Crisis Assessment

Overview

Referral Source: Self

Presenting Problem:

Client presents at individual therapy session stating that her depression has increased over the last week and she is currently experiencing persistent thoughts of SI.

Circumstances leading to current crisis:

Client denied any life stressors.

Relevant History: *(include pertinent medical information that may impact the client's risk or resiliency)*

This writer review client's current tx record and found no hx of SIB, SA, or previous hospitalizations for DTS. Tx record indicates that ct experiences chronic and persistent SI but has never acted on thoughts of self-harm.

Substance use:

Client states that she occasionally has a few glasses of wine in the evening time and uses CBD oil to manage her chronic arthritis but denies any current use of opioids or a desire to use opioids.

Agencies/Programs involved with client:

Describe (include relevant law enforcement contacts):

MA

Current psychotropic medications and prescriber:

Ct is currently taking Lexapro and reports that she is consistent with taking it daily.

Any allergies or special precautions? No

If yes, describe:

NA

Indicated risk of: [x] Danger To Self [ ] Danger To Others [ ] Grave Disability

Danger to Self

Current Risk to Self

Does the client currently have thoughts or plans of suicide? Yes

Type: [x] Ideation [x] Plan [x] Means [ ] Attempt

Comments:

Ct indicated that if she were to hurt herself, she would, "use a knife to cut my wrists or maybe even the leftover pain medication I have from my oral surgery." Ct denies any attempts to acquire more pills. Ct also states that she, "won't go near the knives in my butcher block when I feel this way."

Historical Risk to Self

Does the client currently have a history of thoughts or plans of suicide? Yes

Type: [x] Ideation [x] Plan [ ] Attempt

Comments:

Client's current tx show no hx of SIB, SA, or previous hospitalizations for DTS. Tx record indicates that ct experiences chronic and persistent SI but has never acted on thoughts of self-harm.

Risk Factors

Is the client being physically, sexually, or emotionally abused by someone in their life? No

N/A

Was the client given more information about Domestic Violence services?

Describe:

Client denies any history of trauma or abuse.

Does the client hear voices? No

If yes, do the voices tell the client to harm or kill themself?

If yes, describe:

NA

Has the client experienced suicide of a family member or friend? No

If yes, describe:

NA

Does the client engage in or have a history of self-harm or other self-destructive behaviors? No

If yes, describe:

Client denies any hx of self-injurious behavior or SA. Client's records show no history of SIB.

Factors increasing risk:

Acute Suicidal Ideation, Depression or Hopelessness, Substance Use

Describe:

Ct rated her current level of depression, "between a 3 and a 4." Ct acknowledged that she has had thoughts of harming herself saying that "at times like this they [the suicidal thoughts] come in waves." Ct indicated that she, "just don't want to feel like this anymore, "but states that she does not want to die. Client states that she is sleeping more than usual but has no appetite. Ct has not been leaving her home, except to run errands, but states that she will reach out to her daughter and close friends when she is

feeling lonely.

Factors decreasing risk:

Ability/Actively Perform Safety Plan, Prior history of safe completion of crisis, Actively Seeking Treatment, Currently enrolled in BH Services, Community Involvement, Family/Friends/Other Supports

Describe:

Client is currently seeking services through County BH.
Gina Forgette, LMFT
Daniel Miranda, Med Manager
Dr. Kuich, psychiatrist
This writer was able to contact ct's current therapist to discuss ct's current presentation and assist with safety planning.
Client reports several friends whom she plans to reach out to when she is feeling lonely.
Adult daughter was notified of client's SI and agreed to remove all risk factors from the home.
Client is an active member to a local church.
Client has a history of SI but has never acted on these thoughts.

Ct was able to identify protective factors that are currently present in her life that she reports give her "hope and the will to live," (i.e. positive relationship with her daughter and grandson who live next door, her belief in God and people she finds supportive at her local parish, her recent job interview that she reported went well).

Summary

Risk Level:

Concern of risk: Thoughts of harm without a plan. No recent history of elevated risk factors, yet does have a history of suicide attempts, violence, or threats, which may be associated with a disorganized mental state or substance abuse.

Describe:

Client has a plan to use a knife or take pills, which she has access to, but reports "I don't want to die."
Client was an active participant in her safety plan, calling her adult daughter and being honest with her struggle with SI, asking for help.
Client is scheduled to see her therapist tomorrow at 9:00AM.

Does the client meet criteria for an involuntary hold? No

Describe (include reason for involuntary hold or release):

While client has active suicidal thoughts and a plan., client was willing to engage in safety planning and stated she will follow her safety plan if in crisis

Safety Plan/Next Steps:

Writer developed a safety plan with ct that identified thoughts and behaviors that are "signals" to her that her depression is worsening.
Writer requested that the client complete a Release of Information (ROI) for her daughter to allow collaborative communication between the client, her daughter, and the therapist. The purpose of this collaboration is to ensure the daughter is informed of the client's crisis plan and to enlist her assistance in removing all sharp objects and non-essential medications from the client's home environment, thereby enhancing safety and reducing risk.
This writer and ct telephoned ct's daughter and reviewed each element of the safety plan, all available resources (i.e. 24/7 crisis line, MHET number, PHF number, 911, and local ER department), and made a plan for daughter to remove all sharp objects and unnecessary medication from ct's home prior to her leaving the clinic today.
Ct agreed to follow-up with her therapist, Gina Forgette tomorrow (07/30/25) and to set up an appt with her psychiatrist to review her current psychiatric medications.

Writer brainstormed with ct three family members or friends she can contact to talk with about how she is feeling. Writer assisted ct in identifying three activities she can engage in that make her feel hopeful and that she reports, "elevate my mood." Writer provided client with 24/7 access line if she is unwilling or unable to comply with safety plan. Writer also gave ct the phone number for the Mental Health Evaluation Team and the Psychiatric Health Facility and discussed with ct that she can also go to the nearest emergency department.
Ct was able to identify protective factors that are currently present in her life that she reports give her "hope and the will to live," (i.e. positive relationship with her daughter and grandson who live next door, her belief in God and people she finds supportive at her local parish, her recent job interview that she reported went well).

The Clinician consulted with their Program Supervisor, discussing their concerns of safety and the safety plan.

Staff: Breanne Salmon, LMFT **Signature Date:** 08/07/2025 9:52AM

Crisis Assessment

Clinician: Julianne Schmidt, LMFT **Signature Date:** 08/07/2025 12:19PM