DBT ACTION NOTES
FOR ASSESSING AND TREATING IMMEDIATE SUICIDE RISK

Name Client: Contact date:
Name Therapist: Date of filling in:

Reasons for filling in the notes:

1. Immediate (or history of), occurrence of suicide ideation since last session, impulses and/or behaviour or urge to self-harming behaviour or committing suicide:

- **History** of suicide ideation, suicide attempts, or intentional self-harming during the period of the intake (only the first session)
- **Normal 'background'** suicide ideation/urge to self-harm
- New (or first time reported) suicide ideation/ urge to self-harm
- **Increased** suicide ideation/ urge to self-harm. Describe…
- **Threatening with or other behaviour that indicates that there is an immediate suicide risk**
- **Attempt/ self-harm** since the last contact
- **Recent** suicide attempt/ self-harm (describe)…

Assessment of current suicide risk

2. Structured formal assessment of current suicide risk was ….. (check 1)

- **Executed** (has to be executed during the first session)
- **Not executed**, because …. (check one) (continue with question 5)
- Clinical reasons: (check all applicable)
  - **Normal 'background'** ideation/urge to self-harm usually not associated with immediate suicide risk or medical severe self-harm.
  - **No** or negligible **suicide intention on the moment of the contact**, impulse control seems acceptable, no new risk factors
  - **No** or negligible **suicide intention on the moment of termination of the contact**, impulse control seems acceptable, no new risk factors visible, risk assessment executed before
  - Self-harm that occurs is **not of a suicidal nature and is superficial/small (e.g. scratches, took three times the additional medication).** Decided by:
  - Threatening or suicide ideation can best be seen as **escape behaviour** and treatment usually gains the most by focussing on prior and vulnerability factors
  - Threatening or suicide ideation can best be seen as **operant** behaviour; formal risk assessment can reinforce suicide ideation
  - **Primary therapist** has recently or will soon assess the risk. It is of no use if two clinicians treat the same behaviour.
- Client redirected to another responsible clinician for evaluation
- Other reasons:
  - Forgotten, plan for follow-up….

Dialexis

3. Immediate suicide risk factors

Not reported Not observed	No	Yes	Suicide risk factors	Notes
○	○	○	History of suicide attempts/ self-harm	
○	○	○	Suicide intention in this moment, incl. Belief of the patient that he/she will commit suicide or self-harm	
○	○	○	Preferred method present or easily available	
○	○	○	Deadly means (of whatever nature) now present or easily available	
○	○	○	A plan and/ or preparations in this moment (incl. Specific methods and time)	
○	○	○	Have taken precautions at this time against discovery; created confusion about time, place etc.	
○	○	○	At this time substance abuse, incl. GHB and xxx medication (last three hours)	
○	○	○	Isolated or alone at this moment (or later)	
○	○	○	Provoking events of prior para suicidal behaviour	
○	○	○	Sudden loss, or other negative events	
○	○	○	Abrupt clinical change, both negative and positive	
○	○	○	Indifferent about/ unsatisfied with the treatment	
○	○	○	First night of imprisonment	
○	○	○	Severe helplessness at this time	
○	○	○	Major depression at this time plus:	
○	○	○	Severe confusion, fear, panic attacks, mood swings at this time	
○	○	○	Severe and global sleeplessness at this time	
○	○	○	Severe anhedonia at this time	
○	○	○	Not being able to concentrate, doubting, at this time	
o	○	○	Psychotic, voices tell the patient to commit suicide at this time	
○	○	○	Chronic physical pain	
○	○	○	Usually or now very impulsive	
○	○	○	Patient is motivated to report about the risk	If yes, describe
○	○	○	Other….	

4. Direct factors protecting against suicide (check all)

Not reported	No	Yes	Protecting factor	Notes

Not observed				
○	○	○	Hope in the future	
○	○	○	Knowing that he can deal with the problem effectively	
○	○	○	Attached to life	
○	○	○	Feels responsibility for children, family or others, incl. pets, whom/which the client will not leave	
○	○	○	Attached to therapy, and at least to a therapist	
○	○	○	Therapist is attached, and will stay in touch	
○	○	○	Embedded in a protecting social network or family	
○	○	○	Fear for suicidal act, for death and dying, or no acceptable means available	
○	○	○	Fear for social rejection of suicide	
○	○	○	Belief that suicide is immoral or that is will be punished; high level of spirituality	
○	○	○	Committed to life and has a history of taking commitment seriously, or there is reason to believe this commitment	
○	○	○	Client will follow the crisis plan	
○	○	○	Client is motivated to report of exaggeration of risk	If yes, describe
○	○	○	Other (describe) …	

