

The Backpack RSA

Derived from *Relational Suicide Assessment* (W. W. Norton, 2013)

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RISK & RESOURCE INTERVIEW GUIDE

Use the 2 X 2 tables under each of the following four categories of suicidal experience to help you explore your client's present and past intrapersonal and interpersonal risks and resources. Be as thorough as necessary for you to make a sound clinical decision and avoid being exhaustingly exhaustive. Balance questions with empathic statements, allowing the assessment to unfold conversationally. Broach sensitive issues, segue back and forth between categories and among points of curiosity, and delve, when warranted, into issues of concern and possibility.

Throughout the interview, pay close and ongoing attention to how the client interacts with you, taking the context of the interview into account. A client meeting with you at someone else's request may appear more reticent, evasive, or dismissive than he or she would otherwise. Make note of his or her appearance; eye contact; speech; mood; orientation to surroundings; responsiveness to empathic statements and therapeutic possibilities; forthrightness; consistency of responses; and commitment to safety.

1. DISRUPTIONS & DEMANDS

	Client	Client's Significant Others
Risks	<ul style="list-style-type: none"> A) Loss/Failure of relationship B) Overwhelming expectations/obligations C) Loss of social position/financial status D) Legal/Disciplinary troubles E) Abuse/Bullying/Peril 	<ul style="list-style-type: none"> a) Distressing expectations/demands of the client b) Abandoning the client c) Abuse/Bullying of the client
Resources	<ul style="list-style-type: none"> 1) Effective problem solving 2) Positive personal/spiritual connections 	<ul style="list-style-type: none"> i) Reasonable expectations/encouragement of the client ii) Helping the client meet obligations

2. SUFFERING

	Client	Client's Significant Others
Risks	<ul style="list-style-type: none"> F) Depressed/Manic mood G) Anxiety/Anger/Obsessive thinking H) Conflicted identity/Shame/Burdensomeness I) Hallucinations/Delusions J) Insomnia/Nightmares K) Pain/Illness/Injury 	<ul style="list-style-type: none"> d) Viewing the client as flawed/a burden e) Limited awareness of/Unhelpful response to the client's suffering
Resources	<ul style="list-style-type: none"> 3) Engagement in medical/mental health treatment 4) Variability in psychological/physical symptoms 5) Effective response to suffering 	<ul style="list-style-type: none"> iii) Empathic response to the client's suffering iv) Supporting the client's medical/mental health treatment

3. TROUBLING BEHAVIORS

	Client	Client's Significant Others
Risks	L) Withdrawing from activities/relationships M) Substance abuse/Disordered eating N) Impulsive/Compulsive actions O) Harming self/others	f) Participating in the client's troubling behaviors g) Unhelpful attempts to regulate the client's troubling behaviors
Resources	6) Engaging in activities/relationships 7) Participating in therapy/rehab 8) Finding alternative behaviors	v) Reaching out to the client vi) Facilitating recovery/safety

4. DESPERATION

	Client	Client's Significant Others
Risks	P) Hopelessness Q) Intense desire for relief R) Intention/Plan to act on suicidal thoughts S) Communicating about suicidality T) Having/Gaining access to means U) Preparing for/Attempting suicide	h) Suicidality i) Ignorance/Denial of the client's suicidality j) Dismissive response to the client's suicidality
Resources	9) Hope/Reasons for living 10) Variability in suicidality 11) Willingness not to conceal suicidality 12) Active participation in developing and implementing a safety plan	vii) Compassionate response to the client's suicidality viii) Active participation in a safety plan

SAFETY PLAN CONSTRUCTION GUIDE

When possible and appropriate, draw on the possibilities listed below to collaboratively construct with the client (and significant others, if available) a specific point-form safety plan for how the client and significant others will, in response to the current danger, address acute risks and enhance safety. Write down the details you work out with the client as you proceed. Stay attuned to the participation of the client, ensuring that he or she remains engaged and that you are offering adequate opportunities for him or her to contribute. Once you have completed articulating the plan, go back over it, point by point, asking the client to add anything you've left out and ensuring with the client that it isn't too elaborate or asking too much of him or her. Make a copy for your file and give the original to the client.

- I) Identify any significant others who could assist in implementing relevant details of the safety plan. If they are in the waiting room, bring them into the session. If not, phone them. Determine their willingness and ability to help, and engage them accordingly.
- II) Work out how the client and resourceful significant others can prevent and/or restrict access to means for making a suicide attempt. Put measures in place for any method the client has been considering (e.g., shooting, hanging, jumping, overdosing, suffocation, carbon monoxide or pesticide poisoning, cutting, drowning, crashing a car or stepping in front of a vehicle, electrocution).
- III) Identify troubling behaviors the client has been using to cope with distress (e.g., withdrawing from activities/relationships; substance abuse; disordered eating; impulsive/compulsive actions; harming self/others), and, if appropriate, explore temporary alternatives (e.g., walking, exercise, music, meditation, prayer, reading, writing, reaching out).
- IV) Identify safe havens the client could, if necessary, access for a limited time (include contact information, if relevant)—
 - in the client's, a family member's, or a friend's home
 - in the hospital
- V) Consider enlisting the client's work supervisors and/or school administrators to at least temporarily alter the client's schedule, reducing his or her workload, and/or granting a leave-of-absence.
- VI) Determine, if warranted and appropriate, if the client would consider initiating, resuming, or continuing relevant treatment—
 - therapy
 - medication(s)
 - detox/rehab
 - inpatient or outpatient program(s)
- VII) Generate a list of personal resources the client could call if necessary (include contact information for each)—
 - family members and/or friends
 - members of the client's religious or spiritual community
 - peers and/or mentors
- VIII) Identify emergency resources the client could access if necessary (include contact information for each)—
 - doctor(s)
 - therapist(s)
 - crisis line(s) and 9-1-1
 - a nearby emergency room and/or hospital