FSEAP - Vancouver

SUICIDE/HOMICIDE RISK ASSESSMENT & SAFETY MANAGEMENT PLAN

CLIENT NAME:	CLIENT FILE NO.:	DATE:
CLIENT DOB:	COUNSELLOR/PROVIDER:	

REASON FOR COMPREHENSIVE ASSESSMENT:
- ☐ Client disclosed suicidal or homicidal (S/H) thoughts or feelings
- ☐ Referral source (e.g. MCH, organization/parent/partner) identified suicidal or homicidal risk factors
- ☐ Recent event already occurred
- ☐ Other:

CURRENT EPISODE:

SUBJECTIVE REPORTS (QUOTE):

OBJECTIVE OBSERVATION:

S/H PLAN:

WHEN:

WHERE:

HOW:

INTENDED VICTIM IF HOMICIDE (INCLUDE LOCATION/WHEREABOUTS IF KNOWN):

ACCESS TO LETHAL MEANS:

S/H PREPARATION:

S/H REHEARSAL:

CLIENT STATED REASONS FOR:

SUICIDE/HOMICIDE IDEATION:		
FREQUENCY: ☐ Never ☐ Rarely ☐ Sometimes ☐ Frequently ☐ Always	INTENSITY: ☐ Brief and fleeting ☐ Focused deliberation ☐ Intense rumination ☐ Other	DURATION: ☐ Seconds ☐ Minutes ☐ Hours

HISTORY OF SUICIDAL BEHAVIOUR, SELF-HARM:

HISTORY OF VIOLENCE TOWARDS OTHERS:

RECENT HOSPITAL DISCHARGE FOR SUICIDALITY:

DATE:

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INTERNAL RISK FACTORS: √ risk factors present (**H** usually high risk)
☐ Acute change in mental status requiring medical work up (metabolic, infection, toxicity) **H**
☐ Age - Over 60
☐ Male
☐ Severe ANHEDONIA and apathy
☐ Command hallucinations and/or reality testing not intact **H**
☐ Currently Intoxicated - Current overuse of ALCOHOL/DRUG **H**
☐ Feeling trapped - like there is no way out
☐ Health Problems, poor health, or chronic physical pain
☐ Indirect REFERENCES TO OWN DEATH
☐ High suicide IDEATION
☐ Intended victim and motive
☐ Obsessions around intended victim **H**
☐ Past violence towards others with injury or involving weapons, intended victim and motive **H**
☐ Past Attempt or plan with PRECAUTIONS against discovery; deception about timing, place, etc **H**
☐ Rage, anger, seeking revenge
☐ Reckless behaviour
☐ SUICIDE ATTEMPT in the last year
☐ Severe EMOTIONAL PAIN: depression, anxiety, panic, agitation, mood cycling
☐ Severe HOPELESSNESS
☐ Inability to CONCENTRATE, INDECISION
☐ GLOBAL INSOMNIA
☐ CLINICAL CHANGE, either negative or positive
☐ INDIFFERENCE/DISSATISFACTION with therapy
☐ Refusal to cooperate with assessment/information gathering **H**
☐ Other; describe: _____ .
ENVIRONMENTAL RISK FACTORS:
☐ Access to LETHAL MEANS (available or easily obtained) **H**
☐ Active PREPARATION for attempt (wills, gifts, insurance, notes) **H**
☐ Financial Problems
☐ ISOLATION; lives alone; low social support
☐ Legal problems
☐ Loss of social status, shame or humiliation
☐ Recent change in anti-depressant with increased or new SI **H**
☐ Recent SUICIDE MODELS (family, friends, or in the media) **H**
☐ Recent death of a loved one with reunion fantasies **H**
☐ Recent NEGATIVE EVENTS, particularly interpersonal loss or relationship problems
☐ Significant loss
☐ Unstable living environment
☐ Chaotic environment
☐ Other; describe: _____

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PROTECTIVE FACTORS: √ the following protective factors present in your client:
☐ Core values and beliefs - MORAL concerns or fears about suicide ☐ Fear of death ☐ Planning for future ☐ Positive expectancies for future (HOPE) ☐ Positive coping skills (high SELF-EFFICACY) ☐ Sense of purpose ☐ Sense of responsibility (FAMILY and/or friend(s), children, pets) ☐ REASON TO LIVE or basic Attachment to LIFE ☐ Spiritual / religious prohibition ☐ Successful past response to stress ☐ Fears of SOCIAL DISAPPROVAL regarding suicide ☐ Social supports ☐ Employment ☐ Engaged and cooperative with the assessment process/providing information requested ☐ Other reasons for living: _____

