

## LINEHAN RISK ASSESSMENT AND MANAGEMENT PROTOCOL (LRAMP)

Client: \_\_\_\_\_

Date Contacted: \_\_\_\_\_

Person Completing: \_\_\_\_\_

Date Created: \_\_\_\_\_

### 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
- Suicide communication** 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

Please explain: \_\_\_\_\_

**2. Describe the specific incident or behavior that occurred:**

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**SECTION 2: SUICIDE RISK ASSESSMENT****3. Structured Formal Assessment of Current Suicide Risk was:**

- Conducted
- Not conducted, because

**Select 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)
- Suicide communication or ideation best viewed as **escape behavior** and treatment aims better accomplished by targeting precipitants and vulnerability factors rather than by formal risk assessment
- Suicide communication or 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 on: \_\_\_\_\_
- Other reason: \_\_\_\_\_

#### 4. Select Acute Suicide Risk Factors

ACUTE RISK FACTORS	Not Reported/ Not Observed	No	Somewhat	Yes	Comment
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, rehearsals and/or preparation	<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"/>	
Access to lethal means	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Perceived burdensomeness to others	<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"/>	
Diminished concentration and impaired decision-making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Alcohol intoxication (currently or likely to be)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Severe loss of interest or pleasure (anhedonia)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recent 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"/>	
Recent stressful life events (e.g. recent interpersonal losses, disciplinary and legal crises)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recent diagnosis of a mental disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recent diagnosis of chronic and/or life threatening physical illness (e.g., cancer, multiple sclerosis)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Client motivated to under-report/lie about risk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Population/Setting Specific ACUTE SUICIDE RISK FACTORS	Not Reported/ Not Observed	No	Somewhat	Yes	Comment
<b>Psychiatric Inpatient:</b> Suicide attempt at time of admission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Psychiatric Inpatient:</b> Escalating agitation, anxiety, and motor restlessness, particularly in conjunction with sleep difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Jail/Prison:</b> First week of incarceration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Youth:</b> Exposure to recent suicide in media, community, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**5. Suicide protective factors**

PROTECTIVE FACTORS	Not Reported/ Not Observed	No	Somewhat	Yes	Comment
Hope for the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Confidence in ability to solve or cope with problems	<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"/>	
Social support or connectedness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Attached to therapist, counselor, or other service provider	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fear of suicide, death and dying	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Frequently attends religious services	<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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**SECTION 3: SUICIDE RISK MANAGEMENT****6. 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 all 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 (specify) \_\_\_\_\_

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 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
- Hospitalization would increase stigma and isolation which are important issues for this client
- Hospitalization would interfere with work or school which are important for this client,
- Hospitalization would violate already agreed to plan,
- Hospitalization would cause undue financial burden which is an important issue for this client
- Other \_\_\_\_\_

**L.  Other treatment actions taken (please describe): \_\_\_\_\_**

**SECTION 4: FINAL DISPOSITION****7. I believe, based on information currently available to me:**

- 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 (describe): \_\_\_\_\_

Comments on emergency intervention (optional): \_\_\_\_\_

- 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: \_\_\_\_\_

**8. Client will be reevaluated for suicide risk no later than**

- 12 hrs, How? \_\_\_\_\_
- 24 hrs, How? \_\_\_\_\_
- 48 -72 hrs, How? \_\_\_\_\_
- Next individual session
- Next group session
- Next pharmacotherapy session
- Other (describe): \_\_\_\_\_