



WISCONSIN LEGISLATIVE COUNCIL RULES CLEARINGHOUSE

Scott Grosz and Jessica Karls-Ruplinger
Clearinghouse Co-Directors

Terry C. Anderson
Legislative Council Director

Laura D. Rose
Legislative Council Deputy Director

CLEARINGHOUSE REPORT TO AGENCY

[THIS REPORT HAS BEEN PREPARED PURSUANT TO S. 227.15, STATS. THIS IS A REPORT ON A RULE AS ORIGINALLY PROPOSED BY THE AGENCY; THE REPORT MAY NOT REFLECT THE FINAL CONTENT OF THE RULE IN FINAL DRAFT FORM AS IT WILL BE SUBMITTED TO THE LEGISLATURE. THIS REPORT CONSTITUTES A REVIEW OF, BUT NOT APPROVAL OR DISAPPROVAL OF, THE SUBSTANTIVE CONTENT AND TECHNICAL ACCURACY OF THE RULE.]

CLEARINGHOUSE RULE 12-055

AN ORDER to repeal Psy 2.12 (2); to renumber Psy 2.12 (3) and (4); and to amend Psy 2.09 (4), relating to applicant appearances.

Submitted by **DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES**

12-27-2012 RECEIVED BY LEGISLATIVE COUNCIL.

01-25-2013 REPORT SENT TO AGENCY.

JKR:KBO

LEGISLATIVE COUNCIL RULES CLEARINGHOUSE REPORT

This rule has been reviewed by the Rules Clearinghouse. Based on that review, comments are reported as noted below:

1. STATUTORY AUTHORITY [s. 227.15 (2) (a)]

Comment Attached YES NO

2. FORM, STYLE AND PLACEMENT IN ADMINISTRATIVE CODE [s. 227.15 (2) (c)]

Comment Attached YES NO

3. CONFLICT WITH OR DUPLICATION OF EXISTING RULES [s. 227.15 (2) (d)]

Comment Attached YES NO

4. ADEQUACY OF REFERENCES TO RELATED STATUTES, RULES AND FORMS
[s. 227.15 (2) (e)]

Comment Attached YES NO

5. CLARITY, GRAMMAR, PUNCTUATION AND USE OF PLAIN LANGUAGE [s. 227.15 (2) (f)]

Comment Attached YES NO

6. POTENTIAL CONFLICTS WITH, AND COMPARABILITY TO, RELATED FEDERAL
REGULATIONS [s. 227.15 (2) (g)]

Comment Attached YES NO

7. COMPLIANCE WITH PERMIT ACTION DEADLINE REQUIREMENTS [s. 227.15 (2) (h)]

Comment Attached YES NO



WISCONSIN LEGISLATIVE COUNCIL RULES CLEARINGHOUSE

Scott Grosz and Jessica Karls-Ruplinger
Clearinghouse Co-Directors

Terry C. Anderson
Legislative Council Director

Laura D. Rose
Legislative Council Deputy Director

CLEARINGHOUSE RULE 12-055

Comments

[NOTE: All citations to “Manual” in the comments below are to the Administrative Rules Procedures Manual, prepared by the Legislative Reference Bureau and the Legislative Council Staff, dated November 2011.]

2. Form, Style and Placement in Administrative Code

a. In SECTION 3, the agency renumbers s. Psy 2.12 (3) and (4) as s. Psy 2.12 (2) and (3). Renumbering of rule divisions should generally be avoided in order to allow a reader to more easily trace the history of a particular rule. [ss. 1.03 (5) (a) and 1.067, Manual.]

b. The effective date section should be labeled as SECTION 4. [s. 1.02 (4), Manual.]

Page intentionally left blank

Brad Munger MA, LPC faculty with the Suicide Prevention Resource Center, he supervises the Rock County Community Support Program (CSP), a large community treatment program for persons with serious and persistent mental illness. Trained in psychology, he is a Licensed Professional Counselor practicing in Janesville. In addition to suicide prevention and management, other professional endeavors include evidence-based treatment approaches for persons with mental illness, including the Assertive Community Treatment (ACT) model. Brad's other professional passions include: recovery, diversity and cultural competence, hearing loss, homelessness, adoption, and restorative/rehabilitative justice, and strengths-based intervention planning and intervention.

Recently completing seven years of service on the state board for the National Alliance on Mental Illness (NAMI) and as past Vice-President, he has a keen interest in suicide prevention, post-vention as well as related existential and family aspects.



Continuing Education Credits

This program has been approved by the National Board for Certified Counselors (NBCC) and the National Association of Social Workers (NASW). The Suicide Prevention Resource Center is authorized to award 6.5 NBCC clock hours and 6.5 NASW CE contact hours. NBCC and NASW credits are free.

The American Association of Suicidology (AAS) is approved by the American Psychological Association to offer continuing education for psychologists. AAS maintains responsibility for this program and its content. Participants may receive 6.5 hours of APA CE credit. APA credits are \$35/participant.

