**Risk Assessment**

EACH of these questions needs to be ask ANY time that suicidal thoughts, non-suicidal self-injury, or low mood is mentioned.

 - **Thoughts**: Have you ever felt so bad that you thought about your life being over?

- **Plan**: Have you thought about how you would end your life? Have you researched ways to end your life? Have you made any steps towards making that happen?

 - **Access**: Do you have access to \_\_\_? Have you thought about where you might get it?

- **Intent**: Have you planned to do it? Have you ever thought, “Okay, I’m going to do it” on a certain day?

If reported non-suicidal self-injury (NSSI):

- When you were [cutting, burning, scratching], what did you hope might happen? Did you ever think that you might die? Did you think about dying while you were [cutting, burning, scratching]?

**Safety Plan Script**

Creating a safety plan is a complete therapeutic intervention when done thoroughly. If time is limited, it will still be helpful to provide the safety plan and have the patient identify at least one example for each step in order to get them started. It is often helpful to have parents in the room for this intervention. Depending on the disposition of the teen, and your belief in the teen’s ability to remember and relay this information to parents, could also be completed alone if teen is having difficulty discussing suicidality in front of parents.

1. “The first step is thinking about how we know you need to do something to feel better. If I looked at you, how would I know you were starting to have a low mood?”
	1. Situations that always bring your mood down: feeling bored, Friday nights, receiving a poor grade
	2. Body sensations: tired, hungry, heavy legs, can’t stop fidgeting
	3. These are our red flags. When we see these signs – we know we need to do step 2.
2. “The next step is things that you can do to feel better all on your own. What are some things that always lift your mood up?”
	1. Relaxation techniques: deep breathing, progressive muscle relaxation (Self-soothe)
	2. Self-care: take a shower, put on new clothes, drink water and eat something
	3. Physical activity: (TIPP skills) engage in vigorous exercise for 15 minutes (jumping jacks, bike ride, run in place), change your temperature – take a really hot or really cold shower, elicit the mammalian dive reflex-by holding an ice pack under your eyes while bending forward
	4. Distracting activities/ Enjoyable activities: watch a favorite video, sing loudly to a song, drawing
3. “If you try all of those, and are still feeling badly, the next step is to do some things with other people that might make you feel better. These are not necessarily people that you will tell what you’re thinking about, rather these are people that you might reach out to do something enjoyable.”
	1. Anything you like to do with sibling or mom and dad? (baking, cooking, bike ride, going on a walk, playing a game, watching a movie or show)
	2. Any friends that you could call to do something distracting (Check with parents to make sure these friends and activities are safe and agreed upon)
	3. These may not be things that you have tried before, but things that you are willing to try and hope might be helpful.
4. “These are people that you would reach out to and tell that you are having thoughts about not being alive anymore or that you need support. You may have never done this before, which is why we want to come up with these people right now.”
	1. If a friend is mentioned – “I am so glad that you have a safe, supportive person that you can talk to. That person is so important. And if you do talk to them, we also want to have an adult that you tell. That’s just because thinking about death is really too big for any teenager to manage and we want an adult to know so that pressure isn’t on your friend to figure out what to do next.”
	2. “What might you say?”
	3. If parents/caregiver that is in the room, try to practice what she might say.
	4. Remind them to add the phone number to the sheet, so you always know where to find it if you need it.
5. Professionals / agencies: “Some numbers that are always available to you are added at the bottom.”
	1. If a therapist is providing a call service could add that number as well.
6. Making the environment safe: removing lethal means from the home. Skip this step and talk to parents individually or provide handout.

**Script for Removing Lethal Means**

7. “We want to come up with one reason for living. A reason for living is anything that you might miss if you were gone. It could be something big like family, your pets, or finding out what your future is, or it could be anything that you like, like pizza or a favorite band coming out with a new song. What is one reason to live for you?”