Assessment of Risk: ☐ Low ☐ Moderate ☐ High

Risk Level	Risk/Protective Factors	Suicidality/Homicidality	Possible Interventions
High	Multiple risk factors (including High risk) with intent and plan. Psychiatric Disorders with severe symptoms, or acute precipitating events; protective factors not present or relevant. Any of the following: command hallucinations instructing self-inflicted pain or death; or S/H thoughts and available means <u>and</u> under the influence of drugs or alcohol.	S/H thoughts with a well developed plan, intent, and available means of moderate to high degree of lethality; potentially lethal suicide attempt or persistent ideation with strong intent or S/H rehearsal.	S: Admission generally indicated unless significant change reduces risk. Duty to Warn/Report*
Moderate	Multiple risk factors, few protective factors. S/H ideation/thoughts, but some ambivalence and some control about acting on them.	S/H ideation with plan, but no intent or behavior	Admission may be necessary depending on risk factors, develop crisis safety plan. Give emergency / crisis numbers
Low	Modifiable risk factors, strong protective factors. Passive ideation, thoughts but no intent to put thoughts into action (example, "Oh no, I could never do that, I have children.")	Thoughts of S/H, no plan, intent or behaviour	Outpatient referral, symptom reduction. Give emergency / crisis numbers

Low Risk	**Moderate or High Risk**
☐ Continue monitoring/counseling ☐ Involve other personnel & referral agencies as appropriate ☐ Review assessment and service plan	☐ Consult with Clinical Director/Director and/or mental health specialist. ☐ Decide to manage <u>internally</u> or <u>externally</u>

Management Plan to Reduce Risk:

Internal (when no serious mental illness present and client is cooperative):

☐ Client has cooperated in completion of Crisis Safety Plan (see attached)
☐ Significant others or identified supports of S/HI risk notified: (e.g. parent/legal guardian/partner etc.)
Name: _____Phone: _____ Date: _____
Name: _____Phone: _____ Date: _____
☐ Educated significant others or support persons on how to help – what to watch for, how to respond
☐ Arranged removal of lethal means
☐ Emergency or crisis services referrals/numbers provided:
Referral Source: _____ Phone: _____
Referral Source: _____ Phone: _____
☐ Continue monitoring/counseling, describe plan:
_____
_____
☐ Planned telephone contact with client, describe: _____
_____
☐ Crisis: Afterhours, intake and back up teams alerted.
☐ Other: _____
_____
_____

External (risk is identified as high risk or client has serious mental illness or client is non-cooperative or assessment of home situation does not provide sufficient safeguards):
☐ Arrange ER assessment or inpatient hospitalization
☐ Contact Law Enforcement (911)
Officer Name: _____
Badge No. _____
☐ Formulate plan for referral process
☐ Make referral – phone referral details, including level of risk
☐ Ensure written referral details are also faxed or mailed

☐ Contact MCH to advise/consult ☐ Consult with clinical supervisor (moderate-high risk)

Consultation with _____ Date: _____Time: _____

Name and Credentials: _____ Date: _____

Signature: _____ *Retain on client file.*

***Duty to Warn - Potentially Suicidal/Homicidal/Dangerous Clients** - Family Services of Greater Vancouver has a duty to protect the client from him/herself or to protect others if the client is perceived as a threat. In the case of a suicide threat, a medical referral or hospitalization may be instituted. If the client is considered to be dangerous to others, the police and/or a threatened person(s) may be informed.

Imminent risk is defined as a clear likelihood of danger to self or others at any time.

BCACC Code of Ethics, Carefully Managing Risks (No. 15):
Do everything reasonably possible to stop or offset the consequences of actions by others when those actions are likely to cause serious physical harm or death. This may include reporting to appropriate authorities, to an intended victim, or a family member or other support person who can intervene, and would be done even where a confidential relationship is involved.

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CRISIS SAFTEY PLAN

These things have worked to keep me safe in the past:
1.
2.
3.
*contact crisis line/EAP
*Go to ER

What I can do to be calm and stay safe in the moment (my responsibilities):
1.
2.
3.
*contact crisis line/EAP
*Go to ER

What counsellor will do to help me stay safe (counsellor responsibilities):
1.
2.
3.
*Attempts to contact social supports to ensure safety.
(This can include social support monitoring, removing means of self harm)
*Follow up appointment within 24 hours
*Follow up appointment with 72 hours

People I can call for support in a crisis:
1.
2.
3.
EAP: 1-800-667-0993

Who I want contact if I am hospitalized:

Name: _____

Phone:_____