**SUICIDE RISK FORMULATION AND SAFETY PLAN**

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| **Complete in immediate response to identified safety factors:** | | | | | | | |
| ***A. What are the factors/events that put the individual at risk?*** | | | | | | | |
| ***Long-term Risk Factors*** | | ***Yes*** | ***Short-Term Risk Factors*** | | | | ***Yes*** |
| **Prior Suicide Attempt** | |  | **Recent suicide attempt** | | | |  |
| **History of medically serious attempt** | |  | **Recent psychiatric hospitalization** | | | |  |
| **Psychiatric Hospitalization** | |  | **Extreme cognitive rigidity** | | | |  |
| **Diagnosis of depression, bi-polar, schizophrenia, borderline personality disorder** | |  | **Current sleep problems**   * **Difficulties falling asleep** * **Difficulties staying asleep** * **Early morning awakening** | | | |  |
| **Presence of 3 or more psychiatric diagnoses** | |  | **Current levels of expressed hopelessness** | | | |  |
| **Cognitive impairment, decreased concentration/indecision** | |  | **Current levels of expressed helplessness** | | | |  |
| **History of impulsivity** | |  | **Presence of panic or significant anxiety** | | | |  |
| **Family member died by suicide** | |  | **Current psychotic symptoms** | | | |  |
| **History of childhood sexual abuse** | |  | **Current drug/alcohol use** | | | |  |
| **Unemployed or financial strain** | |  | **Making death arrangements** | | | |  |
| **Physical illness** | |  | **Access to lethal methods** | | | |  |
| **Notes:** | | | **Isolated and alone** | | | |  |
| **Recent loss, unemployment, or change in social status, or recent physical illness diagnosed** | | | |  |
| ***Imminent Risk Factors*** | | ***Yes*** | ***Strengths & Protective Factors*** | | | | ***Yes*** |
| **Strong suicidal thoughts** | |  | **Actively making plans for the future** | | | |  |
| **Suicidal threats** | |  | **Verbalizes hope for the future** | | | |  |
| **Suicide planning or preparation** | |  | **Displays self-efficacy in problem area** | | | |  |
| **Presence of NSSI** | |  | **Shows attachment to life** | | | |  |
| **Dissatisfaction with help** | |  | **Has responsibilities to children, family, pets, others** | | | |  |
| **Suicide not written** | |  | **Attached to therapist or provider** | | | |  |
| **Precautions against discovery** | |  | **Belief suicide is immoral or will be punished** | | | |  |
| **1st 24 hours of imprisonment/jail** | |  | **Hopeful that current treatment will work** | | | |  |
| **Other** | |  | **Hopefulness in general** | | | |  |
| **Notes:** | | | **Taking steps to engage in treatment or help seeking** | | | |  |
| **Other** | | | |  |
| ***B. Typical stressors/precipitants that set off suicidal behavior*** | | | | | | | |
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| **C. Recent symptoms, suffering or recent changes related to suicidal behavior** | | | | | | | |
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| **D. Risk Status: relative to others in the state population** | | | | | | | |
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| **E. Risk State: relative to self at baseline or selected time period** | | | | | | | |
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| **F. Available Resources: internal and social strengths to support safety/treatment planning** | | | | | | | |
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| **G. Foreseeable Changes: changes that could quickly increase risk state** | | | | | | | |
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| **H. Suicidal Thoughts & Urges (0-5)** | **Plan & Intent**  **Y/N or 0-5** | | | | **Access to Means** | | |
| Intensity of SI: | Presence of Plan: | | | | Access to Means: | | |
| Duration of SI: | Specificity of Plan: | | | | Means Lethal: | | |
| Intensity of Urges: | Intensity of Intent: | | | | Means Same as Previous Attempt: | | |
| Remove Access to Means: | | |
| ***I. What actions will be taken to ensure safety? (Specify who, what, where, when and how.):*** | | | | | | | |
| ***List of Interventions*** | | | | | | | |
| **Crisis Survival Skills**  *Skills for the Moment* | **Staying Connected**  *Support and Monitoring* | | | | **Reducing Vulnerabilities**  *Skills to Build Resiliency* | | |
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| ***J. People to contact in a crisis:*** | | | | | | | |
| **1** | | | | | | | |
| **2** | | | | | | | |
| **3** | | | | | | | |
| **✆ If necessary, contact your provider for crisis coaching at \_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| **✆ If necessary, contact Behavioral Health Response at 314.469-6644.** | | | | | | | |
| **✆ Call 911 in an emergency.** | | | | | | | |
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| **K. Recommended Intervention and Justification** | | | | | | | |
| **Voluntary Hospitalization** | | | | **Involuntary Hospitalization** | | | |
| * **Transportation to Hospital via Client** | | | | * **Transportation to Hospital via Family Member** | | | |
| * **Transportation to Hospital via Family Member** | | | | * **Transportation to Hospital via Ambulance** | | | |
| * **Transportation to Hospital via Ambulance** | | | | * **Transportation to Hospital via Police** | | | |
| * **Transportation to Hospital via Police** | | | |  | | | |
| **Non-Hospitalization Planning** | | | | | | | |
| * **Support and Monitoring** | | | | * **Safety Plan and Commitment for Safety** | | | |
| * **Safety Planning with Skills Coaching** | | | | * **Safe Storage of Lethal Means** | | | |
| * **Follow-up in 24 hours** | | | | * **Removal of Lethal Means** | | | |
| * **Scheduled follow-up appointment** | | | | * **Referral to provider** | | | |
| **Intervention Justification:** | | | | | | | |
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| **Provider Signature:** | | | | | | **Date:** | |
| **Client Signature:** | | | | | | **Date:** | |