Suicide Risk Assessment 2017

Name	Date	Therapist

A comprehensive suicidality assessment was conducted due to: (check all that apply)

- ☐ Referral source identified suicidal symptoms or risk factors
- ☐ Client reported suicidal thoughts/feelings on paperwork/assessment tools
- ☐ Client reported suicidal/homicidal thoughts/feelings during the session/intake
- ☐ Recent suicide/homicide event (attempt or threat) has already occurred
- ☐ Third party report
- ☐ Other: _____

Precipitants to Consider (Acute risk factors)

- ☐ Significant loss:
- ☐ Interpersonal isolation:
- ☐ Relationship problems:
- ☐ Academic problems:
- ☐ Financial problems:
- ☐ Health problems:
- ☐ Legal problems:
- ☐ Hopelessness:
- ☐ Helplessness:
- ☐ Multicultural/Identity issues:
- ☐ Substance use:
- ☐ Other:

History of Suicidal Ideation

Nature of Suicidal Thinking Over Past Two Weeks

Nature of Suicidal Ideation over the past two weeks.

Frequency: ☐ Never ☐ Rarely ☐ **Sometimes** ☐ **Frequently** ☐ **Always**

Intensity: ☐ Brief and fleeting ☐ **Focused deliberation** ☐ **Intense rumination**
☐ Other: _____

Intensity Scale: 1 (mild) 2 3 4 5 6 7 8 9 10 (severe)

Duration ☐ Seconds:____ ☐ Minutes:____ ☐ Hours:____ ☐ Days:____ ☐ Weeks:____

Reasons for Dying: _____

Current Intent

Subjective reports (quote): _____

Objective signs (behaviors): _____

Suicide Plan ☐ No ☐ Yes Date of Planned Suicide _____

Where: _____

How: _____

Specificity of suicide plan is: ☐ Vague ☐ Specific and detailed

Plan B: _____

- Access to means ☐ Yes ☐ No _____
- Suicidal preparation ☐ Yes ☐ No _____
- Suicide rehearsal ☐ Yes ☐ No _____
- Availability of means ☐ low accessibility ☐ easily accessible ☐ already possesses

Suicide Risk Assessment

Impulsivity

Subjective data: _____

Objective data: _____

History of Suicide (Chronic risk factor)

☐ First ☐ Worst ☐ Multiple attempts ☐ Perceived Lethality ☐ Follow-Up Tx

Feeling on Surviving: _____

Other Risk Factors (Chronic risk factor)

☐ Age over 60
☐ Male
☐ Access to firearms
☐ Personal history of suicidal behavior
☐ History of physical, emotional, or sexual abuse
☐ Family history of suicide
☐ Other: _____

Protective Factors

☐ Social support
☐ Religious beliefs
☐ Distress tolerance
☐ Fear of suicide or death
☐ Active participation in therapy
☐ Adaptive coping/problem solving skills
☐ Past history of treatment compliance
☐ Strong therapy relationship
☐ Concern about hurting/disappointing others
☐ Hopefulness with plans for the future
☐ Other: _____

Reasons for Living: _____

_____

Risk Reduction Interventions

☐ Developed safety plan
☐ Identified coping strategies
☐ Reduce availability of means
☐ Advised of risk of substance use
☐ Advised of risk of tx non-compliance
☐ Scheduled earlier follow-up
☐ Advised of clinician interim availability
☐ Provided Lafayette Crisis Center phone # (765) 742-0244
☐ Advised of CAPS on-call and Urgent Care
☐ Explained access to emergency resources
☐ Enlisted social/family support
☐ Encouraged medication compliance
☐ Worked to increase hopefulness
☐ Worked to reduce perceived burdensomeness
☐ Worked to decrease shame
☐ Consulted with colleague/supervisor

Violence

☐ Current/Recent verbal aggression: _____

☐ Current/Recent physical aggression: _____

☐ History of violence: _____

☐ Homicidal ideation: _____

☐ Homicidal intent: _____

☐ Duty to warn Intended Victim(s): _____

Appearance/Behavior

Grooming	☐ WNL	☐ Mildly disheveled	☐ Disheveled
Hygiene	☐ WNL	☐ Poor	☐ Very poor
Cooperation	☐ WNL	☐ Guarded	☐ Hostile
Speech	☐ WNL	☐ Rapid/Pressured	☐ Slow
Eye Contact	☐ WNL	☐ Excessive	☐ Avoidant

Comments: _____

Suicide Risk Assessment

Reality Testing

☐ WNL ☐ Impaired judgment ☐ Auditory hallucination
☐ Visual hallucination ☐ Confusion ☐ Suspicion/Paranoia
☐ Delusions ☐ Dissociative episodes ☐ Poor impulse control
Comments: _____

Depressive Symptoms

☐ WNL ☐ Hopeless/Helpless ☐ Sadness
☐ Tearfulness ☐ Isolated/Withdrawn ☐ Guilt/Shame
☐ Loss of Pleasure ☐ Angry/Irritable ☐ Sense of Burdensomeness
☐ Poor concentration ☐ Low energy/Motivation ☐ Low Self-Esteem
Comments: _____

Manic Symptoms

☐ WNL ☐ Grandiose
☐ Impulsive ☐ Distractible
☐ Increased activity or Agitation ☐ Flight of ideas/Racing thoughts
☐ Pressured speech ☐ Decreased need for sleep
Comments: _____

Anxiety

☐ WNL ☐ Excess Worry ☐ Panic Attacks ☐ Obsessions
☐ Agitation ☐ Compulsions ☐ Phobias ☐ Somatic Symptoms
Comments: _____

Sleeping Patterns

☐ Excessive sleep ☐ Difficulty falling asleep
☐ Frequent waking ☐ Sleeplessness
☐ Daytime fatigue ☐ Daytime napping

Eating Patterns

☐ Recent weight loss ☐ Appetite decrease ☐ Anorexia
☐ Recent weight gain ☐ Appetite increase ☐ Bulimia

Substance Use

☐ None ☐ Moderate/Social ☐ Abuse/Dependence
Substance(s) of choice: _____

Describe the therapeutic alliance/relationship at the end of the session

☐ Poor ☐ Routine ☐ Good
Comments: _____

Case Disposition

☐ At this time, outpatient care CAN provide sufficient safety & stability (Low/Moderate Risk).
- Complete Commitment to Treatment/Crisis Response Plan/Commitment to Living forms as necessary

☐ At this time, CAPS outpatient care CANNOT provide sufficient safety & stability (High Risk).
- Complete Hospital Referral Safety Plan

Consultation Utilized: ☐Yes ☐No

Releases of Information Needed: ☐ODOS ☐PUPD ☐Hospital ☐BIT ☐Other:_____

Hospital Referral Safety Plan

Intervention plan for immediate safety is:

1. _____
2. _____
3. _____
4. _____
5. _____

ADDITIONAL NOTES

Client agrees to this plan ☐Yes ☐No

Client was provided a copy of this safety plan ☐Yes ☐No

_____ _____
Client Name Date

_____ _____
Counselor Name Date

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