OMB No. 0930-xxxx Expiration Date: xx/xx/xx

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# IMMINENT RISK FORM - COUNSELOR INFORMATION -Your Name: (will be replaced by ID#) Your Center: \_\_\_\_\_ (will be replaced by ID#) Today's Date: \_\_\_\_\_ (mm/dd/yyyy) 1. What is your employment status at your center? (Check all that apply.) $\square$ Paid employee $\square$ Volunteer ☐ Supervisor/Trainer 2. When did you begin working/volunteering as a telephone crisis counselor? \_\_\_\_\_ (mm/yyyy) 3. How many hours per week on average do you answer crisis lines? 4. On average, how many suicide calls do you handle per week? \_\_\_\_\_ 5. What is your highest level of education? ☐ Less than a Bachelor's Degree ☐ Doctorate (Ph.D.) ☐ Other: \_\_\_\_\_ ☐ Bachelor's Degree (B.A.) ☐ Master's Degree (e.g., M.A., M.S., MSW) 6. Are you a licensed clinician / licensed mental health professional? $\square$ Yes $\square$ No 7. Have you completed training in ASIST (Applied Suicide Intervention Skills Training)? ☐ Yes ☐ No If yes: 7a. Date(s) of ASIST training: \_\_\_\_\_ (mm/yyyy) 8. Have you completed training in Safety Planning protocols (other than ASIST)? $\square$ Yes $\square$ No If yes: 8a. Date(s) of Safety Planning training: \_\_\_\_\_\_ (mm/yyyy) 9. What is/are the source(s) of the Safety Planning protocols you use? (Check all that apply) ☐ Safety Planning protocols derived from ASIST ☐ Safety Planning protocols developed by Drs. Barbara Stanley and Gregory Brown for the Veterans Administration ☐ Safety Planning protocols developed at your center ☐ Not sure where our Safety Planning protocols came from ☐ Self-taught (e.g., researched Safety Planning on internet)

☐ Other: \_\_\_\_\_

$\square$ N/A (not currently using Safety Planning protocols)		
10. Are you responsible for conducting follow-up calls with suicidal callers/clients?  If yes: 10a. When did you begin conducting follow-up calls?	☐ Yes (mm/yyy	
10b. What types of follow-up do you conduct? (Check all that apply.)		
$\square$ Immediate safety check (one to two calls within 48 hours of	crisis call	l)
$\square$ Short term follow-up (lasting one week or less)		
$\square$ Long-term follow-up (lasting more than one week)		

# IMMINENT RISK FORM - ADDITIONAL COUNSELOR TRAINING

Counselor's Name: <sub>-</sub>	(will be replaced by ID#)
Center:	(will be replaced by ID#)
Today's Date:	(mm/dd/yyyy)
Date of additional tr	aining:/(mm/dd/yyyy)
Type of training:	☐ ASIST (Applied Suicide Intervention Skills Training) ☐ Other:

Cente	r:	(	Counselo	r's First N	Name/Initial	s:
	(to be replaced with ID#)					(to be replaced with ID#)
Call I	Oate://	(mm/dd/yyyy)	) Lin	e Called:	Lifeline	Center's local line
1. Ca	ıll Type:					
] Ir	nminent Risk Caller (i.e., imm	inent risk prese	ent at any	time durii	ng call)	
1T	hird Party Caller, calling about	t person at imm	inent ris	k		
7	THESE QUESTIONS ARE FO		RTY CA			······································
	Third party caller was calling (please check one)	about his/her:		caller's ir	nformation a	the third party bout the person at k all that apply)
	Child			_	·	11 07
	Sibling Spouse/Significant other Other family member:		_	Telepho	face contact one (voice) one (text)	
	Friend Patient			Email	etworking w	zehsite
	Professional Contact (e.g., so client)	tudent, co-work	ker,	Second-	hand report	
	Other:			Other:_		
	Third Party Caller's Gende	r·   Male	] Fen	Don't kı	now Oon't know	
	Third Party Caller's Age:	•	Under	,	or over	Don't know
2. Ge	ender of Person at Imminent	<b>Risk:</b> 1 Male	l Fem	nale 1 D	on't know	
	ge of Person at Imminent Risl	·	'.		18 or over	Don't know
<b>3.</b> As	far as you know, has your cen   Yes   No	ter handled an	imminen	t risk call t	from (or abo	ut) this person before?
Please	e describe why you (telephone (If completing form by hand:				t imminent r	risk:

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

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 the	oughts				
Fleeting thoughts		while			
Persistent thought					
Ability to control suicida			o 1 Don't knov	W	

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 ( <i>please specify</i> )   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	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 (someor	ne with ther	n)? Yes	No		

### **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