## **Suicide Assessment Doucment**

## "SAFE-T Protocol with C-SSRS" - Recent

Step 1: Identify Risk Factors			
C-SSRS Suicidal Ideation Severity		Month	
1) Wish to be dead  Have you wished you were dead or wished you could go to sleep and not wake up?			
2) Current suicidal thoughts Have you actually had any thoughts of killing yourself?			
3) Suicidal thoughts w/ Method (w/no specific Plan or Intent or act)  Have you been thinking about how you might do this?			
4) Suicidal Intent without Specific Plan Have you had these thoughts and had some intention of acting on them?			
5) Intent with Plan Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?			
C-SSRS Suicidal Behavior: "Have you ever done anything, started to do anything, or prepared to do anything to end your life?"		Lifetime	
Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		Past 3 Months	
If "YES" Was it within the past 3 months?			
Current and Past Psychiatric Dx:    Mood Disorder     Psychotic disorder     Alcohol/substance abuse disorders     PTSD     ADHD     TBl     Cluster B Personality disorders or traits (i.e., Borderline, Antisocial, Histrionic & Narcissistic)     Conduct problems (antisocial behavior, aggression, impulsivity)     Recent onset     Presenting Symptoms:     Anhedonia     Impulsivity     Hopelessness or despair     Anxiety and/or panic     Insomnia     Command hallucinations     Psychosis	Family History:    Suicide     Suicidal behavior     Axis   psychiatric diagnoses requiring hospitalization     Precipitants/Stressors:     Triggering events leading to humiliation, shame, and despair (e.g. Loss of relationship, financial or health (real or anticipated)     Chronic physical pain or other acute medical problem disorders)     Sexual/physical abuse     Substance intoxication or withdrawal     Pending incarceration or homelessness     Legal problems     Inadequate social supports     Social isolation     Perceived burden on others     Change in treatment:     Recent inpatient discharge     Change in provider or treatment (i.e., medications, psychotherapy, milieu)     Hopeless or dissatisfied with provider or treatment     Non-compliant or not receiving treatment	d/or status)	

Step 2: Identify Protective Factors (Protective factors may not counteract significant acute suicide risk factors)

Internal:	External:		
☐ Ability to cope with stress	☐ Cultural, spiritual and/or moral attitudes against suicide	ı	
□ Frustration tolerance	□ Responsibility to children		
□ Religious beliefs	□ Beloved pets		
☐ Fear of death or the actual act of killing self	☐ Supportive social network of family or friends		
☐ Identifies reasons for living	☐ Positive therapeutic relationships		
	☐ Engaged in work or school		
Step 3: Specific questioning about Thoughts, Plans, and Suicidal Intent – (see Step 1 for Ideation Severity and Behavior)			
Defiavior j			
If semi-structured interview is preferred to complete this section, clinicians may opt to complete C-SSRS Lifetime/Recent for			
comprehensive behavior/lethality assessment.			
C-SSRS Suicidal Ideation Intensity (with respect to the most severe ideation 1-5 identified above)		Month	
Frequency			
How many times have you had these thoughts?			
(1) Less than once a week (2) Once a week (3) 2-5 times in v	reek (4) Daily or almost daily (5) Many times each day		
Duration			
When you have the thoughts how long do they last?			
(1) Fleeting - few seconds or minutes	g - few seconds or minutes (4) 4-8 hours/most of day		
(2) Less than 1 hour/some of the time	(5) More than 8 hours/persistent or continuous		
(3) 1-4 hours/a lot of time			
Controllability			
Could/can you stop thinking about killing yourself or wanting to die if you want to?			
(1) Easily able to control thoughts	(4) Can control thoughts with a lot of difficulty		
<ul><li>(1) Easily able to control thoughts</li><li>(2) Can control thoughts with little difficulty</li></ul>	(4) Can control thoughts with a lot of difficulty (5) Unable to control thoughts		
(1) Easily able to control thoughts (2) Can control thoughts with little difficulty (3) Can control thoughts with some difficulty	(4) Can control thoughts with a lot of difficulty		
<ul><li>(1) Easily able to control thoughts</li><li>(2) Can control thoughts with little difficulty</li></ul>	(4) Can control thoughts with a lot of difficulty (5) Unable to control thoughts		
(1) Easily able to control thoughts (2) Can control thoughts with little difficulty (3) Can control thoughts with some difficulty  Deterrents	(4) Can control thoughts with a lot of difficulty (5) Unable to control thoughts		
(1) Easily able to control thoughts (2) Can control thoughts with little difficulty (3) Can control thoughts with some difficulty  Deterrents	(4) Can control thoughts with a lot of difficulty (5) Unable to control thoughts (0) Does not attempt to control thoughts  eligion, pain of death) - that stopped you from wanting to die or acting on		
(1) Easily able to control thoughts (2) Can control thoughts with little difficulty (3) Can control thoughts with some difficulty  Deterrents  Are there things - anyone or anything (e.g., family, r	(4) Can control thoughts with a lot of difficulty (5) Unable to control thoughts (0) Does not attempt to control thoughts		

