

Crisis Intervention Documentation & Suicide Risk Assessment

Immediate State

- Suicide in progress → **Call 911 immediately & ascertain location**
- Influence of drugs / alcohol If yes, list: _____
- Potential suicide methods nearby
- Self harm in progress / just completed

Suicidal Ideation & Intent

Suicidal Thoughts:

- Current
- Past two months
- None

Suicidal Intent:

- PIC asked **directly** if considering suicide
- Not asked
- Current
- Past two months
- None

Where intent exists currently or within the past two months:

- Plan is detailed (when & where)
- Plan is vague
- Has decided on means
- Means undecided

Where means are decided:

- Already has
- Easy access
- Difficult access

Suicidal Capability

- Prior attempt
- Prior rehearsal
- None

Details: _____

Suicidal Desire

What's wrong & why now? _____

Why not now? (reasons for living): _____

Who is involved? (social supports, important relationships, conflicts):

Positive Relationships	Strained Relationships

Suicide Risk Indicators

Desire	Intent
<input type="checkbox"/> Current ideation <input type="checkbox"/> Psychological pain <input type="checkbox"/> Hopelessness <input type="checkbox"/> Feels like a burden <input type="checkbox"/> Feels trapped <input type="checkbox"/> Feels intolerably lonely	<input type="checkbox"/> Attempt in progress <input type="checkbox"/> Plans to kill self with method known <input type="checkbox"/> Plans to kill others as well as self <input type="checkbox"/> Expressed intent to die <input type="checkbox"/> Preparatory behaviors <input type="checkbox"/> Has secured means <input type="checkbox"/> Practice with method
Capability	Buffers
<input type="checkbox"/> History of suicide attempts <input type="checkbox"/> Access to firearms <input type="checkbox"/> Exposure to death by suicide <input type="checkbox"/> History of or current violence toward others <input type="checkbox"/> Available means of killing self / others <input type="checkbox"/> Currently intoxicated <input type="checkbox"/> Substance abuse (recent / current) <input type="checkbox"/> Acute symptoms of mental illness <input type="checkbox"/> Recent dramatic mood change <input type="checkbox"/> Out of touch with reality <input type="checkbox"/> Not sleeping <input type="checkbox"/> Aggression / Rage / Impulsivity <input type="checkbox"/> Recent change in treatment	<p><u>Internal</u></p> <input type="checkbox"/> Ability to cope with stress <input type="checkbox"/> Spiritual beliefs <input type="checkbox"/> Core values / purpose in life <input type="checkbox"/> Frustration tolerance <input type="checkbox"/> Planning for the future
	<p><u>External</u></p> <input type="checkbox"/> Immediate supporting relationships <input type="checkbox"/> Strong community bonds <input type="checkbox"/> People connections <input type="checkbox"/> Familial responsibility <input type="checkbox"/> Pregnancy <input type="checkbox"/> Engagement with you <input type="checkbox"/> Positive therapeutic relationship
Estimated Risk Level: <input type="checkbox"/> LOW <input type="checkbox"/> MODERATE <input type="checkbox"/> HIGH <input type="checkbox"/> UNCERTAIN	

Outcomes & Next Actions

Persuaded to accept assistance? Yes No

If no, action taken: Emergency response initiated Resource material given Other: _____

Agrees to talk to: Parent Relative Friend School Counselor Faith Based Physician

Professional Referral: Current provider Provider identified now Name/Number: _____

Willing to give up means to suicide (if in their possession)? Yes No Not Certain

Agrees not to use drugs / alcohol? Yes No Not Certain

PIC's Commitment to Safety: _____

Action Plan (be concrete): _____