activities of Daily Living (IADLs)

Together, ADLs and IADLs represent the skills that people usually need to be able to manage in order to live as independent adults.

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Activities of daily living (ADLs) are basic self-care tasks, the kinds of skills that people usually learn in early childhood.

Instrumental activities of daily living (IADLs) are the more complex skills needed to successfully live independently, usually learned during the teenage years.

Together, ADLs and IADLs represent the skills that people usually need to be able to manage in order to live as independent adults.

Support networks are made up of people that one can rely upon. These may include family, friends, co-workers, neighbors, and professionals. They can be crucial in supporting people in reaching their goals/outcomes and leading a good life.

For some people who use services, their network has more professionals in it than nonprofessionals. The Support Coordinator's/Case Manager's job is to help them develop more natural supports in their lives.

Relationship Map —
Figuring Out Who a Person Can Count On

Personal Network
People a person relies on, with whom the person exchanges friendship and concern.

Family Life
The people a person loves most and that love them the most.

Community Network
Acquaintances, friends from the past and people the person mostly greets.

Service Providers

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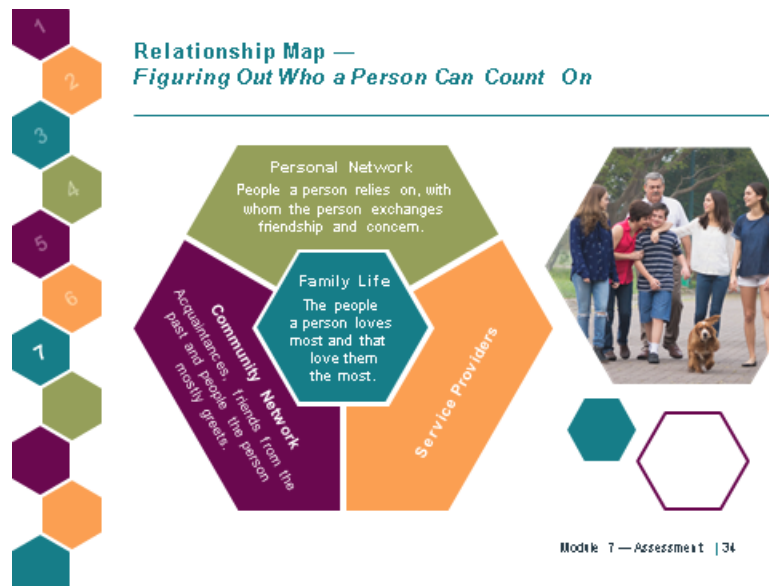
One tool the Support Coordinator/Case Manager may choose to use to help understand someone's support network is a relationship map. This tool will also be helpful when gathering information as it will indicate to whom the focus person feels closest.

It includes the following three components:
- the family circle includes people someone loves most;
- the personal network may include family, friends, neighbors, classmates, co-workers, church members, helpful teachers, or other paid people, people the person relies upon, with whom they exchange friendship and concerns, triumphs, struggles, and mutual interests;
- a community network includes acquaintances, friends from the past, people who mostly greet or acknowledge others as part of a community life.

Module 7C
Assessing Harm
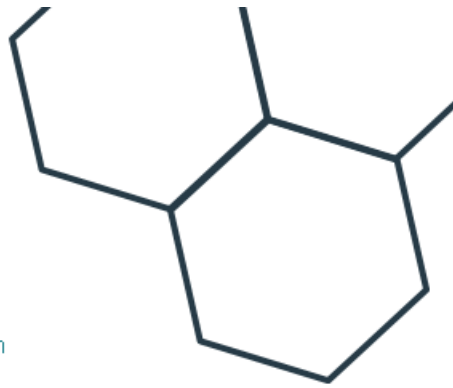
Section 7c of Module 7 will cover assessing harm.

The objectives of Section 7c are:

- recognize possible warning signs of harm to self and others; and
- identify steps to take if someone is at risk for hurting themselves or others or has been hurt.

Risk of Suicide

A critical role of the Support Coordinator/Case Manager is helping to assure the personal safety of those who use services.

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A critical role of the Support Coordinator/Case Manager is helping to assure the personal safety of those who use services. Understanding and preventing suicide involves the recognition of risk factors and the strengthening of protective factors.

