

RISK ASSESSMENT

SECTION:	Clinical Policies
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SUBJECT:	Risk Assessment
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Policy

Davis Behavioral Health clinical staff will perform reasonable and prudent assessments of client risk to self and others. Clinical decision-making will be documented in each of these situations. When a significant risk is identified, the risk will be specifically addressed in treatment and adequate actions will be taken to assure the safety of the client and others.

Purpose

The primary purpose of this policy is to ensure that clients who may be at increased risk for suicide or may represent a risk to others are identified and treated according to professional standards of care. Secondly, compliance with this policy provides for a reduced risk of liability to the agency and the individual practitioner.

Procedure

1. Clinicians will conduct an assessment of client risk to self and others that is within standards of reasonable and prudent care
 - A. During the initial mental health assessment,
 - B. Whenever suicidal ideation or behavior is detected, or
 - C. When there is a significant change in the client's condition.

2. The risk assessment will include consideration of:
 - A. Long-term demographic risk factors (age, gender, marital status, and race)
 - B. Client factors that elevate suicide/violence risk (drug abuse, impulsivity)
 - C. Current level of situational and psychosocial stress
 - D. History of suicidal/ violent thought or behavior and degree of lethality of previous attempts
 - i. if client has a plan or identified target
 - ii. if steps have been taken to implement the plan
 - iii. if there is evidence of rehearsal or preparation for implementation

 - E. Current suicidal ideation
 - i. frequency and intensity of ideation
 - ii. if client has a suicide plan
 - iii. if client has access to lethal means

 - F. Protective factors (family support, expressed hopefulness)
 - G. Mental status

3. A summary of the risk assessment will be documented in the clinical record.
4. Neither suicide nor violence is predictable. The goal of the risk assessment is not to predict but to assess the level of risk.
5. When the level of risk is assessed to be clinically significant, a clinical decision will be made about the best level of care for the client.
 - A. Hospitalization may be indicated if:
 - i. the risk of harm to self or others is produced by an acute condition which is likely to respond to treatment in an inpatient setting;
 - ii. no other reasonable safety plan can be arranged;
 - iii. the client meets commitment criteria and is not treatment compliant;
 - B. Outpatient treatment may be indicated if:
 - i. a reasonable safety plan can be developed in the outpatient setting;
 - ii. the risk of harm to self or others is produced by a chronic condition which is not expected to improve (or may be worsened) with inpatient hospitalization;
 - iii. the strength of the treatment alliance provides clinician confidence that the client will communicate any increasing suicide risk.
 - C. Consultation from clinical colleagues or supervisors will be sought when indicated.
6. The clinician will document in the clinical record the decision-making process. Consistent with duty to warn guidelines, the clinician will make the necessary notifications when an immediate and viable threat has been made or when there is reason to suspect abuse or neglect of children, the elderly, or a vulnerable adult.