LINEHAN RISK ASSESSMENT AND MANAGEMENT PROTOCOL (LRAMP)

Client Name: _____  Contact Date: _____
Person Completing: _____  Today's Date: _____

SECTION 1: REASON FOR COMPLETION

1. Reason for completing:
   - [ ] HISTORY of suicide ideation, suicide attempt, or non-suicidal self-injury at intake
   - [ ] NEW (or first report of) suicide ideation and/or urges to self-injure
   - [ ] INCREASED suicide ideation and/or urges to self-injure
   - [ ] THREAT or other behavior indicating imminent suicide risk since last contact
   - [ ] SUICIDE ATTEMPT and/or self-injury since last contact
   - [ ] Suicide attempt and/or self-injury occurred or was ongoing during contact
   - [ ] Other

2. Please describe the specific incident or behavior that occurred:
   Describe:
SECTION 2: SUICIDE RISK ASSESSMENT

3. **Structured Formal Assessment of Current Suicide Risk was (CHECK ONE)**

   - [ ] CONDUCTED
   - [ ] NOT CONDUCTED, because (CHECK ONE)
     - [ ] CLINICAL REASONS: (CHECK ALL THAT APPLY)
       - [ ] Only baseline behaviors (typical for client) ideation/urges to harm not ordinarily associated with increased imminent risk for suicide or for medically serious self-injury
       - [ ] No or negligible suicide/self-injury intent by **time of contact**, impulse control appears acceptable, no new risk factors
       - [ ] No or negligible suicide/ self-injury intent by **contact end**, impulse control appears acceptable, no new risk factors apparent, risk assessment conducted previously
       - [ ] Self-injury that occurred was **not suicidal and superficial/ minor** (e.g., scratch, took one extra pill of medication)
       - [ ] Threat or suicide ideation best viewed as **escape behavior** and treatment aims better accomplished by targeting precipitants and vulnerability factors rather than by formal risk assessment
       - [ ] Threat or suicide ideation best viewed as **operant** behavior; formal risk assessment may reinforce suicide ideation
       - [ ] Client in ongoing treatment with another **primary therapist** who has recently or will soon assess and manage suicide risk; not of value to have two clinicians treating the same behavior.

   - [ ] REFERRED CLIENT to other responsible clinician for evaluation
   - [ ] FORGOT, PLAN FOR FOLLOW UP: _____
   - [ ] OTHER REASON: _____
6. **IMMINENT suicide risk factors**

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<tr>
<th>Not Reported/ Not Observed</th>
<th>NO</th>
<th>SOMEWHAT</th>
<th>YES</th>
<th><strong>IMMINENT SUICIDE RISK FACTORS</strong></th>
<th><strong>COMMENT</strong></th>
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<td>Current suicide intent, including client belief that he/she is going to commit suicide or hurt self</td>
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<td>Current suicide plan and/or preparation (including specific method and time)</td>
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<td>Preferred method currently or easily available</td>
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<td>Lethal means (of any sort) currently or easily available</td>
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<td>Current severe hopelessness or pessimism</td>
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<td>Preoccupation with anticipated future loss or major life stressor</td>
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<td>Current global insomnia with suicide ideation</td>
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<td>Escalating agitation and motor restlessness</td>
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<td>Inability to concentrate or make decisions</td>
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<td>Acute alcohol intoxication</td>
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<td>Severe loss of interest or pleasure (anhedonia) and hypersomnia</td>
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<td>Recent (past 4 weeks) discharge from psychiatric hospital</td>
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<td>Currently or will be isolated or alone</td>
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<td>Low or no social support</td>
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<td>Recent stressful life events (e.g. recent interpersonal losses and conflicts), disciplinary and legal crises)</td>
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<td>Recent diagnosis of a mental disorder (e.g. schizophrenia, depression, anxiety disorder)</td>
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<td>Recent diagnosis of chronic and/or life threatening physical illness with functional limitations (e.g. cancer, HIV/AIDS, lung disease, multiple sclerosis)</td>
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<td>Prompting events for previous self-injury/suicide attempt</td>
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<td>Not Reported/Not Observed</td>
<td>NO</td>
<td>SOMEWHAT</td>
<td>YES</td>
<td>Population/Setting Specific IMMINENT SUICIDE RISK FACTORS</td>
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<td>Psychiatric Inpatient Suicide attempt at time of admission</td>
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<td>Psychiatric Inpatient Involuntary admission</td>
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<td>Jail/Prison First night of incarceration</td>
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<td>Youth Exposure to recent suicide (in media, community, etc.)</td>
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7. Suicide protective factors

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<tr>
<th>Not Reported Not Observed</th>
<th>NO</th>
<th>SOMEWHAT</th>
<th>YES</th>
<th>PROTECTIVE FACTORS</th>
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<td>Hope for the future</td>
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<td>Self-efficacy in problem area</td>
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<td>Attachment to life</td>
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<td>Responsibility to children, family, or others, including pets, who client would not abandon</td>
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<td>Embedded in protective social network or family</td>
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<td>Fear of suicide, death and dying or no acceptable method available</td>
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<td>Fear of social disapproval of suicide</td>
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<td>Belief that suicide is immoral or that it will be punished</td>
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<td>High spirituality and/or religious</td>
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<td>Commitment to live and history of taking commitments seriously or reason to trust this commitment</td>
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<td>Client motivated to over-report risk</td>
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<td>Other</td>
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SECTION 3: SUICIDE RISK MANAGEMENT

