**Standard Operating Procedure for Assessment of Suicidal Ideation and Homicidal Ideation**

**Purpose:** The purpose of this Standard Operating Procedure (SOP) is to describe the clinical steps lab staff and volunteers must take when assessing suicidal ideation (SI) and homicidal ideation (HI). Staff/Volunteers who do not feel comfortable implementing the SOP should notify their clinical support contact to request that they assist with implementation of SOP.

**Clinical Support Team:**

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| Chris Gioia | 608-235-3659 | Assistant Director of PRTC |
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**Critical Rule:** When in doubt, begin contact with the clinical support team.

**When is it necessary to begin contact with the clinical support team?**

1. Any indication of **intent** to harm self or others
   1. Example: Participant reports suicidal/homicidal ideation, with a clear plan and **intent**
   2. Example: Participant reports suicidal/homicidal ideation, with a vague plan and **intent**
2. Any indication with a clear plan, regardless of intent
   1. Example: Participant reports suicidal/homicidal ideation, with a **clear plan** and intent
   2. Example: Participant reports suicidal/homicidal ideation, with a **clear plan** but no intent
3. Suicidal/homicidal thinking with no clear plan or intent, but involves psychosis or is confusing, concerning, or strange
   1. Example: Participant reports voices in his head are telling him to kill a family member, despite participant not wanting to harm family member
   2. Example: Participant reports suicidal thinking only after talking to his ex-wife; engages in daily contact with his ex-wife
4. Generally speaking, if participant reports suicidal thinking **but no plan or intent**, it is not necessary to take additional steps (e.g., contact Chris). However, there may be exceptions to this (noted above in 3), so follow the CRITICAL RULE when necessary.

**See Page 3 and Page 4 of the PRTC Emergency Guidelines Document -“Referral for Psychiatric Evaluation” and “Referring for / Obtaining Inpatient Services”, respectively.**

Suicidal Ideation

If a participant reports current suicidal ideation or a past suicide attempt, a risk assessment is required. Please follow the instructions outlined below.

1. **Current** suicidal ideation
   1. At a **minimum**, the following questions are **required**:
      1. What do you actually think about (i.e., assess for content)?
         1. Alternative: When you think about harming yourself, are you more likely to think about wishing you were dead or actively thinking about how to harm yourself?
      2. How often do you think about killing yourself?
         1. Examples of questions that assess frequency/duration of suicidal ideation
            1. Over the last two weeks, on average, how many days per week did you think about killing yourself?
            2. On the days that you thought about killing yourself, how many times per day did you think about it?
            3. During the times when you thought about killing yourself, on average, how long did it last (e.g., seconds, minutes, or hours)?
      3. Do you have a plan?
         1. If so, what is it? (*assess for specificity of plan*)
         2. Do you have more than one plan?
            1. If so, what other plans have you thought of?
      4. Do you have any intent (or commitment) to kill yourself?
      5. Do you have access to any means to kill yourself (e.g., guns, pills, other weapons, close proximity to bridge or a body of water)?
      6. What are some things you do (coping strategies) to help you manage your thoughts?
      7. Have you ever had thoughts about killing yourself?
      8. Have you ever made a suicide attempt? (*If YES, move to “2. Past suicide attempt*)
   2. Questions that may be asked to gather additional information:
      1. Is there anything, anyone, or any other reason that makes you want to keep living?
         1. How important is that to you?
      2. Is there anyone you feel comfortable talking to about your thoughts?
         1. If so, have you talked to them recently about your thoughts?
      3. What is your current living arrangement [e.g., alone, friend(s), significant other]?
         1. If you go home after this appointment, is there anybody at home that will be there with you?
      4. Are you currently taking any prescription medications for a mental health reason?
      5. Are you currently attending psychotherapy (talk therapy)?
2. **Past** suicide attempt
   1. When was it?
   2. How did you try to kill yourself?
      1. Cutting
         1. Did you intend to kill yourself or just harm yourself?
      2. Pills
         1. What pills did you take?
         2. How many did you ingest?
         3. Were the pills prescribed to you?
         4. Did you ingest anything else (e.g., alcohol, other drugs) with the pills?
   3. Were you under the influence of any substance at the time of your attempt?
   4. Tell me why you selected this method and how did you prepare for it.
      1. Indication of skill in or level of planning
   5. What happened after your attempt?
      1. Listen for any indication of guilt or fear (e.g., I swallowed twenty Xanax pills, felt nauseous after an hour, got scared, and called my mother)
         1. How did you feel after your attempt knowing that you were still alive?
      2. Listen for admission to a psychiatric hospital, as a result of the attempt
         1. Were you admitted to a hospital as a result of your attempt?
   6. **If Unknown:** Does anyone know about this attempt?

Homicidal Ideation

If a participant reports current homicidal ideation, a risk assessment is required. Please follow the instructions outlined below.

1. **Current** homicidal ideation
   1. At a **minimum**, the following questions are **required**:
      1. Is there a specific person (or group of persons) that you want to kill?
      2. What do you actually think about (i.e., assess for content)?
      3. How often do you think about killing others?
         1. Examples of questions that assess frequency/duration of homicidal ideation
            1. Over the last two weeks, on average, how many days per week did you think about killing others?
            2. On the days that you thought about killing others, how many times per day did you think about it?
            3. During the times when you thought about killing others, on average, how long did it last (e.g., seconds, minutes, or hours)?
      4. Do you have a plan?
         1. If so, what is it? (*assess for specificity of plan*)
         2. Do you have more than one plan?
            1. If so, what other plans have you thought of?
      5. Do you have any intent (or commitment) to kill others?
      6. Do you have access to any means to kill others (e.g., guns, other weapons)?
      7. What are some things you do (coping strategies) to help you manage your thoughts?
   2. Questions that may be asked to gather additional information:
      1. Is there anything, anyone, or any other reason that makes you not want to harm others?
         1. How important is that to you?
      2. Is there anyone you feel comfortable talking to about your thoughts?
         1. If so, have you talked to them recently about your thoughts?
      3. What is your current living arrangement [e.g., alone, friend(s), significant other]?
         1. If you go home after this appointment, is there anybody at home that will be there with you?
      4. Are you currently taking any prescription medications for a mental health reason?
      5. Are you currently attending psychotherapy (talk therapy)?