

Feigned Suicidality in Corrections: A Necessary but Perilous Differential Diagnosis

Joseph Obegi, PsyD

Track: Clinical

Level: Inrtermediate

Room: TBD

CE: CPA/BBS/BRN (1.5)

Narrative

Among the most challenging diagnostic assessments is differentiating genuine from feigned presentations of suicidality. Although feigning suicidality is common in correctional settings, most clinicians feel unprepared to tackle this differential diagnosis. This workshop demystifies feigned suicidality. Participants will be introduced to a theoretical model for understanding feigning, recognize common features of feigned suicidality, and learn a structured method of assessment. Finally, participants will understand how to systematically document their assessments in ways that communicate professionalism, facilitate sound decision-making, and mitigate liability threats.

BIO

Joseph H. Obegi, PsyD

Joseph is a licensed Senior Psychologist with the California Department of Corrections and Rehabilitation. In the community, he presents on topics related to suicide, delivers customized training for mental health agencies, and writes about suicide risk assessment, suicide and liability, and suicidality as a psychiatric condition. He has part-time practice working with adults.

Learning Objectives

1. Identify the risks involved in differentiating genuine and feigned presentations of suicidality
2. Explain how feigning is adaptive and when feigning is more likely
3. Describe the phenomenology of suicidality
4. List common motives for feigning suicidality among inmates
5. List common features of feigned suicidality among inmates
6. Use a structured approach to assessing patients suspected of feigned suicidality
7. Systematically document the assessment of feigned suicidality