**SAFE-T Protocol with C-SSRS - Recent**

|  |
| --- |
| **Step 1: Identify Risk Factors**  |
| **C-SSRS Suicidal Ideation Severity** | **Month** |
| 1. **Wish to be dead**

*Have you wished you were dead or wished you could go to sleep and not wake up?* |  |
| 1. **Current suicidal thoughts**

*Have you actually had any thoughts of killing yourself?* |  |
| 1. **Suicidal thoughts w/ Method** (w/no specific Plan or Intent or act)

*Have you been thinking about how you might do this?* |  |
| 1. **Suicidal Intent without Specific Plan**

*Have you had these thoughts and had some intention of acting on them?* |  |
| 1. **Intent with Plan**

*Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?* |  |
| **C-SSRS Suicidal Behavior:** *"Have you ever done anything, started to do anything, or prepared to do anything to end your life?”*Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn’t swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn’t jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.If “YES” Was it within the past 3 months? | **Lifetime** |
|  |
| **Past 3 Months** |
|  |
| **Current and Past Psychiatric Dx:** □ Mood Disorder□ Psychotic disorder □ Alcohol/substance abuse disorders □ PTSD□ ADHD□ TBI□ Cluster B Personality disorders or traits (i.e., Borderline, Antisocial, Histrionic & Narcissistic) □ Conduct problems (antisocial behavior, aggression, impulsivity)□ Recent onset**Presenting Symptoms:** □ Anhedonia □ Impulsivity □ Hopelessness or despair □ Anxiety and/or panic □ Insomnia □ Command hallucinations □ Psychosis  | **Family History:** □ Suicide □ Suicidal behavior□ Axis I psychiatric diagnoses requiring hospitalization**Precipitants/Stressors:**□ Triggering events leading to humiliation, shame, and/or despair (e.g. Loss of relationship, financial or health status) (real or anticipated)□ Chronic physical pain or other acute medical problem (e.g. CNS disorders) □ Sexual/physical abuse □ Substance intoxication or withdrawal □ Pending incarceration or homelessness □ Legal problems □ Inadequate social supports □ Social isolation□ Perceived burden on others **Change in treatment:**□ Recent inpatient discharge□ Change in provider or treatment (i.e., medications, psychotherapy, milieu)□ Hopeless or dissatisfied with provider or treatment □ Non-compliant or not receiving treatment  |
| □ **Access to lethal methods:** Ask specifically about presence or absence of a firearm in the home or ease of accessing |
| **Step 2: Identify Protective Factors (Protective factors may not counteract significant acute suicide risk factors)** |
| **Internal:** □ Ability to cope with stress□ Frustration tolerance□ Religious beliefs □ Fear of death or the actual act of killing self□ Identifies reasons for living | **External:** □ Cultural, spiritual and/or moral attitudes against suicide□ Responsibility to children□ Beloved pets□ Supportive social network of family or friends□ Positive therapeutic relationships□ Engaged in work or school |

|  |
| --- |
| **Step 3: Specific questioning about Thoughts, Plans, and Suicidal Intent – (see Step 1 for Ideation Severity and Behavior)**If semi-structured interview is preferred to complete this section, clinicians may opt to complete C-SSRS [Lifetime/Recent](http://www.cssrs.columbia.edu/documents/C-SSRS1-14-09-LifetimeRecent-Clinical.doc) for comprehensive behavior/lethality assessment.  |
| **C-SSRS Suicidal Ideation Intensity (with respect to the most severe ideation 1-5 identified above)** | **Month** |
| **Frequency*****How many times have you had these thoughts?*** (1) Less than once a week (2) Once a week (3) 2-5 times in week (4) Daily or almost daily (5) Many times each day |  |
| **Duration*****When you have the thoughts how long do they last?***(1) Fleeting - few seconds or minutes (4) 4-8 hours/most of day(2) Less than 1 hour/some of the time (5) More than 8 hours/persistent or continuous(3) 1-4 hours/a lot of time |  |
| **Controllability*****Could/can you stop thinking about killing yourself or wanting to die if you want to?***(1) Easily able to control thoughts (4) Can control thoughts with a lot of difficulty(2) Can control thoughts with little difficulty (5) Unable to control thoughts(3) Can control thoughts with some difficulty (0) Does not attempt to control thoughts |  |
| **Deterrents*****Are there things - anyone or anything (e.g., family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of suicide?***(1) Deterrents definitely stopped you from attempting suicide (4) Deterrents most likely did not stop you (2) Deterrents probably stopped you (5) Deterrents definitely did not stop you (3) Uncertain that deterrents stopped you (0) Does not apply |  |
| **Reasons for Ideation*****What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words you couldn’t go on living with this pain or how you were feeling) or was it to get attention, revenge or a reaction from others? Or both?***(1) Completely to get attention, revenge or a reaction from others (4) Mostly to end or stop the pain (you couldn’t go on(2) Mostly to get attention, revenge or a reaction from others living with the pain or how you were feeling)(3) Equally to get attention, revenge or a reaction from others (5) Completely to end or stop the pain (you couldn’t go on  and to end/stop the pain living with the pain or how you were feeling) (0) Does not apply |  |
| **Total Score** |  |

|  |
| --- |
| **Step 4: Guidelines to Determine Level of Risk and Develop Interventions to LOWER Risk Level**“The estimation of suicide risk, at the culmination of the suicide assessment, is the quintessential **clinical judgment**, since no study has identified one specific risk factor or set of risk factors as specifically predictive of suicide or other suicidal behavior.” From The American Psychiatric Association Practice Guidelines for the Assessment and Treatment of Patients with Suicidal Behaviors, page 24. |
| **RISK STRATIFICATION** | **TRIAGE** |
| **High Suicide Risk**􀂃 Suicidal ideation with intent or intent with plan **in past month** (C-SSRS Suicidal Ideation #4 or #5)**Or**􀂃 Suicidal behavior **within past 3 months** (C-SSRS Suicidal Behavior) | * **Initiate local psychiatric admission process**
* **Stay with patient until transfer to higher level of care is complete**
* **Follow-up and document outcome of emergency psychiatric evaluation**
 |
| **Moderate Suicide Risk**􀂃 Suicidal ideation with method, **WITHOUT plan, intent or behavior**  **in past month** (C-SSRS Suicidal Ideation #3)**Or**􀂃 Suicidal behavior more than 3 months ago (C-SSRS Suicidal Behavior Lifetime)**Or**􀂃 Multiple risk factors and few protective factors | * **Directly address suicide risk, implementing suicide prevention strategies**
* **Develop Safety Plan**
 |
| **Low Suicide Risk**􀂃 Wish to die or Suicidal Ideation **WITHOUT method, intent, plan or behavior** (C-SSRS Suicidal Ideation #1 or #2) **Or**􀂃 Modifiable risk factors and strong protective factors**Or**□ No reported history of Suicidal Ideation or Behavior | * **Discretionary Outpatient Referral**
 |

|  |
| --- |
| **Step 5: Documentation** |
| **Risk Level :**[ ] High Suicide Risk[ ] Moderate Suicide Risk[ ] Low Suicide Risk |
| **Clinical Note:*** Your Clinical Observation
* Relevant Mental Status Information
* Methods of Suicide Risk Evaluation
* Brief Evaluation Summary
* Warning Signs
* Risk Indicators
* Protective Factors
* Access to Lethal Means
* Collateral Sources Used and Relevant Information Obtained
* Specific Assessment Data to Support Risk Determination
* Rationale for Actions Taken and Not Taken
* Provision of Crisis Line 1-800-273-TALK(8255)
* Implementation of Safety Plan (If Applicable)
 |