

## IMMINENT SUICIDE RISK & TREATMENT ACTION PLAN

Client Name: \_\_\_\_\_

Client's DOB: \_\_\_\_\_

Therapist Name: \_\_\_\_\_

Contact Date: \_\_\_\_\_

### REASON FOR IMMINENT RISK & TREATMENT ACTION PLAN

#### 1. Current or History of suicidal ideation, impulses, and/or behavior are: (check all that apply)

- History of suicide ideation, suicide attempt, or intentional self-injury.
- New or first report of suicide ideation/urges to harm.
- Increased suicide ideation/urges to harm. Describe: \_\_\_\_\_
- Threat or other behavior indicating **imminent suicide risk**.
- Attempt/Self-Injury since last contact.
- Current suicide attempt/self-injury. Describe: \_\_\_\_\_

### CURRENT SUICIDE RISK ASSESSMENT

#### 2. Structured Formal Assessment of Current Suicide Risk was:

- Conducted
- Not Conducted because (check one and go to question #5)
  - Clinical Reasons: (check all that apply):
    - Usual "background"** ideation/urges to harm not ordinarily associated with increased imminent risk for suicide or medically serious self-injury.
    - No or negligible suicide intent by **start of contact**, impulse control appears acceptable, no new risk factors present.
    - No or negligible suicide intent by **end of contact**, impulse control appears acceptable, no new risk factors apparent.
    - Self-injury that occurred **NOT suicidal and only superficial/minor** (e.g., scratch or took a few extra medication pills). Determined by: \_\_\_\_\_
    - Threat or suicide ideation best viewed as **Escape behavior** and treatment aims best accomplished by targeting precipitants and vulnerability factors.
    - Threat of suicide ideation best viewed as **Reinforced (operant) behavior**, formal risk assessment may reinforce suicide ideation.
    - Primary Therapist** recently or soon will assess suicide risk. Not of value to have two clinicians treating the same behavior.
  - Referred Client to other responsible clinician for evaluation: \_\_\_\_\_

### 3. IMMEDIATE Suicide Risk Factors

Not Reported/ Not Observed	No	Yes	<b>SUICIDE RISK FACTORS</b>	Comment
			HISTORY of suicide attempts/self-injury	
			CURRENT suicide intent, including client belief that she/he is going to commit suicide or hurt self.	
			Preferred METHOD CURRENTLY or easily AVAILABLE.	
			LETHAL MEANS (of any sort) CURRENTLY or easily available.	
			CURRENT PLAN and/or preparation (including specific method and time).	
			CURRENT PRECAUTIONS against discovery; deception about timing, place, etc.	
			CURRENT SUBSTANCE ABUSE, including ETOH and Rx meds (last 3 hours).	
			Currently or will be ISOLATED or ALONE.	
			PROMPTING EVENTS for previous self-injury	
			SUDDEN LOSS or other negative event.	
			ABRUPT CLINICAL CHANGE either negative or positive.	
			INDIFFERENCE/DISSATISFACTION with therapy.	
			First night of INCARCERATION.	
			Current Severe HOPELESSNESS.	
			Current MAJOR DEPRESSION PLUS:	
			Current Severe TURMOIL, ANXIETY, PANIC attacks, mood CYCLING.	
			Current Severe INSOMNIA/HYPERSOMNIA	
			Current Severe ANHEDONIA	
			Current Inability to CONCENTRATE, INDECISION	
			Current PSYCHOSIS, voices telling client to commit suicide.	
			CHRONIC PHYSICAL pain.	
			USUALLY OR CURRENTLY HIGHLY IMPULSIVE.	
			Client MOTIVATED TO UNDER-REPORT/LIE about risk.	
			Other:	

**4. IMMINENT Suicide Protective Factors**

Not Reported/ Not Observed	No	Yes	<b>PROTECTIVE FACTORS</b>	Comment
			HOPE for the future.	
			SELF-EFFICACY in problem area.	
			ATTACHMENT to life.	
			RESPONSIBILITY to children, family or others, including pets, who client would not abandon.	
			ATTACHED to therapy and at least one therapist.	
			THERAPIST attached, will stay in contact.	
			Embedded in PROTECTIVE SOCIAL NETWORK or family.	
			FEAR of act of suicide, death, and dying or no acceptable method available.	
			Fear of SOCIAL DISAPPROVAL for suicide.	
			Belief that suicide is IMMORAL or that it will be punished; HIGH spirituality.	
			COMMITMENT to live and history of taking commitments seriously or reason to trust this commitment.	
			Client WILLING TO FOLLOW CRISIS PLAN.	
			Client MOTIVATED TO OVER-REPORT risk	Req'd if yes:
			Other:	

**5. Treatment Actions aimed at suicidal/self-injurious behaviors (Check All that apply)**

- A.**  Suicidal ideation and behavior NOT EXPLICITLY TARGETED in session (check reasons):
- Client is NOT IMMEDIATELY DANGEROUS (see Q6 for documentation)
  - Same reasons as for not conducting structured formal suicide risk assessment (Q2 above)
  - Risk Assessment of suicide history was sufficiently therapeutic.
  - Other: \_\_\_\_\_

**B.**  Did FUNCTIONAL BEHAVIORAL ASSESSMENT of previous suicidal ideation and behaviors:

**Suicidal/Self-Injury Behaviors:**

Antecedent/Prompting Events	Behavior	Consequences

C.  Focused on CRISIS INTERVENTION and/or PROBLEM SOLVING (Check those used):

- VALIDATED current emotions and wish to escape or die (emotional support)
- Worked to remove, remediate PROMPTING EVENTS.
- Gave advice and instructed in use of COPING SKILLS to reduce suicidality:
  - Crisis Survival
  - Mindfulness
  - Emotion Regulation
  - Interpersonal Effectiveness
  - Self-Management
  - Generated HOPE and reasons for living
  - Other: \_\_\_\_\_

D.  Developed or reviewed existing CRISIS PLAN (Check in Q6 also)

E.  Committed to a PLAN OF ACTION:

- Client made a credible AGREEMENT for crisis plan and no self-injury or suicide attempts until:
- "Quote" from client (optional): \_\_\_\_\_
- Client agreed to REMOVE LETHAL implements (drugs, knife) by (how): \_\_\_\_\_

F.  Did TROUBLESHOOTING of factors that might interfere with effective action.

G.  Increased SOCIAL SUPPORT:

- Planned for client to contact SOCIAL SUPPORT (who): \_\_\_\_\_
- ALERTED NETWORK to risk (describe): \_\_\_\_\_
- Planned a FOLLOW-UP CALL for (when): \_\_\_\_\_

H.  REFERRED:

- To Primary Therapist: \_\_\_\_\_
- To Clinician-On-Call at: \_\_\_\_\_
- To Crisis Line:  Insured Client had phone number.
- To: \_\_\_\_\_ for Medication Evaluation.
- Other: \_\_\_\_\_

I.  HOSPITALIZATION CONSIDERED; Did NOT recommend because (check all that apply):

- Client is NOT IMMINENTLY DANGEROUS (see Q6 for documentation)
- Other environmental support available.
- Client can easily contact me if condition worsens.
- Client previously hospitalized, benefit not apparent.

- No bed available.
- Client refused.
- Client refused even with persistent argument by me in favor:
  - Client does NOT meet criteria for involuntary commitment and/or it would:
    - Increase stigma and isolation which are important issues for this client. Interfere with work or school which are important for this client.
    - Cause undue financial burden which is an important issue for this client.

J.  OTHER, describe: \_\_\_\_\_

**6. I believe, based on information currently available to me (Check all that apply):**

A.  Client is NOT IMMEDIATELY DANGEROUS to self and will be safe from self-injury or suicide until next contact with me or primary therapist for the following reasons:

- Problems that contribute to suicide risk are being resolved. Suicide ideation and/or intent reduced by end of contact.
- Credible agreement for crisis plan and no self-injury or suicide attempts. Adequate crisis plan in place.
- Suicidality being actively addressed by primary therapist. Protective factors outweigh risk factors.
- Other: \_\_\_\_\_

B.  There is some IMMEDIATE DANGER of serious self-injury or suicide. However, emergency interventions are likely to exacerbate rather than resolve long-term risk.

C.  Emergency intervention is needed to prevent IMMEDIATE DANGER of serious self-injury or suicide. (Check all that apply):

- Took to ER at:
- Arranged for outreach evaluation for INVOLUNTARY COMMITMENT.
- Arranged for a POLICE WELLNESS CHECK.
- CALLED 911 for medical aid.
- HOSPITALIZATION ARRANGED at: \_\_\_\_\_ to be admitted by: \_\_\_\_\_

D.  Significant UNCERTAINTY EXISTS as to imminent risk, I will get a second opinion from:

- |  |   |
|--|---|
| <input type="checkbox"/> Supervisor: _____               | <input type="checkbox"/> Medical Expert: _____    |
| <input type="checkbox"/> Crisis Clinic Supervisor: _____ | <input type="checkbox"/> Primary Therapist: _____ |
| <input type="checkbox"/> Team Member/Colleague: _____    | <input type="checkbox"/> Other: _____             |

**7. Client will be REEVALUATED for suicide risk no later than: \_\_\_\_\_**