No partial credit will be given for partial attendance.

Cost of the training is \$50/participant.

**For More Information Contact:
Mental Health America of WI**

Shel Gross
Youth Suicide Prevention Project Manager
(608) 250-4368
www.mhawisconsin.org



Assessing & Managing Suicide Risk

One-Day Competencies Based Workshop

Sponsored by

**Mental Health America of
Wisconsin**

Presented by

Brad Munger

Developed by

**Suicide Prevention Resource Center
&
American Association of Suicidology**



24 COMPETENCIES

A. Working with Individuals at Risk for Suicide:

Attitudes and Approach

1. Manage one's own reactions to suicide
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
3. Maintain a collaborative, non-adversarial stance
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 one is best suited

B. Understanding Suicide

5. Define basic terms related to suicidality
6. Be familiar with suicide-related statistics
7. Describe the phenomenology of suicide
8. Demonstrate understanding of risk and protective factors

C. Collecting Accurate Assessment Information

9. Integrate a risk assessment for suicidality early in a clinical interview, regardless of the setting in which the interview occurs and continue to collect assessment information on an ongoing basis
10. Elicit risk and protective factors
11. Elicit suicide ideation, behavior, and plans
12. Elicit warning signs of imminent risk of suicide
13. Obtain records and information from collateral sources as appropriate

D. Formulating Risk

14. Make a clinical judgment of the risk that a client will attempt or complete suicide in the short and long term
15. Write the judgment and the rationale in the client's record

E. Developing a Treatment and Services Plan

16. Collaboratively develop an emergency plan that assures safety and conveys the message that the client's safety is not negotiable
17. Develop a written treatment and services plan that addresses the client's immediate acute, and continuing suicide ideation and risk for suicide behavior
18. Coordinate and work collaboratively with other treatment and service providers in an inter-disciplinary team approach

F. Managing Care

19. Develop policies and procedures for following clients closely including taking reasonable steps to be proactive
20. Follow principles of crisis management

G. Documenting

21. Document the following items related to suicidality

H. Understanding legal and regulatory issues related to suicidality

22. Understand state laws pertaining to suicide
23. Understand that poor or incomplete documentation make it difficult to defend against legal challenges
24. Protect client records and rights to privacy and confidentiality following the Health Insurance Portability and Accountability Act of 1996 that went into effect April 15, 2003

DO PROFESSIONALS NEED TRAINING?

Behavioral health professionals have a crucial role in preventing suicides. In the U.S. alone, over 30,000 people die by suicide each year, the equivalent of one major airliner filled with passengers crashing every two days. Three-quarters of these deaths are among working-aged adults. A number of studies report that a substantial proportion of people who died by suicide had either been in treatment or had some recent contact with a mental health professional. Many had been diagnosed with a psychiatric illness at the time of death as cited in *The National Strategy*. Additionally, hundreds of thousands of people show up in hospital emergency departments each year for treatment after a suicide attempt. "The sheer magnitude of this human tragedy cries out for an urgent response. This response includes training for mental health professionals," stated Dr. David Litts, Associate Director at SPRC.

A study of 292 psychologists relatively new in their careers found that virtually all had worked with suicidal clients, 29.1 % had clients who attempted suicide, and 11.3% had experienced a client suicide (Kleespies, P. M., Penk, W. E., & Forsyth, J. P. 1993). Sixty percent of those who had a client die by suicide had this experience during internship. There is no reason to believe these experiences would be unique to psychologists.

Clients' suicidal behaviors are a reality for mental health therapists and the source of significant distress for them. Yet, as a group, mental health professionals are "not adequately trained to provide proper assessment, treatment, and management of suicidal patients."² It is not surprising that professionals have been calling for increased formal training in this area for decades.

LEARNING OBJECTIVES

- Become familiar with core competencies that enable mental health therapists to assess and work more effectively with individuals at risk for suicide
- Define terms related to suicidality
- Become familiar with suicide-related statistics
- Identify major risk and protective factors
- Understand the phenomenology of suicide

WITH THIS COURSE YOU WILL

- Manage one's own reactions to suicide
- 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
- Maintain a collaborative, non-adversarial stance
- Elicit suicide ideation, behavior, and plans
- Make a clinical judgment of the risk that a client will attempt or complete suicide in the short and long term
- Collaboratively develop an emergency plan
- Develop a written treatment and services plan that addresses the client's immediate, acute, and continuing suicide ideation and risk for suicide behavior
- Develop policies and procedures for following clients closely, including taking reasonable steps to be proactive
- Follow principles of crisis management
- Experience a shift in perspective in working with individuals at risk for suicide.
- We expect you will experience changes in perceptions of working with suicidal clients. For example, you may experience an increased willingness, confidence, or clarity in working with individuals at risk for suicide.