**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**
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| * **Transportation to Hospital via Family Member**
 | * **Transportation to Hospital via Ambulance**
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| * **Transportation to Hospital via Ambulance**
 | * **Transportation to Hospital via Police**
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| * **Transportation to Hospital via Police**
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| **Non-Hospitalization Planning** |
| * **Support and Monitoring**
 | * **Safety Plan and Commitment for Safety**
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| * **Safety Planning with Skills Coaching**
 | * **Safe Storage of Lethal Means**
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| * **Follow-up in 24 hours**
 | * **Removal of Lethal Means**
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| * **Scheduled follow-up appointment**
 | * **Referral to provider**
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| **Intervention Justification:**  |
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| **Provider Signature:** | **Date:** |
| **Client Signature:** | **Date:** |