

SAFE-T Protocol with C-SSRS (Columbia Risk and Protective Factors) Lifetime/Recent

Step 1: Identify Risk Factors		
C-SSCS Suicidal Ideation Severity (If question 2 is “no” you may skip 3, 4 and 5)	Month	Lifetime (Worst)
1) Wish to be dead <i>Have you wished you were dead or wished you could go to sleep and not wake up?</i>		
2) Current suicidal thoughts <i>Have you actually had any thoughts of killing yourself?</i>		
3) Suicidal thoughts w/ Method (w/no specific Plan or Intent or act) <i>Have you been thinking about how you might kill yourself?</i>		
4) Suicidal Intent without Specific Plan <i>Have you had these thoughts and had some intention of acting on them?</i>		
5) Intent with Plan <i>Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?</i>		
C-SSRS Suicidal Behavior: <i>"Have you ever done anything, started to do anything, or prepared to do anything to end your life?"</i> 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.	3 Months	Lifetime
Activating Events: <input type="checkbox"/> Recent losses or other significant negative event(s) (legal, financial, relationship, etc.) <input type="checkbox"/> Pending incarceration or homelessness <input type="checkbox"/> Current or pending isolation or feeling alone Treatment History: <input type="checkbox"/> Previous psychiatric diagnosis and treatments <input type="checkbox"/> Hopeless or dissatisfied with treatment <input type="checkbox"/> Non-compliant with treatment <input type="checkbox"/> Not receiving treatment <input type="checkbox"/> Insomnia Other: <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____	Clinical Status: <input type="checkbox"/> Hopelessness <input type="checkbox"/> Major depressive episode <input type="checkbox"/> Mixed affect episode (e.g. Bipolar) <input type="checkbox"/> Command Hallucinations to hurt self <input type="checkbox"/> Chronic physical pain or other acute medical problem (e.g. CNS disorders) <input type="checkbox"/> Highly impulsive behavior <input type="checkbox"/> Substance abuse or dependence <input type="checkbox"/> Agitation or severe anxiety <input type="checkbox"/> Perceived burden on family or others <input type="checkbox"/> Homicidal Ideation <input type="checkbox"/> Aggressive behavior towards others <input type="checkbox"/> Refuses or feels unable to agree to safety plan <input type="checkbox"/> Sexual abuse (lifetime) <input type="checkbox"/> Family history of suicide	
<input type="checkbox"/> Access to lethal methods: Ask <u>specifically</u> about presence or absence of a firearm in the home or workplace or ease of accessing		
Step 2: Identify Protective Factors (Protective factors may not counteract significant acute suicide risk factors)		
Internal: <input type="checkbox"/> Fear of death or dying due to pain and suffering <input type="checkbox"/> Identifies reasons for living <input type="checkbox"/> _____ <input type="checkbox"/> _____	External: <input type="checkbox"/> Belief that suicide is immoral; high spirituality <input type="checkbox"/> Responsibility to family or others; living with family <input type="checkbox"/> Supportive social network of family or friends <input type="checkbox"/> Engaged in work or school	
Step 3: Specific questioning about Thoughts, Plans, and Suicidal Intent – (see Step 1 for Ideation Severity and Behavior – skip if questions 1-5 are all no)		

C-SSRS Suicidal Ideation Intensity (with respect to the most severe ideation identified above)	Month	Lifetime (Worst)
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 committing 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 living with the pain or how you were feeling) (2) Mostly to get attention, revenge or a reaction from others (5) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling) (3) Equally to get attention, revenge or a reaction from others and to end/stop the pain (0) Does not apply		
Total Score		
Notes: Behaviors: <ul style="list-style-type: none"> <input type="checkbox"/> Preparatory Acts (e.g., buying pills, purchasing a gun, giving things away, writing a suicide note) <input type="checkbox"/> Aborted/self-interrupted attempts, <input type="checkbox"/> Interrupted attempts and <input type="checkbox"/> Actual attempts <ul style="list-style-type: none"> <input type="checkbox"/> Assess for the presence of non-suicidal self-injurious behavior (e.g. cutting, hair pulling, cuticle biting, skin picking) particularly among adolescents and young adults, and especially among those with a history of mood or externalizing disorders <input type="checkbox"/> For Youths: ask parents/guardian about evidence of suicidal thoughts, plans or behaviors and changes in mood, behaviors or disposition <input type="checkbox"/> Assess for homicidal ideation, plan behavior and intent particularly in: <ul style="list-style-type: none"> <input type="checkbox"/> character disordered males dealing with separation, especially if paranoid, or impulsivity disorders 		

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
<p style="text-align: center;">High Risk</p> <p><input type="checkbox"/> Suicidal ideation with intent or intent with plan in past month (C-SSRS Suicidal Ideation #4 or #5)</p> <p style="text-align: center;">Or</p> <p><input type="checkbox"/> Suicidal behavior within past 3 months (C-SSRS Suicidal Behavior)</p>	<p><input type="checkbox"/> Initiate local psychiatric admission process</p> <p><input type="checkbox"/> Stay with patient until transfer to higher level of care is complete</p> <p><input type="checkbox"/> Follow-up and document outcome of emergency psychiatric evaluation</p>
<p style="text-align: center;">Moderate Risk</p> <p><input type="checkbox"/> Suicidal ideation with method WITHOUT plan, intent or behavior in past month (C-SSRS screen #3)</p> <p style="text-align: center;">Or</p> <p><input type="checkbox"/> Suicidal behavior more than 3 months ago (C-SSRS Suicidal Behavior)</p> <p style="text-align: center;">Or</p> <p><input type="checkbox"/> Multiple risk factors and few protective factors</p>	<p><input type="checkbox"/> Use clinical judgement to determine if further evaluation is necessary</p> <p><input type="checkbox"/> Outpatient Referral</p>
<p style="text-align: center;">Low Risk</p> <p><input type="checkbox"/> Wish to die or suicidal thoughts (C-SSRS Suicidal Ideation #1 and/or #2) no method, plan, intent or behavior</p> <p style="text-align: center;">Or</p> <p><input type="checkbox"/> Suicidal ideation more than 1 month ago (C-SSRS screen #1-5)</p> <p style="text-align: center;">Or</p> <p><input type="checkbox"/> Modifiable risk factors and strong protective factors</p> <p style="text-align: center;">Or</p> <p><input type="checkbox"/> No reported history of Suicidal Ideation or Behavior</p>	<p><input type="checkbox"/> Outpatient Referral</p>

Step 5: Document Level of Risk, Rationale for Risk Assignment, Intervention and Structured Follow Up Plan (to be developed)

Risk Level :

High Risk Moderate Risk Low Risk Suicidal

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)