

Mindful Continuing Education

Ethical Decision-Making in Suicide Risk Assessment: A Trauma-Informed Framework

1. According to the Mental Health Commission of Canada, what is the primary purpose of suicide risk assessment in clinical practice?

- A. To predict which clients will die by suicide so resources can be allocated more efficiently
 - B. To assess and reduce suicide risk, inform treatment planning, and promote overall wellness and recovery
 - C. To determine whether a client meets criteria for involuntary hospitalization regardless of context
 - D. To document client distress primarily for legal and billing requirements
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2. SAMHSA (2024) outlines several key times when a suicide risk assessment should be conducted. Which set of situations best aligns with these recommendations?

- A. After a screening tool is positive, but not when the client denies suicidal thoughts or behaviors
 - B. Only at intake and once yearly thereafter, unless the client explicitly asks to discuss suicide
 - C. At first contact; with any subsequent suicidal behavior, increase in ideation, or significant clinical change; before changes in behavioral health treatment; and at inpatient discharge for mental health admissions
 - D. Only during inpatient admissions, as outpatient settings are considered lower risk environments
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3. A client screens negative on a brief evidence-based suicide screening tool, but their history and presentation strongly suggest suicide risk. Which action best reflects ethical competence and integrity?

- A. Rely on the negative screening result and defer further suicide-focused assessment to avoid alarming the client
 - B. Proceed with a suicide risk assessment guided by clinical judgment, recognizing the possibility of false negatives and integrating collateral information
 - C. Document that the tool was negative and schedule a routine follow-up without further inquiry into suicidality
 - D. Ask the client to complete multiple different screening tools and act only if all are positive
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4. A literature review of suicide risk assessment guidelines found a consistent starting point across most frameworks. Which combination best represents the core content that should be included in every comprehensive suicide risk assessment?

- A. Current warning signs, risk factors and protective factors, and detailed assessment of ideation, plan, behaviors, intent, and access to lethal means
 - B. Diagnostic labels, family income, and a global functioning score without specific questions about suicidality
 - C. Past psychiatric history and medication list, with a general mood question but no inquiry about suicidal thoughts or access to means
 - D. Results of standardized screening tools, demographic data, and a mental status exam without exploring suicide plans or intent
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5. Alonzo and Gearing emphasize how the manner of asking the core suicide question (“Are you suicidal?”) affects disclosure. Which interviewing approach best aligns with ethical principles of dignity and worth of the person during this step?

- A. Ask abruptly in a confrontational tone to test whether the client is serious about getting help
 - B. Ask the question in a neutral, open, and nonjudgmental tone so the client feels respected and more able to respond honestly
 - C. Avoid asking directly about suicide and instead wait for the client to raise the topic to preserve their sense of autonomy
 - D. Phrase the question in vague terms about “feeling down” to minimize discomfort, even if it obscures suicidal intent
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6. The NASW value of the importance of human relationships has specific implications for suicide risk assessment. Which practice best reflects this principle in action?

- A. Focusing solely on the client’s individual symptoms and deliberately excluding relational factors to avoid complicating the assessment
 - B. Engaging the client as a partner in the helping process and exploring how their relationships and social context influence both risk and protection
 - C. Keeping all aspects of suicide assessment strictly between clinician and client, regardless of the client’s wishes to involve supports
 - D. Limiting discussion of relationships to legal guardians and healthcare proxies to reduce the length of the interview
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7. In the NASW Code of Ethics, integrity includes being truthful about the suicide assessment process and its implications. Which action during a suicide risk assessment best demonstrates integrity?

- A. Reassuring the client that everything they say will remain confidential, even if they describe imminent plans to end their life
 - B. Clearly explaining the purpose of the assessment, potential interventions, and limits of confidentiality related to suicide risk
 - C. Avoiding any discussion of possible hospitalization so the client does not withhold information
 - D. Downplaying the seriousness of the risk in documentation to reduce potential legal exposure for the clinician
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8. Research cited in the course shows many social workers have not received formal training in suicide risk assessment. According to the ethical principle of competence, what is the most appropriate response for a clinician who recognizes significant gaps in their suicide-assessment skills?

