



Risk Stratification Documentation Examples

Consistent with the [VA/DoD Clinical Practice Guideline for Suicide Prevention](#), VA Suicide Risk Management Consultation Program consultants encourage suicide risk stratification that includes both severity (i.e., low, intermediate, or high) and temporality (i.e., acute and chronic). This method of stratifying risk allows for the individual's risk for suicide to be conceptualized and communicated in a nuanced way and for the identification of appropriate risk mitigation strategies. Below are examples of how a provider can formulate and document their risk stratification.

Access the Therapeutic Risk Management Risk Stratification Table here:
https://www.mirecc.va.gov/visn19/trm/docs/RM_MIRECC_SuicideRisk_Table.pdf.
To learn more about how to apply risk stratification to your clinical practice, email srmconsult@va.gov.

Example Health Record Documentation Template:

Veteran is presently considered to be at _____ acute risk for suicide based upon _____.
Veteran is considered to be at _____ chronic risk for suicide based upon _____.

Veteran presents with the following risk factors:

Veteran presents with the following warning signs:

Veteran presents with the following protective factors:

Veteran presents with the following reasons for living:

Due to the dynamic nature of some warning signs and risk and protective factors, suicide risk should be routinely re-assessed.

Examples of Evidence for Risk Stratification:

- For low acute risk: "based upon denial of intent to act on recent suicidal thoughts and demonstrated ability to follow safety plan, including reaching out for help when indicated."
- And for high chronic risk: "based upon the number of salient risk factors, including past suicide attempt, and few protective factors as documented below."

TIP: Following the statement about "Due to dynamic nature..." - it may be helpful to include an example if one is particularly relevant for any given Veteran. For example, "Veteran's girlfriend is currently a protective factor, but this can quickly turn to a risk factor in the context of relationship discord. As such, if Veteran reports relationship difficulty, his suicide risk should be assessed."



Additional Risk Stratification Examples:

Example 1:

The Veteran continues to report suicidal ideation, noting that frequency and intensity can escalate based on stressors (e.g., tension or conflict in relationships with family). Today, she reports these relationships are going well and her family has been supportive. She denied intent or plan for suicide today. Discussed ways to identify early warning signs to decrease crises and optimize coping behaviors. The Veteran is presently considered to be at **LOW ACUTE RISK** for suicidal self-directed violence given that while she has some ideation, she has no current suicidal intent, no specific and current suicidal plan, limited access to lethal means, no recent preparatory behaviors, and is able to independently maintain safety. The Veteran is presently considered to be at **HIGH CHRONIC RISK** for suicidal self-directed violence given her chronic suicidal ideation, limited reasons for living, limited distress tolerance/emotion regulation abilities, history of suicidal behavior (including multiple suicide attempts), trauma history and symptoms, depressive symptoms, chronic substance dependence, chronic pain, and demographic factors (e.g., marital status separated).

Example 2:

The Veteran indicated that he has a loosely defined plan (i.e., hanging self) and access to means (e.g., rope), but he denied any intent to act upon that plan, has not engaged in any preparatory behaviors, and easily identifies several reasons for living (e.g., spouse, children, close friendships, etc.). He has also participated in conversations with provider and family about reducing access to lethal means, and they plan to remove any ropes/cords from the house. The Veteran is presently considered to be at **LOW ACUTE RISK** for suicide given that his suicidal ideation appears to be at baseline, mood is regulated, balance of reasons for living outweigh reasons for dying, and his possible plan for suicide has been long-standing and absent any preparatory behavior. Furthermore, there is collective high confidence across providers, family members, and the Veteran, that the Veteran is capable of engaging in appropriate coping strategies to manage suicidal ideation and is able to independently maintain safety. The Veteran is presently considered to be at **INTERMEDIATE CHRONIC RISK** for suicide given his chronic suicidal ideation, especially in relation to psychosocial stressors, past suicidal behavior (e.g., 1 previous suicide attempt), trauma history and symptoms, depressive symptoms, alcohol use, chronic pain, and demographic factors (e.g., gender male, marital status widowed).

Example 3:

The Veteran is presently considered to be at **INTERMEDIATE ACUTE RISK** for suicide. Although the Veteran is denying current intent to die by suicide, they are endorsing recent sudden fluctuations of suicidal intent. Based on clinical observation and Veteran self-report, it appears that the major triggers of the Veteran's suicidal intent (flashbacks and escalations of negative affect) are not well controlled, which are associated with recent rapid changes of intent. The Veteran does report reasons for living (e.g., dog, sister), denies access to means for their potential plan for suicide (e.g., overdose on pain medications), is actively engaged in residential



treatment, and has been able to maintain safety independently/has reached out for assistance over the past week, thus not necessitating a high acute risk formulation at this time.

The Veteran is presently considered to be at **HIGH CHRONIC RISK** for suicide given their chronic suicidal ideation, past suicidal behaviors (2 suicide attempts and 5 instances of preparatory behavior), MST, combat trauma history and symptoms, history of childhood abuse, depressive symptoms, limited reasons for living, history of non-suicidal self-directed violence (e.g., cutting) limited coping skills, history of substance use, chronic pain, and sleep disturbance.

Terms and Definitions

Acute Risk	Minutes to days
Chronic Risk	Long term – weeks, months, years
Risk Factors	Factors which are known from the literature to be associated with increased risk for suicidal self-directed violence or death by suicide
Warning Signs	Individualized precipitating emotions, thoughts, behaviors, or physical sensations that are most proximally associated with suicidal behavior and typically reflect high or escalating acute risk
Protective Factors	Personal or environmental characteristics, qualities, capabilities, etc. that may reduce the risk for suicide
Reasons for Living	Self-identified reasons for not engaging in suicidal self-directed violence