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Suicide Risk Assessment

Client: _____ Date: _____

A comprehensive suicidality assessment was conducted due to:

Referral source identified suicidal symptoms or risk factors (specify):

Patient reported suicidal thoughts or feelings on intake, assessment, or session (specify):

___ Usual "background" suicide ideation/urges to harm

___ New or first report of suicidal ideation/urges to harm

___ Increased suicidal ideation/urges to heart (specify):

Patient reported suicidal thoughts or feelings on assessment or psychological measures (specify measure or comment)

Recent event already occurred (circle appropriate: suicide / attempt suicide / threat (specify):

The following ratings are based on my:

Review of records (specify): _____

Interview with staff, friends - relatives (circle and name): _____

Observations of this individual over the last interview day week month

Other (specify): _____

STATIC VARIABLES:

Demographic risk factors:

- European American or Native American Suicidal partner Male
- lowest socioeconomic class Protestant Never-married or widowed status divorced status
- (especially repeated divorce or divorce in last 6 months) Age: Young adult (15-24) or over 60

Historical risk factors

- Chronic psychiatric problems Prior Axis I or II diagnosis Criminal behaviors
- Poor work history Relative or close friend died by suicide Frequent accidents
- Self-mutilating behaviors Checked "suicide" on intake form or other assessments
- History of substance abuse or dependence History of abuse (physical, sexual, of long duration, etc.)
- History of suicidal behavior History of para-suicidal behavior Family tx of suicide

History of Suicidal Behavior:

Y N History of suicidality ___Single Attempt ___Multiple Attempts

DESCRIBE:

- Multiple threats/attempts of high lethality high violence high pain Clearly intended to die
- Secretive attempts Anniversary attempts
- Other risk factors: _____

DYNAMIC VARIABLES:

Prompting Events:

Current status:

Ideation

intensity: (none) 1 3 4 5 6 7 8 9 10 (severe)

duration: ___seconds of

frequency: ___fleeting ___frequent ___continual

Plan/Research

Timing (When): _____ Location (Where): _____

Lethality (How): _____

Availability: Access to means ___Yes ___No

Precautions ___against discovery, ___deception about timing place ___access to firearms

___access to medications: ___access to other means (specify):

Intent ___ Extent plans to carry out intent (1-10)
 ___ Extent believes the plan to be lethal vs. self-injurious (1-10)
 ___ Ambivalence (extent wants to live vs. die) Reasons to live/die?

Preparation/Rehearsal: ___No ___Yes (specify)

Suicidal Acts: (any current or recent acts?) ___No ___Yes (specify)

Homicide inquiry: (any concomitant homicidal ideation?) ___No ___Yes (specify):

DUTY TO WARN OBLIGATION? ___NO ___YES (who notified?): _____

Current psychological risk factors (circle a number)

<input type="checkbox"/> Hopelessness	Absolutely hopeful	1	2	3	4	5	absolutely hopeless
<input type="checkbox"/> Psychological pain	little	1	2	3	4	5	Intolerable
<input type="checkbox"/> Vegetative symptoms (sleep disturbances, restlessness)	Mild	1	2	3	4	5	Severe
<input type="checkbox"/> Agitation, irritability, rages, violence	Low	1	2	3	4	5	High
<input type="checkbox"/> Stressors (major or irrevocable losses, failures)	Low	1	2	3	4	5	High
<input type="checkbox"/> Social support system (nearby friends, therapist, spouse/partner)	Strong	1	2	3	4	5	Weak
<input type="checkbox"/> Problem-solving ability	Poor	1	2	3	4	5	Very good
<input type="checkbox"/> Involved in treatment, progressing, adherent	Yes	1	2	3	4	5	No
<input type="checkbox"/> Major physical illness	Well	1	2	3	4	5	Sick
<input type="checkbox"/> Self-regard	Positive	1	2	3	4	5	Negative
<input type="checkbox"/> Impulsivity (low self-control, distractibility)	Low	1	2	3	4	5	High
<input type="checkbox"/> Depression (blunted emotions, anhedonia, isolation)	Low	1	2	3	4	5	High
<input type="checkbox"/> Cognitive disorganization (organic brain syndrome, psychosis, intoxication, head injury)	Low	1	2	3	4	5	High
<input type="checkbox"/> Other factors (homicidal intent, few/weak deterrents, motivated by revenge):	Low	1	2	3	4	5	High
<input type="checkbox"/> _____	Low	1	2	3	4	5	High
<input type="checkbox"/> _____	Low	1	2	3	4	5	High

Additional information on the items checked can be found in/at _____

SYMPTOM SEVERITY

__ Depression rating (1-10) _____

__ Anxiety rating (1-10) _____

__ Anger rating (1-10) _____

__ Agitation rating (1-10) _____

__ Psychotic symptoms rating (1-10) _____

__ Impulsivity rating (1-10) _____

__ Judgment rating (1-10) _____

__ Insight rating (1-10) _____

__ Hopelessness rating (1-10) _____

__ Use/abuse/dependence rating (1-10) _____

Recent specific risk factors - Check applicable boxes and enter a code for time period as follows:

24 = within last 24 hours **ds** = last few days **w** = last 7 days or week
m = last 30 days or month **ms** = last few or 2-4 months **y** = last 12 months or year.

