



### Risk Stratification Documentation Examples

*SRM Consultants recommend stratifying risk for suicide in both of terms of 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 more nuanced way. Below are examples of how a provider can formulate and document their risk stratification.*

*To learn more about the risk stratification recommended by SRM consultants, visit: <https://www.mirecc.va.gov/visn19/trm/tool>. To learn more about how to apply risk stratification to your clinical practice, email [srmconsult@va.gov](mailto:srmconsult@va.gov).*

**Example Medical 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 \_\_\_\_\_.

*\*Risk stratification can be low, intermediate, or high.*

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., family, relationship). He 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 he has no current suicidal intent, no specific and current suicidal plan, 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 his chronic suicidal ideation, limited reasons for living, limited distress tolerance/emotion regulation abilities, suicidal behavior (including multiple suicide attempts), trauma history and symptoms, depressive symptoms, chronic substance dependence, chronic pain, and demographic factors (e.g., gender, marital status).

### Example 2:

The Veteran indicated that he has a loosely defined plan (i.e., hanging self), he denied any intent to act upon that plan, has not engaged in any preparatory behaviors, and easily identifies several reasons for living. 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, trauma history and symptoms, depressive symptoms, alcohol use, chronic pain, and demographic factors (e.g., gender, marital status).

### 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, he is 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, denies access to means for his potential plan for suicide, 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 his chronic suicidal ideation, past suicidal behaviors, MST, combat trauma history and symptoms, history of childhood abuse, depressive symptoms, limited reasons for living, history of self-harm, limited coping skills, history of substance use, chronic pain, and sleep disturbance.