

# RISK EVALUATION TOOL

### SUICIDE PROTECTIVE FACTORS

- Feeling of responsibility toward family     Family harmony and cohesion     Moral/religious objections or unacceptability of suicide
- Self-esteem     Reason for living & future-related beliefs     Skills in problem-solving, conflict resolution, or coping
- Perceived social support     Other protective factors: \_\_\_\_\_

Any other factors, issues, history, or dynamics relevant to this client's suicide risk:

### VIOLENCE RISK FACTORS

1. Thoughts of hurting someone in the past or present: .....  Yes     No     Unable to Assess

>If yes:  
a. Thoughts of hurting someone during the past week: .....  Yes     No     Unable to Assess

>If yes:  
i. Frequency of homicidal ideations: \_\_\_\_\_  
ii. Have a specific target victim(s) in mind: .....  Yes     No     Unable to Assess

> If Yes: (check all that apply)  family member(s)     intimate partner     peer(s)  
 teacher/school staff     random stranger(s)     race/ethnic/sexual orientation group(s)  
 other: \_\_\_\_\_

iii. Have a specific method in mind: .....  Yes     No     Unable to Assess  
>If Yes: (check all that apply)  gun     explosives     knife     other: \_\_\_\_\_

iv. Have a specific site/setting in mind:.....  Yes     No     Unable to Assess  
>If Yes: (check all that apply)  workplace     school     home     other: \_\_\_\_\_

b. Current thoughts of hurting someone:.....  Yes     No     Unable to Assess

> If yes:  
i. Frequency of homicidal ideation: \_\_\_\_\_  
ii. Have a specific target victim(s) in mind:.....  Yes     No     Unable to Assess

> If Yes: (check all that apply)  family member(s)     intimate partner     peer(s)     teacher/school staff  
 random stranger(s)     race/ethnic/sexual orientation group(s)  
 other: \_\_\_\_\_

iii. Have a specific method in mind: .....  Yes     No     Unable to Assess  
>If Yes: (check all that apply) gun    explosives     knife    other: \_\_\_\_\_

iv. Have a specific setting in mind:.....  Yes     No     Unable to Assess  
>If Yes: (check all that apply)  workplace     school     home     other: \_\_\_\_\_

c. Motives/Motivations: (check all that apply)  achieve notoriety or fame     for own safety/protection  
 avenge or retaliate for a perceived injury/grievance     end personal pain     obtain help/"a cry for help"  
 develop a special relationship with the target     unable to assess     other \_\_\_\_\_

2. Made an explicit threat:.....  Yes     No     Unable to Assess

> If Yes, specifics of the threat:

3. Communicated intent/ideas/threats to someone:.....  Yes     No     Unable to Assess

>If Yes: (please check all that apply)  target victim(s)     peers/friends     family/relatives     teacher/staff  
 counselor/mental health professional     written in a diary, journal, essay or drawing     text message     e-mail  
 social media (e.g., Facebook, Twitter, Tumblr, Instagram)  
 other: \_\_\_\_\_

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Client Name:  
Agency:

DMH ID:  
Provider #:

Los Angeles County – Department of Mental Health

# RISK EVALUATION TOOL

# RISK EVALUATION TOOL

4. Engaged in behavior consistent with threat:..... Yes  No  Unable to Assess

>If yes:  
Evidence of planning (e.g., floor plan, hit list, researching weapons/explosives):..... Yes  No  Unable to Assess

>If Yes, specify: \_\_\_\_\_  
Actions taken toward plan:  Yes  No  Unable to Assess  
>If yes, (check all that apply)  locate/follow/approach target  secure a weapon  
 thwart security measures in place  assault target  other: \_\_\_\_\_

5. Access to guns/weapons/lethal means:.....  Yes  No  Unable to Assess  
if yes, specify: \_\_\_\_\_

6. Possessed, carried, or used weapons in the past..... Yes  No  Unable to Assess

>If yes:  
Carried weapon to school or in public places:.....  Yes  No  Unable to Assess  
Provide details: \_\_\_\_\_

