

SUICIDE and SELF-HARM SCREEN (SSS)

JRA Juvenile Rehabilitation
Administration

YOUTH NAME	JRA NUMBER 999999	DATE OF BIRTH 99/99/9999	GENDER UNKNOWN	REASON FOR SCREEN <input type="checkbox"/> INTAKE <input type="checkbox"/> SPL REVIEW / REDUCTION <input type="checkbox"/> WARNING SIGN / RISK FACTOR
STAFF COMPLETING SCREEN	DATE / TIME OF SCREEN 99/99/9999 99:99:99		DATE OF SUBMITTAL 99/99/9999	
LOCATION OF SCREEN	SUICIDE PRECAUTION LEVEL Level IV	OBSERVATION LEVEL Yes		

Information Source(s)

Information Sources:

- Initial Client Information (ICI)
- Psychiatric / Psychological Note (PPN)
- Integrated Treatment Assessment (ITA)
- Pre-Placement Screen

The SSS must always include staff observations. Information sources should also include the resident interview, file review, legal log, ITP and any follow up notes from psychiatry or psychology.

Event Prompting SSS

Briefly describe why the SSS is being given at this time:

Youth Self-Report

Did youth participate in Youth Self-Report? (Evaluator Only)

- Yes
- No, Youth is unwilling to respond
- No, Youth is not able to respond (highly dysregulated being attended by medical, unconscious)
- No, Youth not on site (transported to hospital or other institution)

1. Are you currently prescribed medication(s)?

- No
- Yes

If yes, list all known:

2. In the past month, have you taken your medication(s) as prescribed?

- No
- Yes

If no, explain:

3. Have you been sadder than usual?

- No
- Yes

Comments:

4. Have you been more irritable or angry than usual?

- No
- Yes

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Comments:

5. Have you been more anxious than usual?

- No
- Yes

Comments:

6. Do you tend to do things impulsively or before thinking about them?

- No
- Yes

If yes, explain:

7. Have you been more hopeless or despairing than usual?

- No
- Yes

Comments:

8. Do you feel unwanted or like a burden to your family or people close to you?

- No
- Yes

If yes, explain:

9. Have you had something bad or stressful happen to you lately?

- No
- Yes

If yes, what happened:

10. Have you lost or ended an important relationship lately?

- No
- Yes

If yes, explain:

11. Has anyone in your family or close to you died recently?

- No
- Yes

If yes, explain:

12. Has anyone in your family or close to you harmed or killed themselves?

- No
- Yes

If yes, explain:

13. Have you ever had thoughts or urges to harm or kill yourself?

- No
- Yes

13a. When was the last time (month, day, year)?

13b. What thoughts did you have?

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14. Have you ever told anyone, written down, or done any artwork about wanting to harm or kill yourself?

- No
- Yes

If yes, explain:

15. Have you been hearing voices that are telling you to harm or kill yourself?

- No
- Yes

If yes, tell me about them:

16. Do you have a plan to harm or kill yourself?

- No
- Yes

If yes, explain:

16a. Do you have or could you get what you need to harm or kill yourself?

- No
- Yes

If yes, explain:

17. Have you ever done anything to harm or try to kill yourself?

- No
- Yes

17a. When was the first time (month, day, year)?

17b. When was the last time (month, day, year)?

17c. How many times total?

17d. Have you ever seen a nurse, doctor, or gone to the hospital due to self-harm behavior?

- No
- Yes

If youth answers #17 yes, describe what they did and document outcomes, particularly for the most recent incident

18. Do you wish you were dead now?

- No
- Yes
- Don't care

Comments:

19. Is there anything else you think I should know about you and your risk for self-harm?

- No
- Yes

Comments:

20. If you have thoughts of harming or killing yourself while you are here, will you let staff know?

- No
- Yes

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Comments:

21. Will you make a commitment or a promise to keep yourself safe or tell staff if you feel like harming or killing yourself?

- No
- Yes

Comments:

Staff Observations / History

22. Is youth currently prescribed Psychotropic Medication(s)?

- No
- Yes

If yes, list all known:

23. In the past month, has the youth taken his/her medication(s) as prescribed?

- No
- Yes

If no, explain:

24. Has youth expressed or demonstrated: sadness, irritability, anxiousness, hopelessness, or despair?

- No
- Yes

If yes, explain:

25. Has youth exhibited impulsivity?

- No
- Yes

If yes, explain:

26. Has youth demonstrated increased withdrawal or isolation?

- No
- Yes

If yes, explain:

27. Has youth experienced changes/disruptions of close interpersonal relationships?

- No
- Yes

If yes, explain:

28. Has youth had a family member or anyone close to him/her ever harm or kill self, or die recently?

- No
- Yes

If yes, explain:

29. Has youth reported experiencing hallucinations in which he/she was told to harm or kill self?

- No
- Yes

If yes, explain:

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30. Has youth demonstrated other warning signs?

- No
- Changes in weight or appetite
- Declining school performance
- Loss of pleasure/interest in usual activities
- Negative environmental changes in the last month
- Sleeping too much or too little
- Other (please describe in comments)

Please describe:

31. Does the youth have a DSM-V diagnosis?

- No
- Yes

If yes, document:

32. Is there evidence youth has regularly used or abused substances in the past 6 months?

- No
- Yes

If yes, explain:

33. Has youth made statement(s) or reported thoughts or urges about wanting to be dead, harm or kill self?

- No
- Yes

If yes, describe:

34. Is there any evidence or record that youth has ever harmed or planned to harm self?

- No
- Yes

If yes, describe:

35. Has youth identified a current plan to harm or kill self?

- No
- Yes

If yes, describe:

36. Has youth taken steps to put plan in action?

- No
- Yes

If yes, describe:

37. Is the youth working on a BCA, learning skills, or implementing a prevention plan (reducing vulnerabilities)?

- No
- Yes

If yes, explain:

38. If applicable, please add any other pertinent information not covered above:

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SPL Recommendation

Staff's Recommended Suicide Precaution Level:

- Level I
- Level II
- Level III
- Observation Level
- No Level

Describe rationale for recommendation. If this is an initial SSS, or is to increase SPL, refer to risk and protective factors in screen. If reducing SPL, discuss assessment and treatment including risk and protective factors and reference the Treatment for Reduction in Policy 3.30.

Parent/Guardian Notification

Is parent/guardian notification required?

- No
- Yes

Parent/Guardian Notification Date:

Comments:

Suicide Precaution Level Notification / Approval

DESIGNATED SUICIDE PREVENTION SPECIALIST (DSPS)	DATE OF APPROVAL / DENIAL
OFFICER OF THE DAY (OD)	DATE / TIME OF DSPTS CONTACT
PROGRAM MANAGER OR DESIGNEE	

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