It should also be recognized that self-inflicted violence is not necessarily an attempt to commit suicide. These attempts are often a cry for help or a mistaken belief that one is doing friends and relatives a favor by taking themselves out of the world. It is, however, an act that should be taken very seriously.

Support Coordinators/Case Managers should identify and include these risks of harm in the ISP with goals/outcomes to address and mitigate the risks.

Signs of Acute Suicide Risk

- Threatening to Hurt or Kill Oneself
- Talking About Wanting to Hurt or Kill Oneself
- An Inability to Articulate Reasons to Live
- Looking for Ways to Kill Oneself *by seeking access to firearms, available pills or planning to do so*

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The signs of acute suicide risk are:

- threatening to hurt or kill oneself, or talking about wanting to hurt or kill oneself;
- an inability to articulate reasons to live; and
- looking for ways to kill oneself such as seeking access to firearms, available pills or planning to do so.

Individual Risk Factors

- Previous Suicide Attempts
- Major Physical Illness
- Central Nervous System Disorders *such as traumatic brain injury*
- Substance Abuse
- Psychiatric Diagnosis or Symptoms *such as depression, severe anxiety, insomnia, command hallucinations or self-hate*

- Impulsive or Aggressive Tendencies
- History of Trauma or Abuse
- Family History of Suicide
- Precipitants (Triggering Events) *leading to humiliation, shame or despair*

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Factors that increase someone's risk for committing suicide are:

- previous suicide attempts;
- major physical illness;
- central nervous system disorders such as traumatic brain injury;
- substance abuse;
- psychiatric diagnosis or symptoms such as depression, severe anxiety, insomnia, command hallucinations, or self-hate;
- impulsive or aggressive tendencies;
- history of trauma or abuse;
- family history of suicide; and
- precipitants, or triggering events, leading to humiliation, shame or despair.

Social & Environmental Risk Factors

- Chaotic Family Situation
- Lack of Social Support (Isolation)
- Easy Access to Lethal Means
  such as guns, drugs or medications
- Local Clusters of Suicide
  that have a contagious influence
- Legal Problems
- Barriers That Impede Access To:
  - Health Care
  - Mental Health Services
  - Substance Abuse Treatment

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Social or environmental risk factors include:

- a chaotic family situation;
- lack of social support or isolation;
- easy access to lethal means such as guns, drugs or medications;
- local clusters of suicide that have a contagious influence;
- legal problems; and
- barriers that impede access to health care, mental health services and substance abuse treatment.

Protective factors can help to ameliorate the risk factors for suicide. Keep in mind that they still may not counteract significant acute risk. Protective risks include:
Internal factors such as:
- reasons for living;
- religious beliefs against suicide;
- tolerance for frustration; and
- adequate coping skills.

Additionally, external factors such as aspects of life that are:
- enjoyable;
- positive relationships;
- social supports; and
- responsibility to children or beloved pets.

Behavioral Warning Signs —
IS PATH WARM?

I Ideation — Thinking of Suicide
S Substance Abuse

Has Feelings of Being:
P Purposeless
A Anxiety
T Trapped
H Hopeless

Exhibits Behaviors of:
W Withdrawal
A Anger
R Recklessness
M Mood Changes

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Some of the behavioral warning signs of suicide risk that Support Coordinators/Case Managers need to look for include:

- thoughts of suicide;
- substance abuse;
- feelings of purposelessness, anxiety, hopelessness and being trapped.

Additional signs may be withdrawal, anger, recklessness and mood changes.

Don't Be Afraid To Ask Questions!

Ask About...

Ideation
Plan
Behaviors
Intent

For Youth: Ask both the youth and their parent or guardian.