7. History of violence (e.g., hit, slapped, kicked, pushed, shoved, grabbed):..... Yes  No  Unable to Assess

>If Yes:  
# of physical fights/aggressive acts in the past 3 months: \_\_\_\_\_ # of aggressive acts in past 12 months: \_\_\_\_\_  
# of prior arrests (life-time): \_\_\_\_\_ Age at first violent act: \_\_\_\_\_  
Aggressive acts have resulted in injury to others: .....  Yes  No  Unable to Assess  
Ever threatened or assaulted with a weapon:.....  Yes  No  Unable to Assess  
Target of past violent act(s): (check all that apply)  family member  intimate partner  teacher/school/professional staff  
 peer  random stranger  other: \_\_\_\_\_  
Setting(s) of past violent act(s): (check all that apply)  
 home  school  clinic  public places  UTA  other: \_\_\_\_\_  
Similarity between present & past conditions of violence:..... Yes  No  Unable to Assess

8. Additional Violence Risk Factors:

Preoccupation with violence or weapons: .....  Yes  No  Unable to Assess  
Violence seen as justified, acceptable, or only way to achieve goal .....  Yes  No  Unable to Assess  
Wish to kill .....  Yes  No  Unable to Assess  
Wish to be killed .....  Yes  No  Unable to Assess  
Gang affiliation .....  Yes  No  Unable to Assess  
Paranoid delusions .....  Yes  No  Unable to Assess  
Need to act preemptively toward perceived aggressor for own safety:.....  Yes  No  Unable to Assess  
Respond with heightened hostility/anger to frustration/confrontation:.....  Yes  No  Unable to Assess  
Increase in baseline communications/behaviors of concern:.....  Yes  No  Unable to Assess  
Others concerned about the potential for serious violence:.....  Yes  No  Unable to Assess

9. Any other information, issues, history, or dynamics relevant to this client's violence risk:

\_\_\_\_\_  
\_\_\_\_\_

### GRAVE DISABILITY RISK INDICATORS

1. This person, as the result of a mental disorder, is unable to provide (or utilize resources provided) for his or her basic personal needs for food, clothing, or shelter, to the point of posing an imminent safety risk (e.g., unable to survive safely) ..... Yes  No  Unable to Assess
2. Food: Evidence of malnutrition/dehydration caused by symptoms or behaviors due to a mental illness, to the point of potential imminent medical or physical harm):.....  Yes  No  Unable to Assess
3. Clothing: Public nudity, inadvertent exhibitionism, or exposure to environment due to a mental illness, to the point of potential imminent medical/physical harm or safety risk:.....  Yes  No  Unable to Assess
4. Shelter: Behaviors and symptoms of a mental illness are preventing the person from utilizing or obtaining adequate shelter, posing an imminent safety risk:.....  Yes  No  Unable to Assess
5. Any other information, issues, or dynamics relevant to this client's Grave Disability risk:

\_\_\_\_\_  
\_\_\_\_\_

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Client Name:  
Agency:

DMH ID:  
Provider #:

Los Angeles County – Department of Mental Health

# RISK EVALUATION TOOL

RISK EVALUATION TOOL

General Description

- Grooming & Hygiene: Well Groomed, Average, Dirty, Odorous, Disheveled, Bizarre
Eye Contact: Normal for culture, Little, Avoids, Erratic
Motor Activity: Calm, Restless, Agitated, Tremors/Tics, Posturing, Rigid, Retarded, Akathesis, E.P.S.
Speech: Unimpaired, Soft, Slowed, Mute, Pressured, Loud, Excessive, Slurred, Incoherent, Poverty of Content
Interactional Style: Culturally congruent, Cooperative, Sensitive, Guarded/Suspicious, Overly Dramatic, Negative, Silly
Orientation: Oriented, Disoriented to: Time, Place, Person, Situation
Intellectual Functioning: Unimpaired, Impaired
Memory: Unimpaired, Impaired re: Immediate, Remote, Recent, Amnesia
Fund of Knowledge: Average, Below Average, Above Average

