

## Suicide Risk Module (6)

**Question to Consider for this Module:** *What are the issues that increase the individual's risk of suicide? Please rate the highest level from the past 30 days.*

**Note:** *It is critical to probe these areas using direct and specific questions to ensure a thorough risk assessment has been completed. If you have concerns about your ability to ask these types of questions directly, please consult with your supervisor for coaching.*

**HISTORY OF ATTEMPTS** - This rating refers to suicidal ideation or/and behaviors that an individual engages in. Please rate the highest level experienced.

Questions to Consider	Ratings & Definitions
→ Has the individual ever attempted suicide?	<b>0</b> No lifetime history of suicidal ideation or attempt.
→ If so, how did the individual make that attempt?	<b>1</b> Lifetime history of significant suicidal ideation but no potentially lethal attempts.
→ Was it a method that is typically lethal?	<b>2</b> Lifetime history of a potentially lethal suicide attempt.
	<b>3</b> Lifetime history of multiple potentially lethal suicide attempts.

**SUICIDE IDEATION** - This item rates whether the individual has recently thought about hurting him/herself.

Questions to Consider	Ratings & Definitions
→ Has the individual ever considered suicide as an option?	<b>0</b> No evidence.
→ If so, when do these thoughts happen and what is the content?	<b>1</b> History but no recent ideation.
	<b>2</b> Recent ideation, but not in past 24 hours.
	<b>3</b> Current ideation OR command hallucinations that involve self-harm.

**SUICIDE INTENT** - This item rates the level of intent the individual has of harming him/herself.

Questions to Consider	Ratings & Definitions
→ Has the individual ever intended to commit suicide?	<b>0</b> No evidence.
→ If so, how recently?	<b>1</b> History, but no recent intent to commit suicide.
→ If so, what stopped him/her from following through with the intent?	<b>2</b> Recent intention to commit suicide.
	<b>3</b> Current intention.

**SUICIDE PLANNING** - This item rates whether the individual has recently had a plan to commit suicide.

Questions to Consider	Ratings & Definitions
→ Does his/her suicidal ideation include details of planning?	<b>0</b> No evidence of a concrete plan.
→ If so, how realistic is that plan?	<b>1</b> A vague notion of a plan, but the plan is not realistic.
→ If so, how lethal is that plan?	<b>2</b> Individual has a plan to commit suicide that is feasible.
	<b>3</b> Individual has a plan that is immediately accessible and feasible.

**SUBSTANCE USE** - These symptoms include use of alcohol and illegal drugs, the misuse of prescription medications and the inhalation of any substance for recreational purposes. This rating is consistent with DSM Substance-related Disorders. This item includes the use of tobacco or caffeine.

**Questions to Consider**

- Is the Individual using substances?
- If so, do these substances typically result in impaired judgment and/or impulsive behavior?

**Ratings & Definitions**

- 0** This rating is for an individual who has no notable substance use history or difficulties at the present time.

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- 1** This rating is for an individual with **mild** substance use problems that might occasionally present problems of living for the person (intoxication, loss of money, reduced work/school performance, parental concern). This rating is also used to reflect a significant history of substance use problems without evidence of current problems related to use.

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- 2** This rating is for an individual with a **moderate** substance use problem that consistently interferes with the ability to function optimally, but does not completely preclude functioning in an unstructured setting.

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- 3** This rating is for an individual with a **severe** substance use problem that represents complications to functional issues that may result in danger to self, public safety issues, or the need for detoxification of the individual. Immediate and/or intensive interventions are indicated.

**DEPRESSION** - This item rates displayed symptoms of a change in emotional state and can include sadness, irritability and diminished interest in previously enjoyed activities.

**Questions to Consider**

- Is individual concerned about possible depression or chronic low mood and irritability?
- Has s/he withdrawn from normal activities?
- Does the individual seem lonely or not interested in others?

**Ratings & Definitions**

- 0** No evidence of problems with depression.

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- 1** History, suspicion, or mild depression associated with a recent negative life event with minimal impact on life domain functioning.

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- 2** Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered with the individual's ability to function in at least one life domain.

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- 3** Clear evidence of depression that is disabling for the individual in multiple life domains.

**ANTISOCIAL BEHAVIOR (Noncompliance with Society's Rules)** - These symptoms include anti-social behaviors like shoplifting, lying, vandalism, cruelty to animals, and assault.

**Questions to Consider**

- Has the individual ever gotten in trouble for stealing?
- Has anyone told you that the individual has been part of any criminal behavior (e.g. vandalism, robbery) with or without police involvement?
- Has the individual shown violent or threatening behavior towards others (including animals)?

**Ratings & Definitions**

- 0** This rating indicates an individual with no evidence of antisocial disorder.

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- 1** This rating indicates an individual with a mild level of conduct problems. Some difficulties in school/work and home behavior. Problems are recognizable but not notably deviant. This might include occasional lying or petty theft from family.

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- 2** This rating indicates an individual with a moderate level of conduct disorder. This could include episodes of planned aggression or other antisocial behavior.

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- 3** This rating indicates an individual with a severe Antisocial Personality Disorder. This could include frequent episodes of unprovoked, planned aggression or other antisocial behavior.

**CAREGIVER MENTAL HEALTH** - This item refers to any serious mental health issues (not including substance abuse) among caregivers that might limit their capacity for parenting/caregiving to individual.

**Questions to Consider**

- Do caregivers have any mental health needs that make parenting difficult?
- Does anyone else in the family have serious mental health needs that the caregiver is taking care of?

**Ratings & Definitions**

- 0** No evidence of caregiver mental health difficulties.
- 1** There is a history or suspicion of mental health difficulties, and/or caregiver is in recovery from mental health difficulties.
- 2** Caregiver has some mental health difficulties that interfere with his or her capacity to parent.
- 3** Caregiver has mental health difficulties that make it impossible for him/her to parent at this time.

**ACCESSIBLE FIREARM/MEDICATION** - This item refers to the individual's ability to access potentially lethal objects / substances.

**Questions to Consider**

- Are there guns, firearms or lethal medication kept in the home or accessible to the individual in some other location?

**Ratings & Definitions**

- 0** No evidence that the individual has access to firearms, lethal medication, or similarly lethal device/substance.
- 1** Some evidence that a lethal weapon /substance is accessible with substantial effort. Examples include a gun in a locked cabinet to which the individual cannot access the key, or a vague plan to obtain potentially lethal substances.
- 2** Evidence that a lethal means is available with modest effort (i.e. deception, some planning). **SAFETY PLAN MUST BE CREATED.**
- 3** Evidence that the individual has immediate access to lethal means. **Individual/individual should not be allowed to re-enter said environment until means has been removed. SAFETY PLAN MUST BE CREATED.**