- A. Seek supervision, consultation, and additional training in suicide risk assessment while practicing within current limits of competence
 - B. Avoid working with clients who report suicidal ideation until graduate programs universally require suicide-specific coursework
 - C. Rely on general clinical experience and personal intuition in place of structured suicide assessment training
 - D. Delegate all suicide-related assessments to emergency services and crisis hotlines rather than developing personal competence
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9. The NASW Code of Ethics states that social workers may limit a client's self-determination when there is "serious, foreseeable, and imminent risk" of harm. In the context of suicidality, which situation most clearly justifies limiting autonomy?

- A. A client who has passive thoughts about not wanting to wake up someday but identifies strong reasons for living and agrees to safety planning
 - B. A client who reports past suicidal ideation several years ago but denies any current thoughts, plans, or access to lethal means
 - C. A client who expresses abstract wishes about death without any plan, intent, or behavioral indicators of acute risk
 - D. A client with a specific, lethal plan, recent rehearsal behaviors, and access to means who refuses any form of evaluation or treatment
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10. Alonzo and Gearing argue that beneficence should take precedence over autonomy when working with suicidal clients. Which decision best illustrates beneficence overriding autonomy in an ethically justified way?

- A. Maintaining confidentiality about a lethal suicide plan to preserve the client's sense of control, as long as they promise to call if things worsen
 - B. Respecting a high-risk client's decision to be discharged without follow-up because they insist on managing on their own
 - C. Arranging for emergency evaluation or hospitalization when a client is at high acute suicide risk, despite the client's refusal, because death would not be considered a beneficial outcome
 - D. Delaying any intervention for several weeks so the client has more time to reflect on whether they truly want help
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11. The NASW Code of Ethics permits breaching confidentiality when necessary to prevent "serious, foreseeable, and imminent harm." In a case of imminent suicide risk, which action best aligns with both nonmaleficence and confidentiality standards?

- A. Disclose the minimum necessary information to appropriate parties (such as emergency services or designated supports) to arrange safety, while informing the client about the disclosure when feasible
 - B. Share full clinical records with all family members to ensure they understand every aspect of the client's mental health history
 - C. Avoid contacting anyone outside the treatment team because any breach of confidentiality is considered more harmful than the risk of suicide
 - D. Notify the client's employer about the suicide risk so they can monitor the client's behavior at work
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12. When working with adolescents, the AAP recommends a specific structure for suicide safety assessment. Which approach is most consistent with those guidelines and the ethical standards on confidentiality?

- A. Explain confidentiality and its limits with the adolescent and caregiver together, meet with the adolescent one-on-one for suicide risk assessment, then involve caregivers if risk is detected while discussing with the adolescent how that disclosure will occur
 - B. Conduct the entire suicide risk assessment only in the presence of caregivers so they can monitor the adolescent's responses
 - C. Assure the adolescent that nothing they say about suicide will ever be shared with caregivers, regardless of the level of risk
 - D. Skip a one-on-one assessment with the adolescent and rely solely on caregiver reports to reduce the chance of family conflict
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13. Trauma-informed care shifts the focus of clinical inquiry in a specific way. Which question framing best reflects a trauma-informed approach to suicide risk assessment?

- A. "What is wrong with you that you are still having these thoughts despite treatment?"
 - B. "Why can't you just cope better with your problems instead of thinking about suicide?"
 - C. "Can you help me understand what has happened in your life and how those experiences are affecting you now, including your suicidal thoughts?"
 - D. "If you stopped thinking about the past, do you think these suicidal thoughts would disappear?"
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14. Which practice most clearly demonstrates a trauma-informed strategy to avoid retraumatization during suicide risk assessment?

