

How to write a suicide risk assessment that's clinically sound and legally defensible

Joseph H. Obegi, PsyD, Jeffrey M. Rankin, DMH, J. Craig Williams, Jr, PsyD, and Gena Ninivaggio, LCSW

Dr. Obegi is Senior Psychologist Supervisor, Drs. Rankin and Williams are Senior Psychologist Specialists, and Ms. Ninivaggio is Senior Social Worker Supervisor, California State Prison, Solano, California Department of Corrections and Rehabilitation, Vacaville, California.

Disclosures

The authors report no financial relationships with any companies whose products are mentioned in this article or with manufacturers of competing products.

Suicidologists and legal experts implore clinicians to document their suicide risk assessments (SRAs) thoroughly. It's difficult, however, to find practical guidance on how to write a clinically sound, legally defensible SRA.

The crux of every SRA is *written justification of suicide risk*. That justification should reveal your thinking and present a well-reasoned basis for your decision.

Reasoned vs right

It's more important to provide a justification of suicide risk that's well-reasoned rather than one that's right. Suicide is impossible to predict. Instead of prediction, legally we are asked to reasonably anticipate suicide based on clinical facts. In hindsight, especially in the context of a courtroom, decisions might look ill-considered. You need to craft a logical argument, be clear, and avoid jargon.

Convey thoroughness by covering each component of an SRA. Use the mnemonic device **CAIPS** to help the reader (and you) understand how a conclusion was reached based on the facts of the case.

Chronic and **A**cute factors. Address the chronic and acute factors that weigh heaviest in your mind. Chronic factors are conditions, past events, and demographics that generally do not change. Acute factors are recent events or conditions that potentially are modifiable. Pay attention to combinations of factors that dramatically elevate risk (eg, previous attempts in the context of acute depression). Avoid repeating every factor, especially when these are documented elsewhere, such as on a checklist.

Table 1

Imminent warning signs of suicide: IS PATH WARM

I	Suicidal Ideation
S	Increased Substance abuse
P	Purposelessness
A	Anxiety, agitation, sleep disturbance
T	Feeling Trapped
H	Hopelessness
W	Withdrawal
A	Anger
R	Recklessness
M	Mood changes

Source: Adapted from Reference 1

Table 2

The nature of suicidal ideation

Access to means
Active intent
Lethality of means
Method
Onset, frequency, intensity, duration, precipitants
Plans
Proximity of help
Rehearsal
Specific thoughts
Wishes to die

Imminent warning signs for suicide.

Address warning signs (*Table 1*),¹ the nature of current suicidal thoughts (*Table 2*), and other aspects of mental status (eg, future orientation) that influenced your decision. Use words like "moreover," "however," and "in addition" to draw the reader's attention to the building blocks of your argument.

Protective factors. Discuss the protective factors last; they deserve the least weight because none has been shown to immunize people against suicide. Don't solely rely on your judgment of what is protective (eg, children in the home). Instead, elicit the patient's reasons for living and dying. Be concerned if he (she) reports more of the latter.

Summary statement. Make an explicit statement about risk, focusing on imminent risk (ie, the next few hours and days). Avoid a "plot twist," which is a risk level inconsistent with the preceding evidence, because it suggests an error in judgment. The *Box* gives an example of a justification that follows the CAIPS method.

Additional tips

Consider these strategies:

- Bolster your argument by explicitly addressing hopelessness (the strongest psychological correlate of suicide); use quotes from the patient that support your decision; refer to consultation with family members and colleagues; and include pertinent negatives to show completeness² (ie, "denied suicide plans").
- Critically resolve discrepancies between what the patient says and behavior that suggests suicidal intent (eg, a patient who minimizes suicidal intent but shopped for a gun yesterday).
- Last, while reviewing your justification, imagine that your patient completed suicide after leaving your office and that you are in

Box

Sample justification of suicide risk using CAIPS

“Chronic risk is at least moderate for the patient, Mr. W, because of his 2 previous suicide attempts. Risk is amplified by acute psychotic symptoms (paranoia, derogatory auditory hallucinations), and several warning signs, most concerning of which are the intensity of his desire to die and his belief that his psychiatric condition is hopeless. Mr. W considers his symptoms as intolerable, interminable, and inescapable—all of which can be used to rationalize suicide. In addition, he has demonstrated the capability to harm himself (previous attempts to overdose with olanzapine), and his intermittent use of methamphetamine could lead to impulsive attempts. Although Mr. W has some protective factors (“I’m a Christian and killing yourself is unforgivable sin.” “Family members want to see me out of prison.”), they appear to be overwhelmed by his current distress. Because of this picture, the patient is at severe risk of attempting suicide if his distress does not abate in the near future.”

It's more important to provide a justification that is well-reasoned rather than one that's right

court for negligence. In our experience, this exercise reveals dangerous errors of judgment. A clear and reasoned justification will reduce the risk of litigation and help you make prudent treatment plans.

References

1. American Association of Suicidology. Know the warning signs of suicide. <http://www.suicidology.org/resources/warning-signs>. Accessed February 9, 2014.
2. Ballas C. How to write a suicide note: practical tips for documenting the evaluation of a suicidal patient. *Psychiatric Times*. <http://www.psychiatristimes.com/articles/how-write-suicide-note-practical-tips-documenting-evaluation-suicidal-patient>. Published May 1, 2007. Accessed July 29, 2013.

Wanted:
Your
Pearls

CURRENT PSYCHIATRY wants your Pearl—a clue to an often-missed diagnosis, a tip for confronting a difficult clinical scenario, or a treatment change that made a difference.

To write a Pearls article:

- Stick to a single topic, narrowly focused, that applies to most psychiatric practices. Length: 500 words.
- Obtain detailed guidelines for writing a Pearl from Associate Editor Patrice Kubik at pkubik@frontlinemedcom.com or visit <http://www.currentpsychiatry.com/corporate-links/journal-info/submission-guidelines/pearls.html>.