

EASA Risk Assessment – ADDENDUM

RISK ASSESSMENT

(Complete immediately & update periodically; crisis plan is required for everyone identified as high risk in any of these areas).

Suicidal Behavior	
History of suicide attempts	None reported.
Suicidal ideation: Intent Plans Means	John reported no ideation.
History of suicide attempt of family member or significant other	Recent death by suicide of member on basketball team. Not close friend of John's but John had known the young man since they were young children.

Self-Harm Behavior	
History of self harm	Some concern about recent burn marks on inside of upper arm. Reported by Mom in one-on-one conversation.
Self neglect: Eating/drinking Physical Health Needs	Recent physical exam and self-report indicate no current self-neglect.
Vulnerability: Sexual Financial Exploitation	Spending more time on internet not willing to share his specific web activity with Mom (in the past Mom reports John had been willing to talk about internet usage and sites he visited).

Aggressive Behavior	
Harm to others Thinking Plan and means Action	No history of harm to others.
Assault	No history of assault.

Other Risk Behaviors	
Non-adherence with medication	Family beliefs, values, and worldviews have historically prohibited use of medications to treat illness.
Other treatment issues Difficult to engage Challenging/difficult behavior Willingness to participate Family Conflict	Engagement needs to be sensitive to family history with mental health services and beliefs. Family is experiencing new conflict in the home with recent onset of symptoms and John's decline in helping out around the house and farm.
Running away	No history of running away. Family reports they find John hiding in barn some evenings at dinnertime.
Drug and alcohol use	No history or current known use, confirmed by records, John, and family.
Criminal/offending behavior	No history.
Driving behavior	No history.
Judgment, impulsivity, insight	Leaves classroom abruptly.

Summary of Risk	
Other professional's perception of risk	School counselor expressed concern about John leaving classrooms and not knowing his whereabouts on campus.
Family member/friend perception of risk	Family expressed concern about John leaving class and easy access to farm equipment that, if used improperly could be lethal.
Medical risks: adverse reactions to meds or anesthesia, medical conditions, congenital heart defects	No medical risks.
Current physical state: current injuries, poor nutrition	No injuries, family shared that John is newly hesitant to eat dinner and is choosing frozen store bought meals instead of homemade dinner.

Outcome of Assessment John is experiencing elevated risk. Elevated risks identified: suicidal behavior due to recent history of classmate completing death by suicide, self-harm behavior, family member perceived risk, and perceived poor nutrition.

1) A crisis plan is being developed to address these concerns through a shared decision-making and information gathering process with the family and John.

2) Team will provide family psychoeducation, in the home, specific to explain and identify: a) early warning signs, b) crisis resources, c) family guidelines, d) introduce the problem-solving strategy, e) feedback-informed technique to keep plan relevant, collaborative, and identify potential barriers to implementation of crisis plan.

3) Use CFI (coping strategies and help-seeking behaviors) and shared decision-making approach to strengthen alliance, engagement and avoid perceived coercion.

Name: _____ Date: _____

Signature: _____