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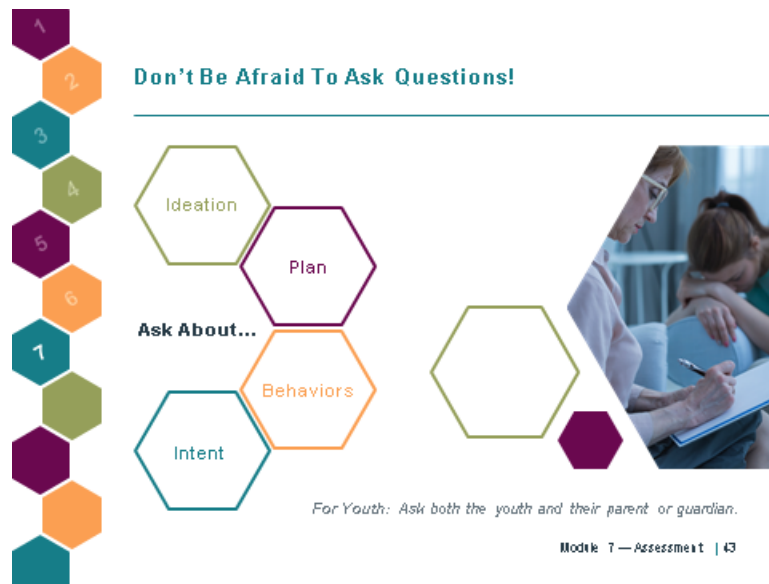
If the warning signs or significant risk factors for suicide are present, do not be afraid to ask questions.

Ask about:
- **ideation**; Identify the frequency, intensity and duration of suicidal thoughts in the last 48 hours, the past month, or the worst ever;
- **a Plan**; Cover timing, location, lethality, means, availability, and preparatory acts;
- **behaviors**; Discuss past attempts, aborted attempts, and rehearsals such as tying a noose or loading gun;
- **intent**; Explore the extent to which the person expects to carry out the plan and believes that the act will be lethal.

When exploring this with a minor, make sure to ask these questions of both the youth and the parent or guardian.

Self-harming behavior, also know as self-injury (SI) or self inflicted violence (SIV) means purposefully inflicting injury to oneself without suicidal intentions. Self-harming behavior is a coping mechanism. People harm their physical selves to deal with emotional pain, to break feelings of numbness or to provide self-stimulation.

Remember when working with a minor, it is important to talk with their parent or guardian about the presence of these behaviors.

Self-harming behavior may include:
- carving or cutting;
- burning;
- biting, bruising, hitting;
- head banging;
- scratching or pulling at skin or hair; and
- interfering with healing wounds.

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Why do people engage in self-inflicted violence?

- During self harm the brain releases endorphins similar to the effects of morphine. This decreases the sensation of pain and can also cause pleasant physical sensations. The "rush" of releasing these endorphins brings a feeling of relief for some.
- Reactions to life events that cause overwhelming feelings of failure, disappointment, shame, or guilt may lead some to self-harm as a form of punishment.
- Some people feel that harming themselves is the only way to receive the attention they need from others. They may self-injure to make others feel guilty or angry, to prove that they should be worthy of more attention, or to communicate the inner pain they are experiencing.
- Some people who engage in self harm describe overall feelings of numbness and dissociation or detachment from one's emotions, body, and immediate surroundings. This is often correlated with a history of trauma. For them, the act of inflicting sharp pain and seeing their own blood helps them to feel more alive and grounded.
- Self-stimulatory behavior refers to repetitive body movements or repetitive movement of objects that can involve any one or all senses. Excessive self-rubbing or scratching may be an extreme form of self-stimulation, and stimulating one area of the body and in this case, injuring oneself, may reduce or dampen pain located in another area of the body.

Questions You Could Ask

- Have you gone so far as to think about how you would do it?
- What would prevent you from harming yourself?
- Do you wish you were dead?
- Do you feel that life is worth living?
- Are you thinking about ending your life?
- What is your plan? Do you have the means to carry out your plan?

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Among others, here are some questions the Support Coordinator/Case Manager can ask to assist in assessing suicide risk.

- Do you feel that life is worth living?
- Do you wish you were dead?
- Are you thinking about ending your life?
- Have you gone so far as to think about how you would do it?
- (If yes) What is your plan? Do you have the means to carry out your plan?
- What would prevent you from harming yourself?

What to Do

- Contact the CSB Emergency Services Immediately
- Contact Your Local REACH Team
- Inform a Supervisor as Soon as Possible

Be sure to document and report suicide warning signs and any self-harming behavior to a supervisor!

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Assessing the risk of suicide can be complex, especially when working with those who have medical illnesses, mental health and substance use issues, and other risk factors, previously listed in this module.

If you suspect someone will try to hurt themselves:
- contact the CSB emergency services immediately;
- consider contacting your local REACH team. More information about REACH services and how REACH can provide support is covered in Module 10; and
- inform your supervisor as soon as possible.

