

SCH Psychiatry Safety Assessment (v11.9.16)

SELF-HARM THOUGHTS AND BEHAVIORS

	Lifetime: Most Suicidal		Past month	
1. <i>Do you ever wish you weren't alive anymore?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. <i>Have you had any thoughts about killing yourself?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. <i>Have you thought about how you would kill yourself? What did you think about?</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. <i>If so, when you thought about killing yourself, did you think that this was something you might actually do (i.e., did you have some intention of acting on them?)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. <i>If so, have you ever decided how or when you would kill yourself? What was your plan? When you made this plan, was any part of you thinking about actually doing it?</i> <ul style="list-style-type: none"> • If YES, do you currently have a plan? <input type="checkbox"/>Yes <input type="checkbox"/>No • When was the last time? _____ • What was going on? _____ • Were you using substances? _____ • How long did it last? _____ • Did you follow through on the plan? _____ • Do you have any other plans? <input type="checkbox"/>Yes <input type="checkbox"/>No _____ • How would you get what you need to carry out your plan or plans? _____ • Have you done anything to prepare to carry out your plan or plans? _____ • Are there guns in the house? <input type="checkbox"/> Yes <input type="checkbox"/> No 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. <i>Have you ever hurt yourself deliberately, but not with the intention to kill yourself (NSSI)?</i> If YES: <ul style="list-style-type: none"> • What did you do? _____ • Where on your body? _____ • How often have you done this? _____ • When was the last time? _____ • What was going on or triggered it? _____ 	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. VIOLENCE SCREEN: <i>Have you ever had thoughts about hurting or killing someone other than yourself?</i> If yes, describe: If current concern, please complete the "In Depth Violence Risk Assessment" on page 5.	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Providers are ENCOURAGED to seek consultation as needed when completing risk evaluations.

I am a sticker 😊

Signature _____ Date: _____

Risk factors to consider (from HPI and observation):

Losses / Lacking Support

- Recent significant loss (e.g. recent family loss; suicide or death of friend or acquaintance)
- Recent significant negative event / stressor (e.g., financial, legal, relationship)
- History of sexual abuse
- Recent humiliating event/ shame
- Recent interpersonal rejection
- Family member or close friend committed suicide
- Current socioeconomic disadvantage
- Noncompliance with treatment, not in treatment

Current Symptoms /Symptom Change

- Anxiety, agitation, or insomnia
- Mood change (especially desperation, misery)
- Abrupt clinical change (can be positive or negative)
- Recent significant impulsive behavior
- Withdrawal from friends, family, society
- Purposeless (no reasons for living) or hopelessness
- Feeling trapped or that there is no way out
- Perceiving self as a burden, or that other people would be better off without
- Anger (uncontrolled; rage, seeking revenge)
- Recklessness (risky acts, impulsivity)
- Current substance abuse or recent increase in substance abuse
- Co-morbid (multiple) psychiatric diagnoses
- Current psychotic symptoms (paranoia, AH, VH)
- Chronic pain
- Motivation to be untruthful or minimize symptoms

Self-Harm

- Past or current non-suicidal self-injury
- Presence of triggers for previous self-injury/suicide

- Threats to harm self
- Potential lethality of plan
- Recent suicide attempt or psychiatric hospitalization (highest risk is within 3 months of either)
- Means are available for self harm

Aggressive Thoughts and Behaviors

- Threats to harm others
- History of violence / aggressive behavior towards others
- Feeling that engagement in aggression is right or necessary
- Family history of significant aggression
- Means are available for aggressive action

Protective factors to consider:

Support / Engagement

- Protective social network
- Presence of adult monitoring & supervision
- Engagement in treatment
- Engagement in school or work
- Responsibility to family/friends/pet, with commitment
- Willing to follow crisis plan
- Supervising adult available and aware of crisis plan
- Provider has confidence in caregiver's ability to follow crisis plan

Future Orientation

- Commitment to live / reasons for living
- Hope for future

Reasons Not to Act on Thoughts

- Fear of the act of suicide or fear of social disapproval
- Belief that suicide is immoral/will be punished
- Belief that aggression is wrong, desire not to harm others
- No acceptable method available

SUICIDAL IDEATION INTERVENTION PLAN:

(Please consider risk and protective factors when selecting level of risk)

Providers are **ENCOURAGED** to seek consultation as needed when completing risk evaluations.

<p>6A. (0) - No Current Safety Concerns</p> <p><input type="checkbox"/> No history of active suicidal ideation or NSSI. <i>(There can be presence of passive thoughts of death, history of thoughts that you would rather be dead or what life would be like if you weren't here)</i></p>	→	<p><input type="checkbox"/> No further questions required.</p>
<p>6B (1) - Mild risk Patient reports:</p> <p><input type="checkbox"/> Past but not <i>recent or current</i> suicidal ideation AND/OR</p> <p><input type="checkbox"/> Past but not <i>recent or current</i> NSSI AND</p> <p><input type="checkbox"/> No lifetime history of life threatening behavior</p>	↗	<p><input type="checkbox"/> Home Safety Planning Handout provided to parent/caregiver</p> <p><input type="checkbox"/> Provide CPP homework to patient/family to complete before next session.</p> <p><input type="checkbox"/> Home Safety Planning Handout provided to parent/caregiver</p> <p><input type="checkbox"/> <i>If current or recent SI:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Consider informing legal guardian <input type="checkbox"/> Complete Coping Card & CPP in session with patient. <input type="checkbox"/> Review Home Safety Planning Handout in session with patient. <p><input type="checkbox"/> For new reports of self-harm or SI, bring to MAP consult team.</p>
<p>6C (2) – Mild - Moderate Risk</p> <p><input type="checkbox"/> <i>Recent or current</i> suicidal ideation with no plan or intent to kill self AND/OR</p> <p><input type="checkbox"/> <i>Recent or Current</i> non-life threatening NSSI</p>	→	<p><input type="checkbox"/> Inform legal guardian</p> <p><input type="checkbox"/> Complete Coping Card & CPP in session.</p> <p><input type="checkbox"/> Review Home Safety Planning Handout in session with patient and family.</p> <p><input type="checkbox"/> For new report of SI or NSSI, bring to MAP Consult Team</p> <p><input type="checkbox"/> For new reports of self-harm or SI, bring to team.</p>
<p>6D (3) – Moderate Risk</p> <p><input type="checkbox"/> <i>Current</i> suicidal ideation with ambivalence about living but no clear intent OR Plan, WITH or WITHOUT <i>recent or current</i> non-life threatening NSSI</p>	→	<p><input type="checkbox"/> Inform legal guardian</p> <p><input type="checkbox"/> Complete Coping Card & CPP in session.</p> <p><input type="checkbox"/> Review Home Safety Planning Handout in session with patient and family.</p> <p><input type="checkbox"/> For new report of SI or NSSI, bring to MAP Consult Team</p> <p><input type="checkbox"/> For new reports of self-harm or SI, bring to team.</p>
<p>6E (4) – Moderate - Severe Risk</p> <p><input type="checkbox"/> <i>Recent</i> SI with intent AND/OR plan (NOT current) OR</p> <p><input type="checkbox"/> Recent or current life-threatening NSSI</p>	→	<p><input type="checkbox"/> Inform legal guardian</p> <p><input type="checkbox"/> Complete Coping Card & CPP in session.</p> <p><input type="checkbox"/> Review Home Safety Planning Handout in session with patient and family.</p> <p><input type="checkbox"/> For new report of SI or NSSI, bring to MAP Consult Team</p> <p><input type="checkbox"/> Consider psychiatric admission; not required if the following protective factors exist (otherwise, see 6F):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Restricted access to means <input type="checkbox"/> Functioning CPP <input type="checkbox"/> Parental Supervision <input type="checkbox"/> Current outpatient provider
<p>6F (5) - Severe Risk</p> <p><input type="checkbox"/> <i>Current</i> SI with intent AND/OR plan OR</p> <p><input type="checkbox"/> <i>Current</i> life-threatening NSSI</p>	→	<p><input type="checkbox"/> Patient should be referred for admission to a psychiatric inpatient hospital via the SCH ER:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Voluntary <input type="checkbox"/> Parent-Initiated Treatment <input type="checkbox"/> Involuntary Treatment <p>For new report of SI or NSSI, bring to MAP Team</p>

Past - Greater than 3 months ago Recent - Within the past 3 months Current- within the past week

DISPOSITION PLAN:

- Provided Home Safety Planning Handout
- Safety Interventions reviewed with caregiver(s) (to all patient's homes)
- Plan made for securing guns and other potential implements of harm
- Crisis Prevention Plan
- Outpatient Therapy Referral provided
- Communicated with:
 - Caregiver
 - Current therapist
 - SCH PSCS
 - CCORS
 - Other

Sought consultation with: _____

Provided Notification of risk to: _____

Disposition:

- patient was discharged home with caregiver
- patient was referred to ED for evaluation for inpatient hospitalization
- Other: _____

Recommended level of supervision:

- No change in typical monitoring
- Hourly check in will be completed by: _____
- 24-7 line of sight will be completed by: _____
- Other: _____

Follow up:

- Recommended initiating outpatient treatment
- _____ will call family on __/__/____ to provide support and/or re-evaluation of risk.
- Outpatient treatment visit scheduled: __/__/____
- Other: _____

Note: If you are also completing a Violence Assessment, skip this section and complete the Disposition Plan at the end of that section.

Sign Safety Form and send to be scanned into CIS.

IN DEPTH VIOLENCE RISK ASSESSMENT:¹

1. Have you ever had thoughts about hurting or killing someone other than yourself? Yes No

- If YES, do you currently? Yes No
- When was the last time? _____
- What was going on? _____
- How long did it last? _____
- Have you hurt people or damaged things when you are angry? If so, what? _____
- What is the most violent thing you have ever done? _____
- Have you used anything other than your hand to hurt somebody?