Mood and Affect

- Mood: Euthymic, Dysphoric, Tearful, Irritable, Lack of Pleasure, Hopeless/Worthless, Anxious, Known Stressor, Unknown Stressor
Affect: Appropriate, Labile, Expansive, Constricted, Blunted, Flat, Sad, Worries

Perceptual Disturbance

- None Apparent
Hallucinations: Visual, Olfactory, Tactile, Auditory, Command, Persecutory, Other
Self-Perceptions: Depersonalizations, Ideas of Reference

Thought Process Disturbances

- None Apparent
Associations: Unimpaired, Loose, Tangential, Circumstantial, Confabulous, Flight of Ideas, Word Salad
Concentration: Intact, Impaired by: Rumination, Thought Blocking, Clouding of Consciousness, Fragmented
Abstractions: Intact, Concrete
Judgments: Intact, Impaired re: Minimum, Moderate, Severe
Insight: Adequate, Impaired re: Minimum, Moderate, Severe
Serial 7's: Intact, Poor

Thought Content Disturbance

- None Apparent
Delusions: Persecutory, Paranoid, Grandiose, Somatic, Religious, Nihilistic, Being Controlled
Ideations: Bizarre, Phobic, Suspicious, Obsessive, Blames Others, Persecutory, Assaultive Ideas, Magical Thinking, Irrational/Excessive Worry, Sexual Preoccupation, Excessive/Inappropriate Religiosity, Excessive/Inappropriate Guilt
Behavioral Disturbances: None, Aggressive, Uncooperative, Demanding, Demeaning, Belligerent, Violent, Destructive, Self-Destructive, Poor Impulse Control, Excessive/Inappropriate Display of Anger, Manipulative, Antisocial
Suicidal/Homicidal: Denies, Ideation Only, Threatening, Plan, Past Attempts
Passive: Amotivational, Apathetic, Isolated, Withdrawn, Evasive, Dependent
Other: Disorganized, Bizarre, Obsessive/compulsive, Ritualistic, Excessive/Inappropriate Crying

SCHOOL VIOLENCE RISK INDICATORS

1. Is this client a student/employee (full-time/part-time) of an educational institution?..... Yes No Unable to Assess

>If yes, continue with the following section:

a. School Violence Risk Factors:

- Inordinate knowledge about weapons or targeted violence..... Yes No Unable to Assess
Felt bullied, persecuted, or injured by others..... Yes No Unable to Assess
Bullying/intimidating/harassing others..... Yes No Unable to Assess
Frequent argument with peers or adults..... Yes No Unable to Assess
Perceive school culture to perpetuate bullying or unfair treatment..... Yes No Unable to Assess
Tendency to perceive hostile intent..... Yes No Unable to Assess
Anger management problem/explosive temper..... Yes No Unable to Assess
Impulsivity/Risk-taking ("daring")..... Yes No Unable to Assess
Lack of empathy/remorse..... Yes No Unable to Assess
Severe destruction of property..... Yes No Unable to Assess
Behavior/disciplinary problems at school..... Yes No Unable to Assess
Living in high-crime neighborhood..... Yes No Unable to Assess

b. Protective factors: (check all that apply)

- Having a positive connection to at least one adult
Perceived support from family or friends
Perceived teachers being fair & feeling safe at school
Strong school performance
Association/attachment with pro-social peers
Other protective factors:

c. Any other information, issues, history, or dynamics relevant to client's risk for school violence:

Signature & Discipline\*

Date

Co-Signature & Discipline\* (if applicable)

Date

\*Include License/Certification/Registration Number if applicable

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.

Client Name:
Agency:

DMH ID:
Provider #:

Los Angeles County - Department of Mental Health

RISK EVALUATION TOOL