

N/A (not currently using Safety Planning protocols)

10. Are you responsible for conducting follow-up calls with suicidal callers/clients? Yes No

If yes: 10a. When did you begin conducting follow-up calls? _____ (mm/yyyy)

10b. What types of follow-up do you conduct? (Check all that apply.)

Immediate safety check (one to two calls within 48 hours of crisis call)

Short term follow-up (lasting one week or less)

Long-term follow-up (lasting more than one week)

IMMINENT RISK FORM – ADDITIONAL COUNSELOR TRAINING

Counselor's Name: _____ (will be replaced by ID#)

Center: _____ (will be replaced by ID#)

Today's Date: ____/____/____ (mm/dd/yyyy)

Date of additional training: ____/____/____ (mm/dd/yyyy)

Type of training: ASIST (Applied Suicide Intervention Skills Training)
 Other: _____

IMMINENT RISK FORM (To be completed if imminent risk was present at any time during call.)

Center: _____ **Counselor's First Name/Initials:** _____
 (to be replaced with ID#) (to be replaced with ID#)

Call Date: __ __ / __ __ / __ __ __ __ (mm/dd/yyyy) **Line Called:** Lifeline Center's local line

1. Call Type:

- Imminent Risk Caller (*i.e., imminent risk present at any time during call*)
- Third Party Caller, calling about person at imminent risk

THESE QUESTIONS ARE FOR THIRD PARTY CALLS ONLY:

Third party caller was calling about his/her: (<i>please check one</i>)	What is the source of the third party caller's information about the person at imminent risk? (<i>check all that apply</i>)
<input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Spouse/Significant other <input type="checkbox"/> Other family member: _____ <input type="checkbox"/> Friend <input type="checkbox"/> Patient <input type="checkbox"/> Professional Contact (e.g., student, co-worker, client) <input type="checkbox"/> Other: _____	<input type="checkbox"/> Face-to-face contact <input type="checkbox"/> Telephone (voice) <input type="checkbox"/> Telephone (text) <input type="checkbox"/> Email <input type="checkbox"/> Social networking website <input type="checkbox"/> Second-hand report From? _____ <input type="checkbox"/> Other: _____ <input type="checkbox"/> Don't know
Third Party Caller's Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Don't know	
Third Party Caller's Age: _____ <input type="checkbox"/> Under 18 <input type="checkbox"/> 18 or over <input type="checkbox"/> Don't know	

- 2. Gender of Person at Imminent Risk:** Male Female Don't know
Age of Person at Imminent Risk: _____ Under 18 18 or over Don't know

3. As far as you know, has your center handled an imminent risk call from (or about) this person before?
 Yes No

Please describe why you (telephone counselor) felt this person was at imminent risk:
(If completing form by hand: PLEASE PRINT LEGIBLY.)

4. Suicidal Desire (*please rate the extent to which the person at imminent risk expressed these feelings*)

	None	A Little	Moderately	A Lot	DK
Hopelessness	0	1	2	3	DK
Helplessness	0	1	2	3	DK
Feeling trapped	0	1	2	3	DK
Feeling alone	0	1	2	3	DK
Perceived burden to others	0	1	2	3	DK
Psychological pain	0	1	2	3	DK
Reasons for dying	0	1	2	3	DK
Suicidal Ideation	0	1	2	3	DK
Persistence of suicidal thoughts					
Fleeting thoughts/Once in a while					
Persistent thoughts/A lot of the time					
Ability to control suicidal thoughts? Yes No Don't know					

5. Suicidal Intent (please check all that apply for person at imminent risk)

Expressed intent to die
Plan to kill self
Method chosen (please specify) Cutting Gun Hanging Pills
Other _____
Method available (please specify) Immediately accessible
Not immediately accessible
Time chosen (please specify) Immediately Within few hours Within few days
Within week Within month Some future indefinite time
Preparatory behaviors (not including an attempt)
Attempt in progress

6. Suicidal Capability (please check all that apply for person at imminent risk)

History suicide attempts If "yes", #: _____	Recent dramatic mood change
Exposure to someone else's completed suicide?	Sleep problems:
Whose? _____	Decreased sleep
History of violence to others	Increased sleep
Aggression/Anger (recent acts and/or threats)	Current intoxication
Impulsive/Reckless behavior (current or past)	History of substance abuse
Increased anxiety	Out of touch with reality (i.e. hearing voices)
Increased agitation	