(0) Does not apply

What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words you couldn't go on living with this pain or how you were feeling) or was it to get attention,

(0) Does not apply

(4) Mostly to end or stop the pain (you couldn't go on

(5) Completely to end or stop the pain (you couldn't go on

**Total Score** 

living with the pain or how you were feeling)

living with the pain or how you were feeling)

(3) Uncertain that deterrents stopped you

and to end/stop the pain

revenge or a reaction from others? Or both?

(1) Completely to get attention, revenge or a reaction from others

(2) Mostly to get attention, revenge or a reaction from others

(3) Equally to get attention, revenge or a reaction from others

**Reasons for Ideation** 

## "The estimation of suicide risk, at the culmination of the suicide assessment, is the quintessential clinical judgment, since no study has identified one specific risk factor or set of risk factors as specifically predictive of suicide or other suicidal behavior." From The American Psychiatric Association Practice Guidelines for the Assessment and Treatment of Patients with Suicidal Behaviors, page 24. **RISK STRATIFICATION** TRIAGE **High Suicide Risk** Initiate local psychiatric admission process Stay with patient until transfer to higher level of care is Suicidal ideation with intent or intent with plan in past month (C-SSRS complete Suicidal Ideation #4 or #5) Follow-up and document outcome of emergency psychiatric evaluation Suicidal behavior within past 3 months (C-SSRS Suicidal Behavior) **Moderate Suicide Risk** Suicidal ideation with method, <u>WITHOUT plan, intent or behavior</u> in past month (C-SSRS Suicidal Ideation #3) Directly address suicide risk, implementing suicide prevention strategies **Develop Safety Plan** ☐ Suicidal behavior more than 3 months ago (C-SSRS Suicidal Behavior Lifetime) ☐ Multiple risk factors and few protective factors **Low Suicide Risk** Wish to die or Suicidal Ideation WITHOUT method, intent, plan or **behavior** (C-SSRS Suicidal Ideation #1 or #2) **Discretionary Outpatient Referral** Modifiable risk factors and strong protective factors □ No reported history of Suicidal Ideation or Behavior **Step 5: Documentation Risk Level:** [] High Suicide Risk [] Moderate Suicide Risk [] Low Suicide Risk **Clinical Note:** Your Clinical Observation **Relevant Mental Status Information** Methods of Suicide Risk Evaluation **Brief Evaluation Summary** Warning Signs **Risk Indicators Protective Factors** Access to Lethal Means Collateral Sources Used and Relevant Information Obtained Specific Assessment Data to Support Risk Determination Rationale for Actions Taken and Not Taken Provision of Crisis Line 1-800-273-TALK(8255) Implementation of Safety Plan (If Applicable)

Step 4: Guidelines to Determine Level of Risk and Develop Interventions to LOWER Risk Level