

RISK MANAGEMENT INTERVIEW WORKSHEET

I. **Name:** _____ **ODOC#:** _____ **DOB:** _____

II. **Reason For Referral:**

III. **Interview Data:**

IV. **Historical Factors:**

Personal History:

- History of Physical or Sexual Abuse:
- High Risk Disorders:
- Substance Abuse:
- Co-morbidity:**
- Influence of the Disorder:**

Suicidal History:

- Number: When: (Severity)
- Consequences-lessons (Ends v. Means)

Emotional Dysregulation:

- Typically reactive and aggressive acting out:
- Reflexive anger to emotional threat:
- Easily provoked: (Anger attacks)

Family History:

- Psychiatric hospitalization-Diagnosis:
- Who: When: Relationship-Impact:

Comments: _____

Notes:

V. **Environmental and Demographic Factors**

Demographic Predictors:

- Age Gender Ethnicity Medical Conditions:
- Social Relationships
- New Housing Status

Environmental Stressors:

- Immediate External Stressors:
- Meaningful Loss
- Internal Stressors (Depression-Psychic Pain):

Environmental Support: (Protective Factors)

- Family-Friends:
- Systems-Organizations:
- Institutions-Agencies:
- Available-Reliable:

Comments: _____

<p>VI. <u>Lethality: (Past and Current Acts)</u></p> <p><u>Intent to die:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Motivation (Ends v. Means): <input type="checkbox"/> Bring About Death: <input type="checkbox"/> Obtain Secondary Gain: <p><u>“How to” Knowledge of Means:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> First Hand (Experience/Training/Occupation): <input type="checkbox"/> Second Hand (Seeking Information): <p><u>Access to Means:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Availability of Means: <input type="checkbox"/> Efforts To Acquire Means: <p><u>Plan or Method:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Choice v. Access to Means: <input type="checkbox"/> Organized: <input type="checkbox"/> Avoid Discover-Limit Intervention: <input type="checkbox"/> Lessons Learned: <p><u>Comments:</u> _____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;"><u>Notes:</u></p>
<p>VII. <u>Psychological Factors:</u></p> <p><u>Current Psychiatric Disorder:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Observed Symptoms - <input type="checkbox"/> Current Diagnosis: <p><u>Suicidal Ideation/Verbal Content:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Direct Verbal Statements/Threats: <input type="checkbox"/> Indirect Statements: (Psychic Pain): <input type="checkbox"/> Specificity of Suicidal Thinking: (Emotional Control) <input type="checkbox"/> Helplessness: (Desperation) <p><u>Cognitive Style:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Dysfunctional Assumptions and Attitudes: <input type="checkbox"/> Perfectionism <input type="checkbox"/> Poor Self-Image: <input type="checkbox"/> Dichotomous <input type="checkbox"/> Rigid Thinking: <input type="checkbox"/> Poor Problem Solving (Ineffective Strategies): <input type="checkbox"/> Depressive Thinking: <input type="checkbox"/> Poor Future Expectations <input type="checkbox"/> Hopelessness: <p><u>Comments:</u> _____</p> <p>_____</p> <p>_____</p>	
<p>VIII. <u>Psychological Factors:</u> <input type="checkbox"/> Low Risk <input type="checkbox"/> Moderate Risk <input type="checkbox"/> High Risk</p>	
<p>IX. <u>Recommendations:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Suicide Watch/Precautions <input type="checkbox"/> Recurrent Evaluation <input type="checkbox"/> Increased Visit <input type="checkbox"/> Refer to Mental Health unit for Evaluation <input type="checkbox"/> Periodic Follow-up <input type="checkbox"/> Peer Consultation (<input type="checkbox"/> Who: <input type="checkbox"/> When:) <p><u>Comments:</u></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Evaluator: _____ Date: _____</p>	