## SCH Psychiatry Safety Assessment (V11.9.16)

### SELF-HARM THOUGHTS AND BEHAVIORS

<table>
<thead>
<tr>
<th>Question</th>
<th>Lifetime: Most Suicidal</th>
<th>Past month</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Do you ever wish you weren’t alive anymore?</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>2. Have you had any thoughts about killing yourself?</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>3. Have you thought about how you would kill yourself? What did you think about?</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>4. 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?)</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>5. 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?</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>- If YES, do you currently have a plan? Yes No</td>
<td></td>
<td></td>
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<tr>
<td>- When was the last time?</td>
<td></td>
<td></td>
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<tr>
<td>- What was going on?</td>
<td></td>
<td></td>
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<tr>
<td>- Were you using substances?</td>
<td></td>
<td></td>
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<tr>
<td>- How long did it last?</td>
<td></td>
<td></td>
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<tr>
<td>- Did you follow through on the plan?</td>
<td></td>
<td></td>
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<tr>
<td>- Do you have any other plans? Yes No</td>
<td></td>
<td></td>
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<tr>
<td>- How would you get what you need to carry out your plan or plans?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Have you done anything to prepare to carry out your plan or plans?</td>
<td></td>
<td></td>
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<tr>
<td>- Are there guns in the house? Yes No</td>
<td></td>
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</tr>
</tbody>
</table>

### 6. Have you ever hurt yourself deliberately, but not with the intention to kill yourself (NSSI)?

If YES:  
- 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?  

### 7. VIOLENCE SCREEN: Have you ever had thoughts about hurting or killing someone other than yourself?

If yes, describe:  
If current concern, please complete the “In Depth Violence Risk Assessment” on page 5.

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

6A. (0) - No Current Safety Concerns
- No history of active suicidal ideation or NSSI. 
  *(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)*

6B (1) - Mild risk
Patient reports:
- Past but not recent or current suicidal ideation AND/OR
- Past but not recent or current NSSI
- No lifetime history of life threatening behavior

6C (2) – Mild - Moderate Risk
- Recent or current suicidal ideation with no plan or intent to kill self AND/OR
- Recent or Current non-life threatening NSSI

6D (3) – Moderate Risk
- Current suicidal ideation with ambivalence about living but no clear intent OR Plan, WITH or WITHOUT recent or current non-life threatening NSSI

6E (4) – Moderate - Severe Risk
- Recent SI with intent AND/OR plan (NOT current) OR
- Recent or current life-threatening NSSI

6F (5) - Severe Risk
- Current SI with intent AND/OR plan OR
- Current life-threatening NSSI

- No further questions required.
- Home Safety Planning Handout provided to parent/caregiver
- Provide CPP homework to patient/family to complete before next session.
- Home Safety Planning Handout provided to parent/caregiver
  - If current or recent SI:
    - Consider informing legal guardian
    - Complete Coping Card & CPP in session with patient.
    - For new reports of self-harm or SI, bring to MAP consult team.

- Inform legal guardian
- Complete Coping Card & CPP in session.
- For new report of SI or NSSI, bring to MAP Consult Team
- For new reports of self-harm or SI, bring to team.
- Inform legal guardian
- Complete Coping Card & CPP in session.
- For new report of SI or NSSI, bring to MAP Consult Team
- Consider psychiatric admission; not required if the following protective factors exist (otherwise, see 6F):
  - Restricted access to means
  - Functioning CPP
  - Parental Supervision
  - Current outpatient provider

- Patient should be referred for admission to a psychiatric inpatient hospital via the SCH ER:
  - Voluntary
  - Parent-Initiated Treatment
  - Involuntary Treatment
- For new report of SI or NSSI, bring to MAP Team

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: ____________________________________________________________________

- Sign Safety Form and send to be scanned into CIS.

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

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?  
     - Yes  
     - No
   - 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:

6A. No history of homicidal ideation or other-directed-violence.

6B (mild risk). If patient reports:  
   - Past but not current violence ideation

6C (moderate to severe risk). If patient reports:  
   - Current violence ideation
   - OR  
   - Current other-directed violence

No further questions required.

- Home Safety Planning Handout reviewed and distributed with caregiver.
- Generate a Crisis Prevention Plan with the patient and caregiver.
- Outpatient Therapy Referral if patient does not remain in treatment.

If patient reports:  
- Complete Crisis Prevention Plan with patient and caregiver or refer patient/caregiver for crisis planning before they leave the hospital.
- Refer patient to Outpatient Therapy if not in treatment.
- Consider referral for admission to a psychiatric inpatient hospital (Voluntary, Parent-Initiated Treatment or Involuntary Treatment).  
- Consider whether there is an obligation to report this risk for harm to the intended recipient(s). If so, consult with risk management.

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