When Collateral Source Information Is Critical

How important are collateral sources, why, and when do we need collateral source information?

Obtaining information from sources in addition to the client is important because a client may be reluctant to provide accurate information about his or her thoughts and experiences. Of course, what the client is thinking, has been,thinking and past events are at the core of determining the risk of suicide and violence to others.

However, for a number of reasons a client may not want to disclose to a behavioral health care provider thoughts about suicide or information about past events, such as a suicide attempt. The client may not yet trust the provider, may be afraid of involuntary hospitalization, and may have had negative experiences with other providers. The client may have very ambivalent thoughts about suicide which change over short periods of time, may have a preference for self-management and not perceive a need for behavioral healthcare services. Research demonstrates that those most intent on dying by suicide are likely not to disclose suicidal thoughts to providers.

Similarly, clients may not want to disclose thoughts about hurting others. A client could be afraid of getting into legal trouble and/or involuntary hospitalization. A client might not want the provider to think of him or her as a violent person or even to think about himself or herself as being violent.

Information from collateral sources may be different than disclosed by the client and/or provide much more detail important to risk analysis and management of any identified risk. One study indicates that suicidal individuals are much more likely to disclose suicidal thoughts to close family and friends over providers. Podlogar & Joiner, *Allowing for Nondisclosure in High Suicide Risk Groups,* Assessment 1-13, 2019.

While many behavioral healthcare providers wait until an intake assessment to ask a client to sign a release of information form to obtain collateral source records, the information may be needed at the intake assessment itself.

Consider, for example, a client at intake who was discharged six days ago from a psychiatric hospitalization for a suicide attempt. One study indicates that the week after the hospitalization is a "sharp peak" of risk. Quin & Nordentoft, *Suicide Risk in Relation to Psychiatric Hospitalization,* Arch Gen Psychiatry, 62: 427- 432, 2005.

Consider also, a client at intake who was discharged 10 days ago from a psychiatric hospitalization following the client attacking an individual just before the hospitalization. That client is nine times more likely to be violent again within two weeks of discharge. Otto, *Assessing and Managing Violence Risk in Outpatient Settings*, 56 Journal of Clinical Psychology 1239-1262 (2000).

Therefore, efforts to obtain collateral source information in time for the intake assessment can be important. One suggestion, consider asking clients to bring trusted family members to the intake assessment.