5. Treatment acts that are aimed to suicidal/ self-harming behaviour (check all applicable

A. O Not explicit focussed on suicide-ideation and suicidal behaviour during the session (check reasons)
   - Client is not in direct danger (see V6 for justification)
   - Equal reason as why there has not been done a structured formal suicide risk assessment (V2 above)
   - Risk assessment of suicide history was therapeutically sufficient
   - Other:

B. O Completed behavioural analysis about prior suicide ideation and behaviour

C. O Has executed chain analysis of suicide ideation and behaviour

Suicidal/ self-harming behaviour (copy table of above if necessary):

1. Vulnerability factors	Provoking event	Suicidal behaviour	Consequences	Notes

D. O Being focused on Crisis intervention and/or problem solving (check those that have been used):

- Current emotions and the wish to escape or to strive validated (emotional support)
- Having worked to remove the occurring provoking events
- Have given advise and instructed to use coping skills to decrease suicidality
- Crisis survival
    - Mindfulness
    - Emotion regulation
    - Interpersonal effectiveness
    - Self-management
    - Hope and reasons to stay alive generated
    - Other

Notes for crisis intervention

E. O Existing crisis plan developed or considered again (also check V6)

F. O Committed to action plan
- Client has in a credible way agreed with the crisis plan and with no self-harm or suicide attempt tot mogelijke weergave van wat de cliënt gezegd heeft) (Check V6)
- Client has agreed to remove deadly items (drugs, knife, etc.) … by (how)

G. O Has done trouble shooting, or has brought up factors that could hinder handling effectively:

H. O Increased social support
- Planned with client to come into contact with social support (who):
- Network has been made aware of risk (describe):
- Follow-up call contact planned to….

I. O Redirected:
- to primary therapist
- to available clinician
- to crisis phone (ensured that the client has the phone number)
- to …… for evaluation of the medication
- other…

J. O Admission considered, but not done because (check)
- Client is not in **direct danger**
- Other support from the surroundings is available
- Client can easily come into contact if the situation gets worse
- Client has been admitted before but the benefit has not become visible
- There is no bed available
- Client refused
- Client refused even after i seriously urged him/her to do so
- Client does not meet the conditions for forced admission and/or it would (check all applicable)
- Increase the stigma and the isolation (important for this client)
- Interfere with work or school that are important to client
- Violate a prior plan
- Involve unnecessary financial burdens for this client

K. O Other: (describe)

6. I believe that on the basis of the information available for me at this moment that (check)

A. O the client is not an **immediate danger** for him/herself and will not execute severe self-harming or suicidal behaviour in the period before we (or he/she with the primary therapist) will be in touch, because of the following reasons (check):
   - The problems that contributed tot he suicide risk have been solved
   - The suicide ideation and/or intention has decreased at the end of this session
   - There is credible agreement regarding the crisis plan and regarding not undertaking self-harm or suicide attempts
   - There exists an adequate crisis plan
   - The suicidality is actively being made a subject by the primary therapist
   - The protecting factors are stronger than the risk factors (describe)
   - other:

B. O there exists **some danger** for severe self-harm or suicide (see V5). But, crisis intervention will on the long-term let it increase than decrease.

C. O Crisis intervention is necessary to avert **immediate danger** for medical severe self-harm or suicide (check)
   - Have taken client to First Aid in…..
   - Have organised assessment for forced admission (describe)
   - Have organised that the police keep an eye on him/her
   - Have called 911 for medical help
   - Arranged admission in: , will be admitted by on (day)

Notes on crisis intervention……

D. 0 **Significant insecurity** exists regarding the immediate risk. I will organise a second opinion (check)
   - my supervisor: o medical expert:
   - head of the crisis department o primary therapist
   - team member or colleague o other

7. Client will not again be assessed for suicide risk later than inside Cliënt zal niet later dan binnen opnieuw voor het suïcide risico ingeschat worden.

1) O 12 hours (how?)
2) O 24 hours (how?)
3) O 48 – 72 hours (how?)
4) O Next individual session
5) O Next group session
6) O Next farmacotherapeutic session
7) O Other (describe):