8. Treatment actions aimed at suicidal/self-injurious behaviors: (Check All that apply)

A. ☐ Suicidal ideation and behavior NOT EXPLICITLY TARGETED in session (Check reasons)
   ☐ Client is NOT IMMINENTLY DANGEROUS
   ☐ Same reasons as for not conducting structured formal suicide risk assessment
   ☐ Risk assessment was sufficiently therapeutic.
   ☐ Other:

B. ☐ Did BEHAVIORAL ANALYSIS of previous suicidal ideation and behaviors.

C. ☐ Analyzed CHAIN OF EVENTS leading to and consequences of current suicidal/self-injurious ideation and behaviors
   ☐ Vulnerability Factors
   ☐ Prompting Events
   ☐ Behavior
      ☐ Suicide Attempt
      ☐ Non-suicidal self-injury
      ☐ Increased suicide ideation and/or urges to self-injure
      ☐ Suicide threat
      ☐ Other (specify):
   ☐ Consequences
   ☐ Comments (Optional)

D. ☐ Focused on CRISIS INTERVENTION and/or PROBLEM SOLVING (Check those used):
   ☐ VALIDATED current emotions and wish to escape or die (emotional support)
   ☐ IDENTIFIED events that have set off current crisis response
   ☐ FORMULATED and summarized problem situation with client
   ☐ Worked to remove, remediate PROMPTING EVENTS
   ☐ Gave advice and offered solutions to reduce suicidality
   ☐ Challenged maladaptive beliefs related to suicide/self-injury
   ☐ Coached to use skills client is learning in therapy
   ☐ Clarified and REINFORCED adaptive client responses
   ☐ Generated HOPE and reasons for living
   ☐ Emphatically told the client not to commit suicide or self-injure
   ☐ OTHER
   COMMENTS (Optional) on crisis intervention:

E. ☐ Developed or reviewed existing CRISIS PLAN

F. ☐ Committed to a PLAN OF ACTION
   ☐ Client made credible AGREEMENT for crisis plan and no self-injury or suicide attempts until “Quote” from client (Optional)
   ☐ Client agreed TO REMOVE LETHAL implements (specify type; e.g., gun, drugs) by (how)

G. ☐ TROUBLESHOOT factors that might interfere with plan of action:

H. ☐ Anticipated a RECURRENCE of crisis response and developed a back-up crisis plan

I. ☐ Increased SOCIAL SUPPORT
   ☐ Planned for client to contact SOCIAL SUPPORT (specify who): ________________
   ☐ ALERTED NETWORK to risk (describe):
Scheduled a CHECK-IN for

J. ☐ REFERRED:
   ☐ To Primary Therapist:
   ☐ To Clinician-On-Call At
   ☐ To Crisis Line ☐ (Ensured Client Had Phone Number)
   ☐ To ☐ for Medication Evaluation:
   ☐ OTHER

K. ☐ HOSPITALIZATION CONSIDERED; did not recommend because (check all that apply):
   ☐ Client is NOT IMMINENTLY DANGEROUS
   ☐ Other environmental support available
   ☐ Client can easily contact me if condition worsens
   ☐ Client previously hospitalized, benefit not apparent
   ☐ No bed available
   ☐ Client refused
   ☐ Client refused despite persistent argument by me in favor
   ☐ Client does not meet criteria for involuntary commitment

   and/or it would (check all that apply):
   ☐ Increase stigma and isolation which are important issues for this client
   ☐ Interfere with work or school which are important for this client,
   ☐ Violate already agreed to plan,
   ☐ Cause undue financial burden which is an important issue for this client
   ☐ OTHER

L. ☐ OTHER treatment actions taken: describe
SECTION 4: FINAL DISPOSITION

9. I believe, based on information currently available to me (Check all that apply)

A. [ ] Client is NOT IMMINENTLY DANGEROUS to self and will be safe from serious self-injury or suicide until next contact with me or with primary therapist for the following reasons: (Check all that apply)
   - Problems that contribute to suicide risk are being resolved
   - Suicide ideation and/or intent reduced by end of contact
   - Credible agreement for crisis plan and no self-injury or suicide attempts
   - Adequate crisis plan in place
   - Suicidality being actively addressed by primary therapist
   - Protective factors outweigh risk factors (Describe if not otherwise noted):
     OTHER:

B. [ ] There is some IMMINENT DANGER of serious self-injury or suicide. However, emergency interventions likely to exacerbate rather than resolve long term risk.

   COMMENTS on reasons for not pursuing emergency intervention:

C. [ ] Emergency intervention is needed to prevent IMMINENT DANGER of medically serious self-injury or suicide. (Check All that apply)
   - Took to ER at
   - Arranged for outreach evaluation for INVOLUNTARY COMMITMENT (Describe):
   - Arranged for a POLICE WELLNESS CHECK
   - CALLED 911 for medical aid
   - HOSPITALIZATION ARRANGED at: on (day)
     OTHER:
     COMMENTS (Optional) on emergency intervention:

D. [ ] Significant UNCERTAINTY EXISTS as to imminent risk, I will get a second opinion from: (Check All that apply)
   - SUPERVISOR: ______
   - CRISIS CLINIC SUPERVISOR: ______
   - TEAM MEMBER or COLLEAGUE: ______
   - MEDICAL EXPERT: ______
   - PRIMARY THERAPIST: ______
   - OTHER: ______

10. Client will be REEVALUATED for suicide risk no later than (default = next session):
   1.) [ ] 12 hrs, How?
   2.) [ ] 24 hrs, How?
   3.) [ ] 48 - 72 hrs, How?
   4.) [ ] Next individual session
   5.) [ ] Next group session
   6.) [ ] Next pharmacotherapy session
   7.) [ ] Other: Describe: 