

## 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. IMMINENT suicide risk factors**

Not Reported/ Not Observed	NO	SOMEWHAT	YES	IMMINENT 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	
<b>Not Reported/ Not Observed</b>	<b>NO</b>	<b>SOMEWHAT</b>	<b>YES</b>	<b>Population/Setting Specific IMMINENT SUICIDE RISK FACTORS</b>	<b>COMMENT</b>
<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: