

COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH (LACDMH)
OFFICE OF THE MEDICAL DIRECTOR

4.17 PARAMETERS FOR THE DETERMINATION OF INSUFFICIENT CLIENT ENGAGEMENT
OF ADULTS AT RISK FOR SUICIDE
July 2015

I. PURPOSE:

To provide direction to staff in order to:

- A. Assess the level of engagement in mitigating risk for clients at risk for suicide,
- B. Determine whether the level of engagement is sufficient in order to accomplish client treatment goals and maintain safety, and
- C. Determine the proper actions to take in instances where the level of engagement is below that which is sufficient to accomplish client treatment goals and maintain safety.

II. DEFINITION:

Engagement: A commitment to a therapeutic process evidenced by active participation in a collaborative relationship with a therapist to work to improve one's condition.
Reference 1

III. CLIENT CHOICE REGARDING ENGAGEMENT:

Client participation in treatment, including engagement, is voluntary unless the client meets probable cause criteria to initiate an application for an involuntary hold pursuant to CA WIC 5150.

IV. RECOGNIZING THE LEVEL OF ENGAGEMENT

- A. Clinicians should assess the level of engagement in treatment for clients determined to be at risk for suicide and implement strategies to address levels determined to be insufficient.

V. DETERMINING A SUFFICIENT LEVEL OF ENGAGEMENT

- A. Clinicians should identify and document indicators of an insufficient level of engagement in client's at risk for suicide which may be but are not limited to the following factors as evidenced by the client's:
 - 1. Inability to make and keep regularly scheduled appointments and lack of communication with the primary contact to explain reasons for not keeping appointments,
 - 2. Refusal or reluctance to take prescribed medications,
 - 3. Disinterest or inability to use the safety planning interventions to manage identified current risk factors and stressors,

4. Unwillingness to accept treatment recommendations such as coordinating communication between medication management and therapy providers, e.g. insisting upon split treatment,
5. Unwillingness to include family or significant other supports in treatment,
6. Lack of progress in reducing identified suicide risk factors, and/or
7. Lack of engagement in the therapeutic process.

VI. ACTIONS TO TAKE WHEN ENGAGEMENT IS INSUFFICIENT

- A. Consult with a supervisor when there are indicators of insufficient engagement,
- B. Present the issue of insufficient engagement to the multidisciplinary treatment team to identify current issues, concerns, and amend the treatment plan as appropriate to address the issues,
- C. Meet with the client and significant other to discuss concerns and elicit shared strategies to increase engagement,
- D. Document the current level of risk and appropriate actions planned or taken to reduce the risk and increase the level of engagement, and
- E. Consult with the Program Manager to determine the appropriateness of continued treatment in the program, if it appears the current services are ineffective at reducing risk, and maintaining safety of the client per [LACDMH Policy 302.01 Mutual and Unilateral Termination of Services](#). Reference 2

REFERENCES:

1. [Treatment Engagement: A Neglected Aspect in the Psychiatric Care of Suicidal Patients](#) Dana Lizardi, Ph.D.; Barbara Stanley, Ph.D. *Psychiatric Services 2010*;
2. [LACDMH Policy 302.01 Mutual and Unilateral Termination of Services](#)