Be sure to document and report suicide warning signs and any self-harming behavior to your supervisor and other service providers.

A Support Coordinator/Case Manager can be proactive by contacting REACH in order to develop a plan for people with a history of self-harm or risk of self-harm. REACH can also provide onsite mobile crisis services.

Sometimes people who use services can become a threat to others. Consequently, Support Coordinators/Case Managers have a critical responsibility to assess if someone poses a credible threat to others and to notify the appropriate people.

When assessing for harm to others:
- look for a childhood history of family violence, physical abuse, neglect, and juvenile detention; and
- look for a history of directly aggressive behaviors such as bullying, hitting, fighting, or cruelty to animals.

There tend to be two common outcomes in the histories of aggressive children. Those who only exhibit aggressive behaviors during adolescence and those who develop severe and persistent aggressive and antisocial behaviors into adulthood.
- Look for active substance use disorders or co-occurring substance use disorders and serious mental illness. When combined with a history of violence, this risk factor is <u>much more significant</u>.
- Review the records of more current critical events such as hospitalizations or arrests to see if they involved aggressive behaviors.

Warning Signs

Be sure to document and report any credible threat to another person. Inform Emergency Service staff and a supervisor immediately!

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If you find evidence of a history of aggressive behaviors, determine the degree to which there has been:
- recent physical or sexual aggression toward other people;
- arrests or orders of protection related to the person's threatening or violent behavior;
- recent stressors such as divorce, job loss, or being victimized themselves; and
- increase in substance use.

If such additional risk factors are present, monitoring is warranted to prevent serious physical harm to others. With those who have an increased risk of violence, explore:
- problems controlling anger;
- current thoughts or plans about hurting someone and available means for acting on them;
- steps already taken to carry them out; and
- efforts that inhibit acting on the violent thoughts.

Be sure to document and report any credible threat to another person. Inform Emergency Service staff and a supervisor immediately!

In the event that a person has communicated a specific and immediate threat to cause serious bodily harm or death to a third party, the Support Coordinator/Case Manager has a duty to take precautions to protect third parties from violent behavior or other serious harm. This is called a Duty to Warn.

The code of Virginia dictates that a mental health service provider has a duty to take precautions to protect third parties from violent behavior or other serious harm when someone has orally, in writing, or via sign language, communicated a specific and immediate threat to cause serious bodily injury or death to someone else. If you suspect a person has the potential to harm someone please notify your supervisor immediately.

It is also important to be aware of other types of interpersonal violence such as sexual assault, stalking, and relationship violence. Relationship violence is a pattern of abuse that occurs in a relationship, whether the person is or has been in a committed partnership, married, or dating.

- Abuse can be physical such as hitting, pushing, or slapping.
- It can be emotional, for example, making someone feel they are worthless or stupid.
- Abuse can be verbal, such as name calling or put downs.
- Financial abuse might include withholding money.

If the Support Coordinator/Case Manager suspects any form of interpersonal violence, it is important to notify the supervisor and document concerns and actions taken. If the Support Coordinator/Case Manager suspects that someone is in immediate danger, 911 should be contacted.

In conclusion, report all concerns about risk of suicide or harm towards others to CSB Emergency Services and your supervisor.

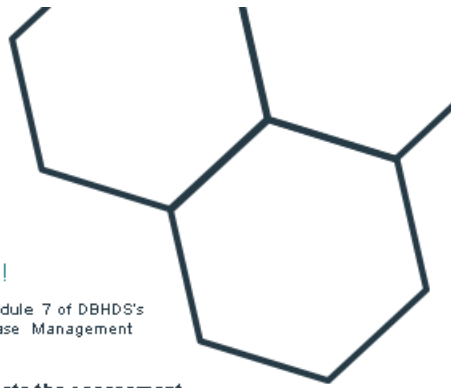If you suspect that someone is in immediate danger, contact 911.

Congratulations!

You have completed Module 7 of DBHDS's Support Coordination/Case Management online training.

Click here to complete the assessment.

Congratulations!

You have completed Module 7 of DBHDS Support Coordination/Case Management online training. Please note that all of the web links provided in this Module are contained in the accompanying training materials. Please complete the assessment for Module 7 before proceeding to Module 8.

Thank you for your participation!