- Had passive death wishes__ Experienced fleeting ideation ____
- Experienced persistent ideation__ Made realistic threats____
- Made gestures____ Engaged in actions, rehearsals ____
- Made suicide plans that involve a highly lethal method and a time without interruption ____
- Made an attempt of high medium low lethality with high medium low potential for rescue ____
- Seen recent/relevant media reports ____ Current /recent substance abuse ____
- Talked with therapist or other staff about suicide intentions/thoughts_____
- Made a clear statement of intent to others: _____ Written a suicide note _____
- Described a practical/available method or plan: _____ Established access to means/methods____
- Given away an important personal possession: _____ Made a will: _____ Made funeral arrangements _____
- Other (specify): _____

PROTECTIVE FACTORS

Protective factors:

- Married or in committed relationship Consistent employment or schooling Has plans for future
- Enjoys leisure, friendships, hobbies, recreation, family Has young children/responsibility to others
- Hope for the future Self-efficacy in problem area/ability to cope with stress Attachment to life
- Therapist attached/will stay in contact Attached to therapy/at least 1 therapist
- Embedded in protective social network or family Fear of act/suicide/death/dying or no plan
- Fear of social/religious disapproval for suicide Commitment to live/history of taking commitments seriously
- Good frustration tolerance Absence of psychosis willing to follow crisis plan
- Motivated to over report risk
- Other: _____

FORMULATION AND RISK ASSESSMENT:**SAD PERSONS**

- Sex (male)
 Age (over 60)
 Depression
 Ethanol abuse
 Rational thought loss
 Social supports lacking
 Organized when
 No spouse
 Availability of lethal means
 Sickness

Imminent Suicide Risk Factors

- Y N History of suicide attempts/self-injury
 Y N Current suicide intent, including belief he/she is going to commit suicide/hurt self
 Y N Preferred method currently or easily available
 Y N Lethal means of any sort currently available
 Y N Current plan or preparation
 Y N Current precautions against discovery, deception about timing/place
 Y N Current substance abuse (last 24 hours)
 Y N Currently or will be isolated/alone
 Y N Prompting Events for previous para-suicide
 Y N Sudden loss or other negative event
 Y N Abrupt clinical change, either negative or positive
 Y N Indifference/dissatisfaction with therapy
 Y N First night of incarceration
 Y N Current severe hopelessness
 Current major depression plus
 Y N severe turmoil, anxiety, panic attacks, mood cycling
 Y N current severe global insomnia
 Y N current severe anhedonia
 Y N Current inability to concentrate/indecision
 Y N Current psychosis, command hallucinations to commit suicide
 Y N Chronic Physical Pain
 Y N Unusually or currently highly impulsive
 Y N Client motivated to under-report/lie about risk
 Y N Other _____

Additional factors for a child or adolescent

- Female (more likely to attempt)
- Male (more likely to succeed)
- Age above 15
- Rural resident
- Other stressors (legal difficulties, unwanted pregnancy, change of school, birth of a sibling, etc.)

FORMULATION:

RISK/PROTECTIVE FACTORS	SUICIDALITY	RISK LEVEL	INTERVENTIONS
Psychiatric dxs with severe symptoms/ acute precipitating event/ protective factors not relevant	Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal	HIGH	Admission Suicide precautions
Multiple Risk Factors/Few Protective Factors	Suicidal ideation with plan, but no intent or behavior	MODERATE	Admission may be necessary Develop Crisis Plan Give emergency/crisis numbers
Modifiable risk factors/strong protective factors	Thoughts of death, no plan, no intent, no behavior	MILD	Outpatient referrals Symptom Reduction Give Emergency/crisis numbers

Summary of risk

Risk is ___transient ___chronic

INTERVENTIONS:

Problem Solving

- ___ Referred to positive things in life
- ___ Validated feelings
- ___ Focused on what s/he can do with feelings
- ___ Gave advice and instructed on use of coping skills to reduce suicidality
- ___ Crisis Survival/Distress Tolerance
- ___ Mindfulness
- ___ Emotional Regulation
- ___ Interpersonal Effectiveness
- ___ Self/Management
- ___ Observation/documenting
- ___ General hope/reasons for living
- ___ Other _____

Crisis Plan

- Developed or reviewed existing crisis plan
 - Gave copy of crisis plan to client with phone numbers
 - Contracted not to engage in suicidal acts (see attached)
 - Client agreed to and committed to plan
 - Client agreed to no self-injury suicide attempts until "Quote" _____
 - Client agreed to remove legal/other means
 - Assessed firearm access
 - developed firearms/means protocol or other protocol (specify)
-
-

Emergency Plan

- Asked people in support network to come and pick her up
- Referred client to individual therapist/psychiatrist
- Called individual therapist or psychiatrist
- Accompanied client to ER
- Contacted police or Emergency Medical Services (EMS) client imminent danger or refuses help

PLAN:

Outpatient care at this time can cannot provide safety/stability

Call/Contact/Do: _____

Therapist: _____

Date: _____