7. Buffers (please rate buffers for person at imminent risk)

	None	A Little	Moderately	A Lot	Don't Know
Social supports	0	1	2	3	DK
Planning for the future	0	1	2	3	DK
Engagement with you	0	1	2	3	DK
Core Values/beliefs	0	1	2	3	DK
Sense of purpose	0	1	2	3	DK
Reasons for living	0	1	2	3	DK
Ambivalence about dying	0	1	2	3	DK
Immediate support (someone with them)?	Yes	No			

QUESTIONS 8-9 – COMPLETE FOR PERSON AT IMMINENT RISK

8. Interventions for Person at Imminent Risk *(check all that apply)*

Person at imminent risk agreed to: *(check all that apply)*

- Get rid of means
- Take actions on his/her own behalf to immediately reduce imminent risk (e.g., person at imminent risk collaborated on safety plan)
- Involve a significant other or other third party to intervene to keep him/her safe
- A three-way call with a professional currently treating him/her
- Receive follow-up from your center
- Receive an evaluation in the home by a mobile crisis/outreach team
- A home visit by public safety officials (e.g., police, sheriff) for safety check
- Your securing transportation to take him/her to hospital (e.g.ER) for treatment/evaluation
- Other: _____

Without consent of person at imminent risk, you: *(check all that apply)*

- Sent mobile crisis/outreach team to evaluate him/her
- Sent public safety officials (e.g., police, sheriff) for safety check
- Secured transportation to take him/her to ER/hospital for treatment/evaluation
- Other: _____

9. Was imminent risk reduced enough so rescue was not needed? | Yes | No

QUESTION 10 – COMPLETE FOR THIRD PARTY CALLER

10. Interventions for Third Party Caller, Calling About a Person at Imminent Risk

(check all that apply)

- Obtained from third party the person at imminent risk's contact information
- Facilitated a three-way call with the third party caller and person at imminent risk
- Facilitated a three-way call with third party caller and person at imminent risk's treatment professional
- Confirmed the third party caller is willing and able to take reasonable actions to reduce risk including: *(check all that third party caller is willing/able to do)*
 - Remove access to lethal means
 - Maintain a close watch on the person at imminent risk until seen by a treatment professional
 - Escort the person at imminent risk to a treatment professional or to a local urgent care facility
 - Collaborate with a mobile crisis/outreach service to evaluate the person at imminent risk
- Used information obtained from third party caller to contact: *(check all that apply)*
 - Person at imminent risk
 - Another third party
 - Person at imminent risk's treatment professional
 - Emergency service (e.g. police, ambulance)
- Other: _____

QUESTIONS 11-14 – COMPLETE FOR ALL CALLS

11. Did you consult with your supervisor about this case? Yes No

12. Barriers to getting needed help for person at imminent risk: (please check all that apply)

- Difficult to establish rapport with person at imminent risk
- Difficult to establish rapport with third party caller
- Difficult to obtain person at imminent risk's collaboration on actions to be taken
- Difficult to obtain third party caller's collaboration on actions to be taken
- Third party caller unwilling or unable to help with intervention
- Third party caller wished or needed to remain anonymous
- No caller ID
- Caller using cell phone, no way to determine location
- Mobile crisis/police sent, but unable to make contact with person at imminent risk
- Other barriers encountered; Describe: _____
- N/A, no barriers encountered

13. Steps taken to confirm emergency contact was made with person at imminent risk: (check all that apply)

- Stayed on line with person at imminent risk while waiting for emergency services to arrive
- Contacted local public safety answering point (e.g., 911 call center) to determine pick-up/transport status
- Contacted ER or mobile crisis/outreach staff
- Contacted person at imminent risk directly to affirm s/he made contact with emergency service provider
- Contacted third party who took responsibility for person at imminent risk
- Contacted professional responsible for care/treatment of person at imminent risk
- Other: _____
- N/A, emergency contact not initiated

14. Steps taken when emergency contact was NOT made with person at imminent risk:

- Followed up with person at imminent risk to assess his/her current risk status and continuing need for service linkage
- Contacted third party who took responsibility to conduct safety check
- Contacted person at imminent risk's treatment professional or case worker to conduct evaluation, safety check
- Provided the person at imminent risk's contact info to mobile crisis/outreach team for follow-up check
- Requested first responders (i.e. police) to conduct ongoing safety checks until safety confirmed
- Other: _____
- N/A