

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. IMMEDIATE suicide risk factors

Not Reported/ Not Observed	NO	SOMEWHAT	YES	IMMEDIATE SUICIDE RISK FACTORS	COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current suicide intent, including client belief that he/she is going to commit suicide or hurt self	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current suicide plan and/or preparation (including specific method and time)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preferred method currently or easily available	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Lethal means (of any sort) currently or easily available	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current severe hopelessness or pessimism	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Preoccupation with anticipated future loss or major life stressor	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Current global insomnia with suicide ideation	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Escalating agitation and motor restlessness	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inability to concentrate or make decisions	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Acute alcohol intoxication	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Severe loss of interest or pleasure (anhedonia) and hypersomnia	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent (past 4 weeks) discharge from psychiatric hospital	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Currently or will be isolated or alone	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low or no social support	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent stressful life events (e.g. recent interpersonal losses and conflicts), disciplinary and legal crises)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent diagnosis of a mental disorder (e.g. schizophrenia, depression, anxiety disorder)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recent diagnosis of chronic and/or life threatening physical illness with functional limitations (e.g. cancer, HIV/AIDS, lung disease, multiple sclerosis)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prompting events for previous self-injury/suicide attempt	

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client motivated to under-report/lie about risk	
Not Reported/ Not Observed	NO	SOMEWHAT	YES	Population/Setting Specific IMMEDIATE SUICIDE RISK FACTORS	COMMENT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric Inpatient Suicide attempt at time of admission	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric Inpatient Involuntary admission	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Jail/Prison First night of incarceration	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Youth Exposure to recent suicide (in media, community, etc.)	

7. Suicide protective factors

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

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. TROUBLESHOT 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)

- | | |
|--|---|
| <input type="checkbox"/> SUPERVISOR: _____ | <input type="checkbox"/> MEDICAL EXPERT: _____ |
| <input type="checkbox"/> CRISIS CLINIC SUPERVISOR: _____ | <input type="checkbox"/> PRIMARY THERAPIST: _____ |
| <input type="checkbox"/> TEAM MEMBER or COLLEAGUE: _____ | <input type="checkbox"/> 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: