CLOSE OBSERVATION SUICIDE RISK ASSESSMENT

☐ Admission  ☐ Discharge (complete Dynamic Risk Factors section only and 13-527 Mental Health Safety Plan)

Sources of information:  ☐ Patient interview  ☐ Blue chart  ☐ Overflow  ☐ Collateral information

Presenting Problem/Chief Complaint:

<table>
<thead>
<tr>
<th>Static Risk Factors</th>
<th>N/A – Discharge or No Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past suicide attempts:</td>
<td>☐ Yes – Number of attempts: Note necessary details for each attempt to include lethality, if impulsive or planned, methods, and if medical or psychiatric follow-up was obtained:</td>
</tr>
<tr>
<td>History of psychiatric treatment and illness:</td>
<td>☐ Yes – Describe symptoms, treatment type/milieu, age of onset: Evidence or report of:  ☐ Bipolar disorder  ☐ Psychotic disorder  ☐ Major depressive disorder  ☐ PTSD  ☐ Anxiety  ☐ Cluster B personality disorder/traits  ☐ TBI  ☐ Other: ☐ Inpatient treatment - # of hospitalizations: Dates of last hospitalization: ☐ Authorization completed and sign/dated by patient</td>
</tr>
<tr>
<td>History of poor impulse control (patterns):</td>
<td>☐ Yes – Describe context (e.g., only when intoxicated, when angry), types of behaviors:</td>
</tr>
<tr>
<td>History of substance abuse:</td>
<td>☐ Yes – Last used: Substance used: IV use? Chronicity of use (e.g., longest period of abstinence): Formal/informal treatment received (e.g., inpatient rehab, IOP, 12-step):</td>
</tr>
<tr>
<td>History of traumatic events:</td>
<td>☐ Yes: ☐ Physical ☐ Emotional ☐ Sexual ☐ Other:</td>
</tr>
<tr>
<td>Family history of suicide:</td>
<td>☐ Yes – ☐ Known attempts ☐ Known completions Who: Relationship:</td>
</tr>
</tbody>
</table>
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**Circumstances:**

- Anniversaries:
  - Yes – Date(s):
  - No
  - Describe (who/what/when):
  - No
- Chronic physical illness:
  - Yes – Describe:
    - Managed or satisfied with care
    - Chronic pain
    - Current pain scale (0-10):
    - No
- Conviction for violent and/or child crime:
  - Yes – Describe:
    - Sex crime
    - High profile crime
    - No
- First incarceration:
  - Yes – Number of prior incarcerations:
  - No
- Relationship status:
  - In a relationship – Length of relationship:
    - Married
    - Divorced
    - Separated
    - Single
    - Other
- Age:
  - Yes – >35 years old:
  - No
- Ethnicity:
  - Yes – Caucasian
  - Other:
  - No
- Gender identity:
- Veteran status:
  - Yes – Combat?
  - No
- Lengthy or life sentence:
  - Yes – ERD:
  - No
- For women only:
  - Recent pregnancy (<6 months post-delivery):
  - No

## Dynamic Risk Factors

- Recent suicide attempt (<3 months):
  - Yes
  - No
- Current suicidal ideation (active and passive):
  - Yes – Active
  - Passive
  - No
- Current suicide intent:
  - Yes – Does the patient report a desire to die?
  - No
- Current suicide plan:
  - Yes – Means described:
    - Lethality of plan:
    - Means available?
    - No
- Acts of anticipation:
  - Yes – Belongings given away
  - Rehearsals
  - Preparing a will
  - Telling loved ones “goodbye”
  - No

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DOC 13-558 (10/08/2021)  
DOC 320.265  
MENTAL HEALTH: Reference
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- ☐ Preparing/collectiong materials for suicide (e.g., storing/cheeking medications, saving sharps/razors)
- ☐ Other (describe):

**Current depressive symptoms:**
- ☐ Yes – Describe:
  - Hours of sleep:
- ☐ No

**Hopelessness/helplessness:**
- ☐ Yes – Describe:
- ☐ No

**Agitated/angry:**
- ☐ Yes – Describe:
- ☐ No

**Psychosis:**
- ☐ Yes – Describe:
- ☐ No

**Anxiety/panic:**
- ☐ Yes – Describe:
- ☐ No

**Recent substance use (within past 3 months):**
- ☐ Yes
  - What substances?
  - How recent?
- ☐ No

**Environmental Factors:**

<table>
<thead>
<tr>
<th>Placement:</th>
<th>Roommate</th>
<th>Dorm</th>
<th>Single cell</th>
<th>Restrictive housing (Seg/IMU)</th>
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</table>

- ☐ Yes
  - Early in prison term
  - Family conflict
  - Loss of support
  - Loss of job
  - Bereavement
  - Punitive sanctions
  - Seg placement – Violent behavior?
  - Other:
- ☐ No

- ☐ Relationship dissolution
- ☐ Facility transfer
- ☐ Change in sentence
- ☐ Unexpected charges
- ☐ Loss of privileges
- ☐ Medical diagnosis
- ☐ Yes
- ☐ No

**Acute interpersonal stressor:**
- ☐ Yes
  - Bullying
  - Sexual assault
  - Conflict with roommate
  - Lonely
- ☐ No

- ☐ Humiliation
- ☐ Physical assault
- ☐ Conflict with peer/staff

**Protective Correctional Factors:**

<table>
<thead>
<tr>
<th>Future-oriented thinking/plans/behavior:</th>
<th>Yes – Describe:</th>
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<tbody>
<tr>
<td></td>
<td>☐ No</td>
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<th>Current meaningful activity (or plans for)</th>
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<tr>
<th>activity</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>Job</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Education/school</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Exercise</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Facility programming</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Religious groups</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>Criminogenic programming</td>
<td>☐</td>
<td>☐</td>
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<th>Ability to cite reasons for living</th>
<th>Yes – Describe</th>
<th>No</th>
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<tr>
<td>Good social support:</td>
<td>Yes – Describe</td>
<td>No</td>
</tr>
<tr>
<td>Children at home:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Hopefulness/optimism:</td>
<td>Yes – Describe</td>
<td>No</td>
</tr>
<tr>
<td>Willing to accept treatment/ask for help</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Good therapeutic alliance:</td>
<td>Yes – Therapist</td>
<td>No</td>
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<tr>
<td>Stable mood symptoms:</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Low symptom severity:</td>
<td>Yes</td>
<td>No</td>
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<td>Religious or moral prohibition:</td>
<td>Yes</td>
<td>No</td>
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<td>Positive coping/conflict resolution skills:</td>
<td>Yes</td>
<td>No</td>
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<td>Compliance with treatment:</td>
<td>Yes</td>
<td>No</td>
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Overall Assessment of Risk of Suicide

Estimate of risk:
- Chronic/Static: ☐ Low ☐ Moderate ☐ High
- Acute/Dynamic: ☐ Low ☐ Moderate ☐ High

Protective Factors:
- Low ☐ Moderate ☐ High

Overall clinical impression of risk of suicide and recommendation for placement (consider static, dynamic, and protective factors):

☐ Discharge from COA – Complete 13-527 Mental Health Safety Plan

CLINICIAN PRINTED NAME, TITLE, AND SIGNATURE

DATE

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CLINICAL SUPERVISOR PRINTED/STAMPED NAME, TITLE, AND SIGNATURE

DATE

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