

Risk Assessment and Safety Management Plan

*COLUMBIA-SUICIDE SEVERITY RATING SCALE (Screen Version – Recent)

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
Ask questions that are bolded and <u>underlined</u> .	YES	NO
Ask Questions 1 and 2		
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. <u><i>Have you wished you were dead or wished you could go to sleep and not wake up?</i></u>		
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/die by suicide, " <i>I've thought about killing myself</i> " without general thoughts of ways to kill oneself/associated methods, intent, or plan. <u><i>Have you actually had any thoughts of killing yourself?</i></u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Suicidal Thoughts with Method: Person endorses thoughts of suicide and has thought of a least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. " <i>I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it.</i> " <u><i>Have you been thinking about how you might do this?</i></u>		
4) Suicidal Intent: Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u> , as opposed to " <i>I have the thoughts but I definitely will not do anything about them.</i> " <u><i>Have you had these thoughts and had some intention of acting on them?</i></u>		
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. <u><i>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</i></u>		
6) Suicide Behavior Question: <u><i>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</i></u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <u>Were any of these in the past 3 months?</u>	Lifetime	
	Past 3 Months	

Check the Appropriate Level of Risk: No Identified Risk Low Risk Moderate Risk High Risk

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CURRENT VIOLENCE/HOMICIDAL IDEATION:

- 1) Current violent impulses and/or homicidal ideation? No Yes Refuse/Cannot Assess
- 2) If yes, are these thoughts towards a reasonably identified victim? No Yes Refuse/Cannot Assess
- 3) If yes, is a Tarasoff Warning indicated? No Yes
- 4) If yes, include potential victim(s) name and contact information (Tarasoff Warning Details):

5) Tarasoff Reported To: _____ Date: _____

CURRENT DOMESTIC VIOLENCE:

- 6) Have you ever been emotionally or physically abused by your partner or someone important to you? No Yes Refuse/Cannot Assess
- 7) Within the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone? No Yes Refuse/Cannot Assess
- 8) If yes, detailed documentation and child/adult protective services questions are mandatory. Describe situation:

9) If yes, is a Child Welfare/Adult Protective Services Notification Indicated? No Yes

10) Reported To: _____ Date: _____

PROTECTIVE FACTORS: (strong religious, cultural, or inherent values against harming self/others, strong social support system, positive planning for future, engagement in treatment, valued care giving role (people or pets) and strong attachment/responsibility to others.)

SAFETY MANAGEMENT PLAN: (Document enhanced suicide/violence/homicide precautions and/or efforts to transfer to higher level of care.)

Counselor Name (if applicable)

Counselor Signature (if applicable)

Date

*LPHA Name

*LPHA Signature

Date

*Licensed Practitioner of the Healing Arts (LPHA) includes: MD, Nurse Practitioners, Physician Assistants, Registered Nurses, Registered Pharmacists, Licensed Clinical Psychologist (LCP), Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), and Licensed Marriage and Family Therapist (LMFT) and licensed-eligible practitioners working under the supervision of licensed clinicians.