

BRTC IMMINENT SUICIDE RISK AND TREATMENT ACTIONS NOTE

Client Name: _____

Contact Date: _____

Therapist Name: _____

Today's Date: _____

REASON FOR IMMINENT RISK AND TREATMENT ACTION NOTE

1) **CURRENT, SINCE LAST SESSION or HISTORY of suicidal ideation, impulses, and/or behavior or urges to self-injure or commit suicide are: (check all that apply):**

- HISTORY** of suicide ideation, suicide attempt, or intentional self-injury at intake (**Check Only 1st Session**)
- USUAL "BACKGROUND"** suicide ideation/urges to harm
- NEW** (or first report of) suicide ideation/urges to harm fleeting frequent continual
- 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 _____ (CHECK ONE)

- CONDUCTED (Must Be Conducted At First Session)**
- NOT CONDUCTED**, because _____ (CHECK ONE) (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 TIME OF CONTACT**, impulse control appears acceptable, no new risk factors
 - NO or negligible SUICIDE INTENT BY CONTACT END**, impulse control appears acceptable, no new risk factors apparent, risk assessment done previously
 - Self-injury that occurred **NOT SUICIDAL AND SUPERFICIAL/MINOR** (e.g., scratch, took three extra of medication) Determined by: _____
 - Threat or suicide ideation best viewed as **ESCAPE BEHAVIOR** and treatment aims best accomplished by targeting precipitants and vulnerability factors
 - Threat or suicide ideation best viewed as **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 _____
 - OTHER REASON: _____
 - FORGOT, PLAN FOR FOLLOW UP: _____

3) **IMMINENT suicide risk factors**

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

4) **IMMINENT suicide protective factors (check All)**

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

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 IMMINENTLY 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:

C. Did BEHAVIORAL ANALYSIS of previous suicidal ideation and behaviors.

D. Did CHAIN ANALYSIS of suicidal ideation and behaviors.

Suicidal/Self-Injury Behaviors (unlock above, copy/paste table as needed, re-lock and fill out):

1. Vulnerability Factors	Prompting Events	Suicidal Behavior	Consequences	Comments

E. 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

COMMENTS on crisis intervention:

F. Developed or reviewed existing CRISIS PLAN [\(Check in Q6 also\)](#)

G. Committed to a PLAN OF ACTION.

- Client made credible AGREEMENT for crisis plan and no self-injury or suicide attempts until
 "Quote" from client (Optional) [\(Check off in Q6\)](#)
- Client agreed TO REMOVE LETHAL implements (drugs, knife) of _____ by (how)

H. Did TROUBLESHOOTING of factors that might interfere with effective action:

I. Increased SOCIAL SUPPORT

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

J. REFERRED:

- To Primary Therapist :
- To Clinician-On-Call At _____
- To Crisis Line (Insured Client Had Phone Number)
- To _____ for Medication Evaluation:
- OTHER

K. 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 (check all that apply):
- Increase stigma and isolation which are important issues for this client
 - Interfere with work or school which are important for this client,
 - Violate already agreed to plan,
 - Cause undue financial burden which is an important issue for this client

OTHER: describe _____

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

- A. Client is **NOT IMMINENTLY DANGEROUS** to self and will be safe from serious self-injury or suicide until next contact with me or with primary therapist for the following reasons: (Check all that apply)
- 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 [Back to Q5](#)
 - Adequate crisis plan in place [Back to Q5](#)
 - Suicidality being actively addressed by primary therapist
 - Protective factors outweigh risk factors (Describe if not otherwise noted: _____)

OTHER:

B. There is some **IMMINENT DANGER** of serious self-injury or suicide. (See Q5.) However, emergency interventions likely to exacerbate rather than resolve long term risk.

C. Emergency intervention is needed to prevent **IMMINENT DANGER** of medically serious self-injury or suicide. (Check All that apply)

Took to ER at

Arranged for outreach evaluation for INVOLUNTARY COMMITMENT (Describe):

Arranged for a POLICE WELLNESS CHECK

CALLED 911 for medical aid.

HOSPITALIZATION ARRANGED at : _____, to be admitted by Dr.: _____ on (day)

COMMENTS on emergency intervention.:

D. Significant **UNCERTAINTY EXISTS** as to imminent risk, I will get a second opinion from: (Check All that apply)

SUPERVISOR: _____

MEDICAL EXPERT: _____

CRISIS CLINIC SUPERVISOR: _____

PRIMARY THERAPIST: _____

TEAM MEMBER or COLLEAGUE: _____

OTHER: _____

7) **Client will be REEVALUATED for suicide risk no later than (default = next session):**

1.) 12 hrs How?

2.) 24 hrs, How?

3.) 48 -72 hrs, How?

4.) Next individual session

5.) Next group session

6.) Next pharmacotherapy session

7.) Other: Describe: