**NAVAC Specialty Competency**

**Certification in Suicide Prevention**

**PURPOSE:** This document outlines the qualification requirements for NAVAC BCC Chaplains seeking a Specialty in Suicide Prevention. It also presents comprehensive guidance for any Chaplains or Chaplain Services seeking to expand or strengthen clinical competencies in Suicide Prevention. Recommended readings and resources are provided for clinical use and for ongoing professional development.

APPLICATION FOR SPECIALTY IN SUICIDE PREVENTION (link on navac.net)

RECOMMENDED READINGS AND RESOURCES (link on navac.net)

**CERTIFICATION PROCESS:**  Candidates can submit an application at any time. Applications require documentation of 10 areas of Certifications, Experience and Training (CET), 9 areas of Competency (COMP), and 3 References (REF). The Application specifies acceptable methods of documentation for each area, balancing self-attestation, certificates, and documentary evidence, with peer observation and references.

After the NAVAC Specialty Chair deems the Application complete, the candidate will be invited to meet (by Skype or video equivalent) with a 3-person interview panel comprised of subject matter experts including two BCCs and one inter-disciplinary colleague. The interview will be approximately one hour in length and will utilize standard performance-based questions representative of the competencies. A summary of the committee’s evaluation will be sent to the applicant and the NAVAC board within three days of the phone interview.

**VA CHAPLAIN COMPETENCIES FOR SUICIDE PREVENTION**

**Inter-Disciplinary Suicide Prevention Competencies**

COMP1. a. Verbalize and demonstrate proficiency 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. Verbalize and demonstrate approved protocol for screening and documenting suicide risk behavior, your use of safety plans, and how this care is communicated and integrated in 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 articulate 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.

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. List examples of VA spiritual care as well as community spiritual referrals that you might offer in a plan of care, for an individual who reports chronic non-acute suicide ideation.

COMP2. e. Describe typical spiritual and religious concerns for bereavement after a death by suicide, and how you address these pastorally.

COMP2. f. Demonstrate skill and commitment in keeping abreast of best practices in Suicide Prevention.