BRIEF DOCUMENTATION OF RELEASE AND MITIGATION OF RISK

It is usually appropriate to treat individuals outside the hospital who are not acutely dangerous, but who do have some risk factors for harm to self or others. (1-12) This form is a synopsis of key protective and risk factors, mitigation of risk, and clinical decision-making. It is designed to augment individualized documentation and be a reminder of steps to decrease risk. It is not an interview or assessment tool. **NOTE: Collaterals, consults, referrals and warnings are particularly important to document.**

I. PROTECTIVE FACTORS

Mental Status and Response to Intervention

☐ Believably reports no overpowering urge to hurt self or others

☐ Not feeling like such a burden to others that death would be a relief to them

☐ Can maintain or regain composure while talking about the acute precipitants

☐ Acknowledges and is motivated to cope with life stressors ☐ Engages constructively with treatment staff

☐ Convincingly states reasons for living: ☐ Responsibility to children ☐ Belief system ☐ Looking forward to: Click here to enter text. ☐ Other: Click here to enter text.

☐ Would not want one's dangerous behavior to hurt others ☐ Shows interest in treatment outside of the hospital

☐ Symptoms known to be risk factors diminish during intervention (e.g. anxiety, agitation, insomnia, despair, rage, unbearable psychosis, intoxication, suicidal/homicidal ideation)

☐ Makes progress resolving the crisis ☐ Engages constructively with treatment staff

☐ Can look back on successfully handling a similar crisis in the past

Dangerousness

☐ Aborted attempt to hurt self or others on own/called for help

☐ Suicide attempt or assault did not seriously endanger health

☐ Suicide attempt involved significant availability of rescue ☐ Did not rehearse attempt or make preparation for death

☐ Dangerous action was designed to achieve something other than serious injury or death

☐ Contingent suicidality: Appears to be exaggerating suicidal thoughts for secondary gain (9)

☐ **Collateral history corroborates impression of safety OR: Collateral is:** ☐ **unavailable** ☐ **inessential in this case** ☐ **unreliable**

☐ Limited past history of serious harm to self or others

Support Network

☐ Has a good alliance with outpatient clinician ☐ Values current job or school

☐ Has interested and available family and/or friends ☐ Observed to respond positively to them

Other: Click here to enter text.

II. RISK FACTORS

Mental Status and Response to Intervention

☐ Express some thoughts of hurting self or others but with ambivalence

☐ Despair, rage, psychosis, insomnia or emotional turmoil: treated enough for release, but recurrence always possible

☐ Minimizes problems in life and with oneself ☐ Unable to identify or talk about the acute precipitants

Dangerousness (5)

☐ Harm to self or others required medical treatment in ER or hospital

☐ Past history of doing harm to self or others ☐ Recently/Being discharged from psychiatric hospital or observation unit
☐ Family history of or recent exposure to suicide ☐ Problem with substance abuse
☐ Access to weapons
☐ Presence of chronic, disabling medical illness, especially with poor prognosis
☐ CNS trauma, signs, symptoms such as cognitive loss of executive function
Support network
☐ Limited availability of interested family, friends or other supports
☐ Shows little or no interest in professional help (not due to anger at involuntary detention)
Other: Click here to enter text.

III. MITIGATION OF RISK AND AFTERCARE PLAN

☐ **Weapons or other means of harm (e.g. medications)** ☐ Recommended securing ☐ Secured
☐ **Cautioned individual to avoid alcohol or illicit drugs until crisis is resolved**
☐ **Discussed risk factors and explained the importance of continuing treatment**
☐ **Referred for appropriate, non-hospital level of care:** ☐ Partial hospitalization ☐ Community-based crisis facility ☐ Staying with supportive friends or family ☐ Scheduled follow-up phone call, mobile team visit or other correspondence ☐ Other: Click here to enter text.

☐ **Discussed exactly what actions to take if symptoms and risk occur.**

Safety plan includes: ☐ Using personal crisis plan ☐ Call crisis line, warm line or other emergency support ☐ Return to this facility ☐ Go to psychiatric hospital ☐ Other: Click here to enter text.

☐ **Consulted with:** ☐ Colleague ☐ Supervisor ☐ Attending ☐ Psychiatrist ☐ Medical Director ☐ Patient's own treatment professional ☐ Patient's future treatment professional
☐ Treated acute symptoms to the point where they are not high risk factors
☐ Arranged for safe amount of appropriate medication ☐ Helped individual begin to mitigate conflict or crisis in his/her life ☐ Educated significant others and enlisted their understanding and support
☐ Inessential in this case
Other: Click here to enter text.

IV. CLINICAL DECISION-MAKING

☐ **Protective factors are more compelling than risk factors**
☐ **Patient judged not to be a high short-term risk for causing serious harm or death to self or others**
☐ Patient collaborated in disposition planning and prefers non-hospital treatment
☐ Patient declines hospitalization, and the risks of coercive care (damaged therapeutic alliance, interference with work and relationships, increased stigma) outweigh the benefits (increased immediate safety, more concentrated evaluation and treatment, more data to support decision to release)
☐ Abuse history: a risk factor, but weighed carefully…also associated with minor self-harm (13) and a tendency to experience involuntary interventions as traumatic.
☐ Chronic self-destructive potential is not responding to hospitalization. Acceptance of chronic risk is the price of outpatient treatment. (8, 10)
☐ Hospitalization might worsen a problem with dependency
☐ Contingent suicidality: Patients who threaten suicide if discharged are typically not high risk (9)
☐ In unguarded moments, patient does not appear to be in as much crisis as he or she reports

☐ Patient self-assessment is out of proportion to observations for ____ hours by multiple, trained observers.

In particular:

_____ _____ _____

Evaluator – Print Name Signature Date & Time

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