

Suicide/Homicide Risk Assessment

REASON FOR COMPREHENSIVE ASSESSMENT (Check)

- ☐ Based on clinician judgment if client discloses suicidal or homicidal thoughts or feelings
- ☐ Based on clinician judgment when referral source identified suicidal or homicidal signs/symptoms or risk factors
- ☐ Based on clinician judgment when social support identified suicidal or homicidal signs/symptoms or risk factors
- ☐ Client reported suicidal or homicidal thoughts/feelings on intake paperwork/assessment tools
- ☐ Client reported suicidal or homicidal thoughts/feelings to crisis line
- ☐ Client reported current ideation during diagnostic interview
- ☐ Recent event already occurred
- ☐ Other

CURRENT EPISODE

Current Intent

Subjective reports (PROVIDE QUOTE) _____

Objective signs _____

Suicide/Homicide plan

When _____

Where _____

How _____

Intended Victim if Homicide _____

Access to means (highlight)

Suicide/Homicide Preparation _____

Suicide/Homicide Rehearsal _____

Reasons for _____

Suicide/Homicidal Ideation

Frequency

- ☐ Never
- ☐ Rarely
- ☐ Sometimes
- ☐ Frequently
- ☐ Always

Intensity

- ☐ Brief and fleeting
- ☐ Focused deliberation
- ☐ Intense rumination
- ☐ Other

Duration

- ☐ Seconds
- ☐ Minutes
- ☐ Hours

HISTORY of SUICIDE/HOMICIDE RISK and/or ATTEMPTS

History of Suicidal Behavior, Self-Harm

Describe - _____

History of Violence towards others

Describe - _____

Recent hospital discharge for suicidality

Discharge Date _____

RISK FACTORS (Check) (H usually high risk)

INTERNAL

- ☐ Acute change in mental status requiring medical work up (metabolic, infection, toxicity) **H**
- ☐ Age over 60
- ☐ Anhedonia
- ☐ Command hallucinations and/or reality testing not intact **H**
- ☐ Currently intoxicated **H**
- ☐ Family history of successful suicide (first degree relatives) **H**
- ☐ Feeling Trapped – like there is no way out
- ☐ Health problems (esp. brain or nervous system disorders)
- ☐ History of noncompliance with psychiatric treatment
- ☐ History of physical, emotional or sexual abuse
- ☐ Intended victim and motive
- ☐ Male
- ☐ Mood disorder, schizophrenia, cluster B, eating disorder, anxiety disorder, co-morbidity
- ☐ Obsessions surrounding intended victim **H**
- ☐ Ongoing ETOH or substance dependence **H**
- ☐ Past violence towards others with injury or involving weapons, intended victim, and motive **H**
- ☐ Rage, anger, seeking revenge
- ☐ Reckless behavior
- ☐ Past attempt or plan with precaution taken to avoid rescue or discovery **H**
- ☐ Postpartum Depression **H if homicidal ideation**
- ☐ Same Sex Orientation
- ☐ Severe Psychopathology (**a primary predictor in children**) **H**
- ☐ Other

ENVIRONMENTAL

- ☐ Access to lethal means including firearms **H**
 - ☐ Active preparation for attempt (will, gifts, insurance, notes)
 - ☐ Financial problems
 - ☐ Interpersonal isolation
 - ☐ Legal problems
 - ☐ Loss of social status, shame, or humiliation
 - ☐ Recent change in antidepressant with increased or new SI or HI **H**
 - ☐ Recent death of loved one with reunion fantasies **H**
 - ☐ Recent history of suicide of friend **H**
 - ☐ Relationship problems
 - ☐ Significant loss
 - ☐ Unstable living situation
 - ☐ Chaotic environment
 - ☐ Other
-

PROTECTIVE FACTORS (Check)

INTERNAL

- ☐ Core values and beliefs
 - ☐ Fear of Death
 - ☐ Frustration tolerance
 - ☐ Planning for future
 - ☐ Positive coping skills
 - ☐ Sense of purpose
 - ☐ Sense of responsibility
 - ☐ Spirituality / religious prohibition
 - ☐ Successful past response to stress
 - ☐ Other reasons for living
-

ENVIRONMENTAL

- ☐ Children
 - ☐ Employment
 - ☐ Pets
 - ☐ Social Supports
 - ☐ Spouse / significant other
 - ☐ Other reasons for living
-

FOCUSED SYMPTOM SEVERITY:

Depression: Rating (1-10)

Anxiety: Rating (1-10)

Anger: Rating (1-10)

Agitation: Rating (1-10)

Insomnia (1-10) (a primary immediate predictor in adults)

Hopelessness: (1-10) (a primary lifetime predictor in adults)

Perceived Burdensomeness (1-10)

Impulsivity/Self-Control (1-10)

Subjective reports: _____

Objective signs: _____

Presence of Chronic Risk ☐ Yes ☐ No

If present, summarize markers of chronic risk: _____

Therapeutic Alliance (Check)

☐ Good ☐ Bad ☐ Neutral

Current level of risk assessed

☐ No ☐ Low ☐ Medium ☐ High

Crisis Safety Plan

- ☐ Client Completed ☐ Client Unable to Complete/Not Indicated
- ☐ Client Unwilling to Complete ☐ Not Applicable

CRISIS SAFETY PLAN

(Plan is not the same as contracting which is contraindicated with new clients, emergency clients, agitated, psychotic, impulsive, or when intoxicated. Contract does not substitute for thorough evaluation and follow up)

These things have worked to keep me safe in the past:

- 1
- 2
- 3

Contact Crisis line

Go to ER

What I can do to be calm and stay safe in the moment (my responsibilities):

- 1
- 2
- 3

Contact Crisis line

Go to ER

**What my preferences are regarding treatment
(type of treatment/choice of provider/medications/etc)**

- 1
- 2
- 3

What staff will do to help me stay safe (staff responsibilities):

- 1
- 2
- 3

***Attempt to contact social supports to help ensure safety.**

(This can include social support monitoring and removing means of self harm)

***Follow up appointment within 72 hours**

***Follow up appointment within 24 hours**

People I can call for support in a crisis:

- 1
- 2
- 3.

Ozark Guidance: 750.2020 / 800.234.7052

Who I want contacted if I am hospitalized...

Name: _____

Phone: _____

Name: _____

Phone: _____

Things that need attention while I'm away...

I agree to follow the above plan to ensure safety for myself and others

Client Signature

Staff Signature

Guardian Signature

Witness Signature

Patient was provided a follow up appointment for: Date _____ Time _____

