NAVAC Specialty Competency Certification in Suicide Prevention

Applicant Name:

Reference Name:

Please respond to the following list of competencies regarding the applicant by checking the appropriate box (YES/NO/Not Observed) at the end of each row. The applicant's competency narratives have been included for you.

REF2: A recommendation letter from a mental health or chaplain sponsor, including a checklist assessing the competencies in Section 2 (Competent YES/NO/Not observed).

Section 2. Competencies:

Clinical Suicide Prevention Competencies:	**YES**	**NO**	**Not Observed**
COMP1. a. Describe your protocol, tools, and resources to safely manage a patient with active suicide ideation, in each of the following venues: inpatient; telephone/telehealth; outpatient walk-in; clinical group setting; community setting.			
COMP1. b. Explain your protocol for screening and documenting suicide risk behavior, your use of safety plans, and how this care is communicated and integrated into the interdisciplinary team			
COMP1. c. List VA resources and community referrals that you might include in a plan of care for an individual who reports chronic non-acute suicide ideation.			
Spiritual Care Suicide Prevention Competencies (In addition to suicide prevention competencies such as those above, which every interdisciplinary clinician should master, the following competencies are specific to the practice of pastoral care):			
COMP2. a. Concisely explain the chaplain's unique role and contribution in suicide prevention, using three different scripts based on your audience: a. Your inter-disciplinary colleagues, b. Your hospital administrators/leaders, and c. Your patients.			

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COMP2. b. Explain how you navigate issues related to clergy confidentiality, therapeutic trust and mandatory reporting in the healthcare chaplaincy environment.			
COMP2. c. Describe how you assess for underlying or unspoken spiritual conditions that are associated with suicidal ideation and how this informs the plan of care. Give two different examples using (redacted) case examples if possible. (Examples: loss of purpose and meaning; abandonment; moral injury; grief; shame; broken relationships).			
COMP2. d. Describe typical spiritual and religious concerns for bereavement after a death by suicide, and how you address these pastorally.			
COMP2. e. Demonstrate skill and commitment in keeping abreast of best practices in Suicide Prevention. Give 2 examples from the last 2 years of staying current.			

Reference Signature _____ Date _____