- A. Ignoring nonverbal signs of distress so as not to draw attention to the client's discomfort during sensitive questions
 - B. Pressing the client to describe traumatic events and suicide attempts in graphic detail during the first session to ensure a complete record
 - C. Maintaining a calm, supportive, and nonjudgmental demeanor, using open-ended questions, and acknowledging when questions are difficult while eliciting only information necessary for safety
 - D. Completing the assessment as quickly as possible by using rapid-fire, yes/no questions about trauma and suicide to minimize time spent
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15. Culturally responsive care is described as an intentional decision to “see, respect, and celebrate” each person’s uniqueness. Which suicide-assessment practice best reflects cultural competence and humility as described in the NASW Code of Ethics?

- A. Relying on translated screening tools without considering cultural meanings of symptoms or the client's preferred language for discussing distress
 - B. Assuming that clients from the same racial or ethnic group share identical beliefs about suicide and tailoring the assessment based on those assumptions
 - C. Avoiding discussion of race, culture, or discrimination during suicide assessment to keep the focus strictly on individual psychopathology
 - D. Actively exploring how the client’s cultural identity, beliefs, and experiences of oppression or privilege shape their understanding of distress, suicide, and help-seeking, while recognizing the client as the expert on their own culture
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16. Which environmental approach during a suicide risk assessment best aligns with both trauma-informed and culturally responsive principles described in the course?

- A. Decorating the office with humor about suicide to normalize discussion and reduce tension for all clients
 - B. Offering a calm, neutral space that is sensitive to potential environmental triggers, avoiding culturally inappropriate items, and respecting the client’s personal space
 - C. Placing culturally specific artwork that reflects the clinician’s background without asking whether it feels comfortable or relevant to the client
 - D. Conducting the assessment in any available noisy hallway or shared area to maximize efficiency, regardless of client preferences
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17. A clinician notices feeling unusually frustrated, anxious, and helpless with a client who has chronic suicidal ideation. According to the course’s discussion of countertransference, what is the most ethical and clinically sound response?

- A. Share detailed personal experiences with suicidality to show empathy, even if it shifts the focus away from the client’s needs
 - B. Confront the client about how burdensome their suicidality is and encourage them to reduce such talk in sessions
 - C. Withdraw emotionally from the client to protect against distress, limiting exploration of suicidality to brief check-ins
 - D. Engage in self-reflection and seek supervision or personal therapy to explore these reactions, while using emotional-regulation and grounding strategies to prevent them from shaping clinical decisions
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18. You have assessed an adult as being at moderate suicide risk. They deny imminent intent, engage cooperatively in safety planning, and refuse to involve family. Which response best balances autonomy with beneficence and confidentiality as discussed in the course?

- A. Automatically contact family members without the client's knowledge because any suicidal ideation mandates disclosure to supports
 - B. Collaboratively develop a detailed safety plan, address lethal means, arrange close follow-up, and respect confidentiality while continuing to reassess risk over time
 - C. Terminate treatment if the client will not allow family involvement, documenting that autonomy left no ethically acceptable options
 - D. Assume the client is fully safe because they denied imminent intent and schedule a routine follow-up in several months
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19. According to SPRC (2025) and related guidance, which documentation practice best reflects high-quality, defensible charting after a suicide risk assessment?

- A. Document the type of contact, screening tools and results, a formulated risk level with clear rationale, relevant client quotes, the specific treatment and safety plan, disclosures made in good faith, collaborations, and the follow-up plan
 - B. Record only that the client was seen and that risk was assessed, without detailing the rationale or planned interventions to keep the note brief
 - C. Describe the client's history in detail but omit current risk level and omit any reference to suicide to prevent the chart from appearing risky
 - D. Focus documentation on the clinician's emotional reactions to the session, with minimal information about the client's suicidality or agreed-upon plan
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20. The course highlights that social workers are the largest group of mental health providers and frequently work with suicidal clients. According to SPRC (2025), what is a key professional risk of an inadequate response to suicide risk?

- A. Obligation to disclose every past suicidal incident to all future employers, even when care met or exceeded standards
 - B. Automatic loss of licensure without any review process whenever a client dies by suicide, regardless of the care provided
 - C. Requirement to cease all work with suicidal clients for the remainder of the clinician's career
 - D. Exposure to negligence claims, actions from licensing boards, harm to professional reputation, and damage to the social worker's confidence, in addition to risk of harm to the client
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