Risk Assessment

The following assessment tool is to be used if the person served has made contact with a behavioral health professional and is willing to work with us, to some degree to assess risk. If a person is fully determined to take their own life or that of another, there may be nothing a behavioral health professional can do to prevent this from occurring. The assessment of risk is complicated and is based on many interacting factors. The items in this tool are based on research and many years of practical experience. The tool is a means to gather data. This data must then be considered in its entirety before making a determination of risk.

Plan to Harm Self	Does the person describe any plan to harm themselves?
Person's Name	Record person's first, last name and middle initial. Order of name is at agency discretion.
Record Number	Record agency's established identification number for the child served.
Organization Name	Record the organization for whom you are delivering the service.
Means/Accessibility	If the person is stating that they have thoughts about hurting or killing themselves, do they possess the means to carry out the plan. For example, if they describe thoughts about "taking pills" to end their life, do they have in their possession the type and sufficient quantity of pills to do so? If they do not have the pills in their direct possession, can they access them without too much difficulty? (example: pick up prescriptions waiting for them at pharmacy; take roommate's meds.)
Lethality Of Means	Assess the person's lethality of the means on a range of "least likely to be lethal"(low) to "most likely to be lethal" (high). "Taking some pills" has much less chance of lethality than "shooting myself in the head with a shot-gun".
Suicidal History	At any time in the past, has the person experienced any suicidal thoughts or engaged in any self-harm behavior? Have these experiences been Ideation/threats; gestures; or an actual attempt to kill themselves. Ask: "What did you intend to have happened as a result of (the action)"
Lethality Of Attempts	If the person has at any time attempted to take his or her life, To what degree was the attempt potentially lethal (see Lethality of Means" above)
Last Attempt	If the person has made a suicide attempt, when was the last attempt? If the exact date is unknown, estimate to the best of your ability with the information available.
Family History	Note any family history of suicidal behavior including threats, attempts and actual suicides.
Plan To Harm Others	Does the person describe any plan to harm another person?
Means Accessibility	If the person is stating that they have thoughts about hurting or killing themselves, do they possess the means to carry out the plan. For example, if they describe thoughts about "taking pills" to end their life, do they have in their possession the type and sufficient quantity of pills to do so? If they do not have the pills in their direct possession, can they access them without too much difficulty? (example: pick up prescriptions waiting for them at pharmacy; take roommate's meds.)
Lethality Of Means	Assess the person's plan on a range of "least likely to be lethal" to "most likely to be lethal". "Punching someone" has much less chance of lethality than "shooting them with a shot-gun".
Assault History	At any time in the past, has the person experienced any assaultive thoughts or engaged in any assaultive behavior? Differentiate between a frustrated and angry person "blowing off steam" and actual assaultive planning or behavior. Ask: "If you had the chance, would you really have done this?"
Lethality Of Assaults	If the person has assaulted another person at any time, how severe were the victim's injuries? (Example: did the victim receive some cuts and bruises or end up in a hospital intensive care unit?)
Last Assault	If the person has assaulted another, when was the last incident? If the exact date is unknown, estimate to the best of your ability with the information available.
Family History	Note any family history of assaultive behavior and how often it occurred.
Arrest Record	Note if the person has ever been arrested, for any reason and if it was a single arrest or multiple arrests.

Physical Abuse Hx	Note if the person has ever been physically abused and if so, how often were the occurrences
Sexual Abuse Hx	Note if the person has ever been sexually abused and if so, how often were the occurrences

Substance Abuse	Note the person's use of potentially addictive substances and estimate of they appear to be a "social" user, abuser or dependent.
Mental Status	If necessary, administer the more complete mental status exam available in the Comprehensive Assessment
Hallucinations	Note if the person reports or appears to be experiencing hallucinations. Ask: "Do you ever hear sounds or someone talking to you and you cannot tell where it is coming from?" Seek as much detail as possible. Clarify if any voices perceived are commanding the person to do something potentially harmful or if the voices are disturbing to the person.
Judgment and Reality Testing	From the information available, estimate the person's current ability to make safe decisions. Ask: "If you were in your apartment and noticed smoke coming from a crack in the ceiling, what would you do?"
Orientation	Clarify the degree to which the person is oriented toward the future. Ask: "What are you plans for next weekend?" or "Have you though about what you would like to do when you are feeling better?" A person without a future orientation is much more at risk than someone who has plans for a later time.
Interpersonal interactions	Determine the degree with which the person has meaningful contact with others. Ask: "Do you have friends? Tell me about them. How often do you see them?" An isolated person is much more at risk than someone who has meaningful contact with others in their life.
Impulsivity	From the information provided, can you determine if the person can take the time to make decisions or are they more likely to react impulsively?
Stress	Does the person describe subjective feelings of stress? What feels stressful to them? How long have they experienced this stress? Ask: "On a scale of 1-10, how would you rate this stress?"
Loss	Has the person experienced a significant loss and if so, when? Examples: spouse, parent, home, job, pet.
Physical Condition	Is the person physically healthy? Are they able to exercise regularly or have they become increasing less functional due to medical or physical problems?
Financial Stress	Does the person feel as though they have sufficient income to meet basic needs? Do they feel stressed by their financial situation? Ask: "On a scale of 1-10, how would you rate this stress?"
Living Arrangements	In their current living situation, does the person have access to other people or is the person isolated?
Support From Significant Others	Does the person have supportive others in their life? This may include spouse/partner; relative; friend; clergy. This does not include professional helpers.
Male Age Suicide	If this is an assessment of a male for suicidal behavior, note which age category the person is currently in
Homicide	If this is an assessment of a male for homicidal or assaultive behavior, note which age category the person is currently in
Female Age Suicide	If this is an assessment of a female for suicidal behavior, note which age category the person is currently in
Homicide	If this is an assessment of a female for homicidal or assaultive behavior, note which age category the person is currently in
Overall Risk Level	There is no formula to assessing Overall Risk Level. You must take into account the multiple factors and the amount of High, Medium, Low and No Risk data available. Check the box you determine fits best with the data obtained.
Comments	Provide a rationale for your determination of Risk Level