**SUICIDE**

**Decision Tree**

Establish Rapport
Ask about suicidal ideation
Explain importance of accessing help

Assess for Degree of Risk
How specific is the plan?
Is there a method available to individual?
Is proposed method lethal?

HIGH

**Suicidal Act**
Plans suicide in next 24 hours?

YES

**Assess Emergency**
Establish What, When, Where: What has already been done?

NO

**Suicidal Threat**
No plan to ACT within the next 24 hrs. Need protective intervention?

MODERATE

**Reduce Imminent Danger/Assess Lethality**
- Method
- Means
- History
- Isolation versus Significant Other
- Age/Sex

LOW

**Suicidal Risk**
No plan to attempt within 24 hours Immediate danger?

NO

**Identify Suicide Risk**
- History
- Health
- Depression

NO

**Explore Alternatives**
- Verbal/written contract
- Contact Support Person(s)
- Determine Involvement
- 24 hour supervision

NO

**Explore Alternatives**
- Written Life Contract with client?
- Support person to stay with client?
- 72-hour hold?

NO

**Provide Referral To Community Resources**
- Mountain Crest – 4601 Corbett Drive: 207-4800
- Poudre Valley Hospital – 1024 S. Lemay: 495-7000
- Roadhouse Crisis & Information Hotline – CSU Lory Student Center: 491-5744
- Larimer Center for Mental Health – 524 W. Oak St.: 24 Hour Hotline – 221-2114
- SOS Suicide Resource Center – 315 E. 7th, Loveland: 635-9301 (No fee)
- Island Grove Treatment Center – Greeley: 351-6678

NO

**Individual Therapy**
Treatment Plan

Document in file & notify Supervisor

NO

Follow up Calls
Determine After Care

Document in file & notify Supervisor