2. If yes, have you ever made a plan to hurt or kill a person? _____

If yes, what was the plan, and when did you make it? _____

Did you follow through on the plan? _____

• Do you have a current plan to hurt or kill someone today? Yes No

If yes, who? _____

What is your plan? _____

Do you have any other plans? Yes No _____

How would you get what you need to carry out your plan or plans _____

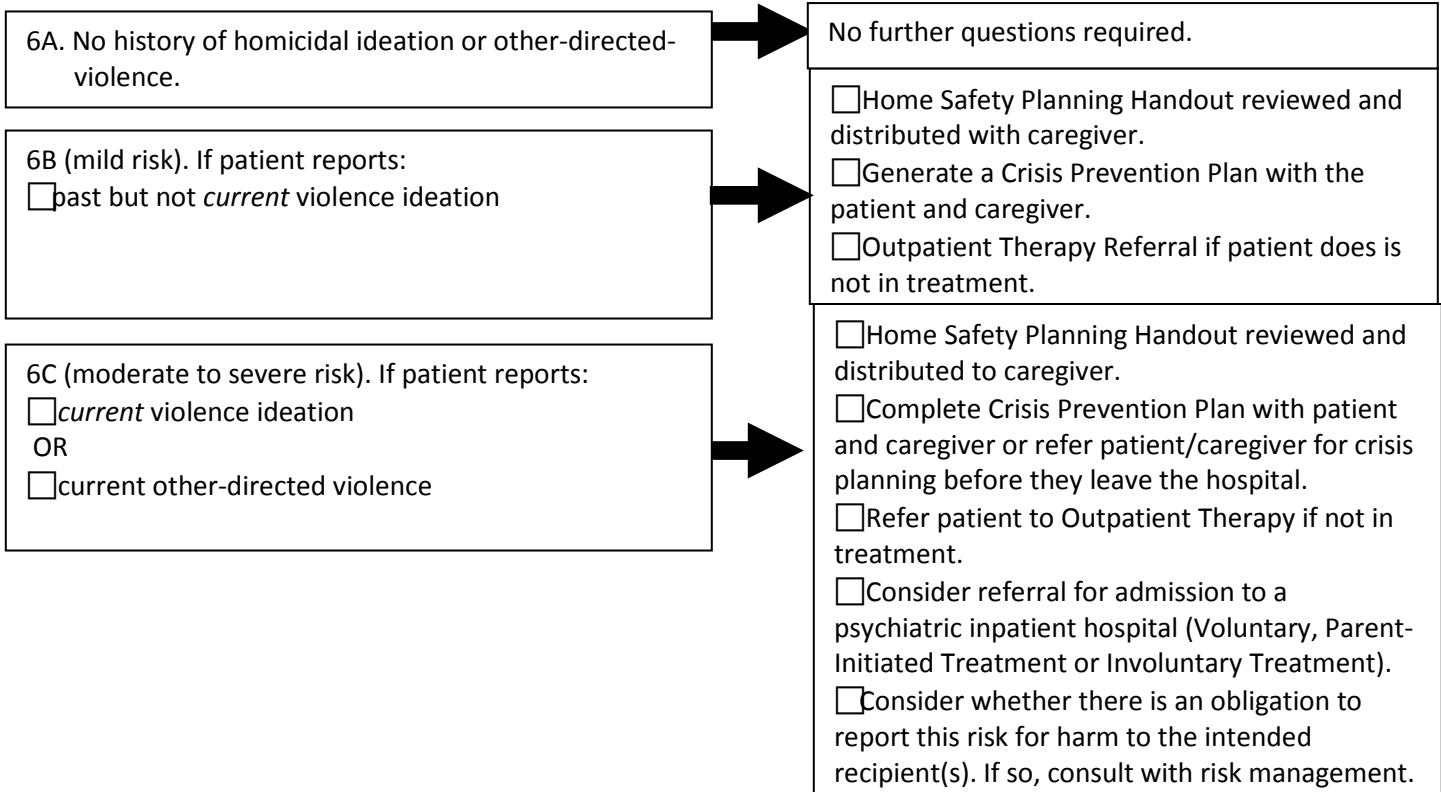
Have you done anything to prepare to carry out your plan or plans? _____

• What is stopping you from carrying out the plan? _____

• Are there guns in the house? Yes No _____

If yes, address in disposition planning.

VIOLENCE IDEATION INTERVENTION PLAN:



¹ The Violence Assessment is based, in part, on Assessing and Managing Violence Risk in Juveniles, Borum & Vaaghen, 2006, Guilford

DISPOSITION PLAN:

(If indicated incorporate with Suicide Risk planning)

- Provided Home Safety Planning Handout
- Safety Interventions reviewed with caregiver(s) (to all patient's homes).
- Plan made for securing guns and other potential implements of harm
- Crisis Prevention Plan Completed
- Crisis Prevention Plan Recommended but patient and / or family declined. Reason: _____

Outpatient Therapy Referral provided

Communicated with:

- Caregiver
- Current therapist
- SCH PSCS
- CCORS
- Other

Sought consultation with: _____

Provided Notification of risk to: _____

Disposition:

- patient was discharged home with caregiver
- patient was referred to ED for evaluation for inpatient hospitalization
- Other: _____

Recommended level of supervision:

- No change in typical monitoring
- Hourly check in will be completed by: _____
- 24-7 line of sight will be completed by: _____
- Other: _____

Follow up:

- Recommended initiating outpatient treatment
- _____ will call family on __/__/____ to provide support and/or re-evaluation of risk.
- Outpatient treatment visit scheduled: __/__/____
- Notified intended recipient of harm according to the Tarasoff rule / Duty to Warn, which states that a clinician who has reasonable grounds to believe that a client may be in imminent danger of harming others has a duty to warn the possible victims _____
- Consultation with risk management re Duty to Warn _____
- Other: _____

Sign Safety Form and send to be scanned into CIS.

Provider Printed Name

Provider Signature

Date

Time am/pm