



**EASA Center for Excellence**



Portland  
State  
UNIVERSITY

SCHOOL OF  
**PUBLIC HEALTH**

Dear EASA network,

Attached is an up-to-date EASA comprehensive risk assessment. The purpose of the update targets risk areas indicated by research and best practice, related to needs assessment and planning for young people who meet mental health criteria for clinical high risk for psychosis (CHRp), first episode schizophrenia spectrum, and bipolar diagnostic presentations.

The changes on the document reflect the most current research and evidence-based practices that aim to evaluate and mitigate risks for people in general as well as the age group of the young people in EASA. When there are identified items of risk on this assessment, for any EASA participant, a detailed crisis and/or safety plan should follow.

Evaluating and planning for potential risks across categories should be initiated during the screening process, updated at entry into the program, and evaluated as needed, based on you and your EASA team's discretion and clinical decision-making judgment during the course of EASA. Comprehensive risk assessments need to be up to date prior to transition from the program.

The completion of a comprehensive risk assessment for all EASA participants is in the existing EASA practice guidelines. It is not required that your program uses the EASA comprehensive risk assessment if your agency or EASA program already uses a risk assessment that evaluates the categories and areas identified on the EASA version. The comprehensive risk assessment does not replace behavioral health assessments.

Sincerely,

EASA Center for Excellence

Individual's Name: \_\_\_\_\_

Family and/or support systems names: \_\_\_\_\_

Other identifying information: \_\_\_\_\_

## **EASA Comprehensive Risk Assessment**

***Complete during screening and initial enrollment, EASA 90 day reviews,  
and as needed.***

*Individual crisis planning is indicated when there is current or previous evidence collected in **any of the categories** that have potential risk as observed or reported by the individual, family/support system or EASA Team.*

<b>Suicidal Behavior</b>	<b>Individual</b>	<b>Family/ Support System</b>	<b>EASA Team</b>
<ul style="list-style-type: none"><li>• History of suicide attempts, including <i>rehearsals</i> (behavior associated with practicing to die by suicide)</li></ul>			
<ul style="list-style-type: none"><li>• Perceived sense of burden to others</li><li>• Low sense of belongingness</li><li>• Lack of access to identified supportive people</li><li>• Thoughts and feelings indicating hopelessness</li></ul>			
<ul style="list-style-type: none"><li>• History of or exposure to suicide attempt of family member, friend, peer, significant other, famous person or other public figure</li></ul>			
<ul style="list-style-type: none"><li>• Suicidal ideation (frequency and duration daily, weekly, monthly)</li><li>• Intent (wish to die)</li><li>• Plans (when, where, how)</li><li>• Means (reasonable or immediate access to method like guns and other weapons, medications, accidents including driving, accessibility to bridges)</li></ul>			

<b>Self-Harm Behavior</b>	<b>Individual</b>	<b>Family/ Support System</b>	<b>EASA Team</b>
<ul style="list-style-type: none"> <li>• History of self-harm (purposeful hurting of oneself like cutting and burning):</li> </ul>			
Self-neglect: <ul style="list-style-type: none"> <li>• Restrictive eating</li> <li>• Restrictive drinking</li> <li>• Not addressing or caring for physical health needs</li> </ul>			
<ul style="list-style-type: none"> <li>• Vulnerability to victimization and exploitation:</li> <li>• Sexual (situations that increase a person's likelihood to get taken advantage of sexually)</li> <li>• Financial (for example: lending money to strangers, computer scams, diploma mills, pyramid schemes)</li> <li>• Social (for example: discrimination in housing, homelessness, employment, community and school activities, overly trusting, recent loss or death including of friendship, family member, etc.)</li> </ul>			

<b>Aggressive Behavior</b>	<b>Individual</b>	<b>Family/ Support System</b>	<b>EASA Team</b>
<ul style="list-style-type: none"> <li>• History of aggressive behavior or assault toward family member, friend, peer, or significant other</li> <li>• Thinking about hurting other people, animals, or property (frequency and duration daily, weekly, monthly)</li> <li>• Intent (wish to hurt others or destroy property)</li> <li>• Plans (when, where, how)</li> <li>• Means (reasonable or immediate access to method like guns and other weapons and accidents including driving)</li> </ul>			

Other Risk Categories	Individual	Family/ Support System	EASA Team
<ul style="list-style-type: none"> <li>• Symptom content associated with dying and special powers (for example, ability to fly, hyper-sexual, voices of self-harm)</li> <li>• Delusions (for example not eating due to fear or paranoia of being poisoned)</li> <li>• Mania</li> <li>• Command hallucinations</li> <li>• Insight (individual's awareness that they are experiencing new symptoms of psychosis or clinical high risk)</li> <li>• Recent discharge from hospital or longer-term institutionalization (jail, inpatient care facility, etc.)</li> </ul>			
<p>Other Considerations:</p> <ul style="list-style-type: none"> <li>• Culture (individual and family)</li> <li>• Sexual orientation</li> <li>• Gender Identity</li> <li>• Faith/Spirituality/Religion</li> </ul>			
<p>Symptom related issues:</p> <ul style="list-style-type: none"> <li>• Engagement challenges</li> <li>• Behavioral concerns</li> <li>• Willingness to participate (unready or unwilling to sign a consent for treatment or meet with EASA team member)</li> <li>• Family conflict (for example comments that communicate criticism, judgment, significant anxiety or concern)</li> <li>• Risk level of symptoms (command auditory hallucinations, mania, dangerous delusions for example, persecutory)</li> </ul>			

<ul style="list-style-type: none"> <li>• Leaving primary residence without a plan, notifying anyone, or resources to care for basic needs.</li> </ul>			
<ul style="list-style-type: none"> <li>• Substance use (disorder or misuse)</li> </ul>			
<ul style="list-style-type: none"> <li>• Criminal record and legal involvement</li> </ul>			
<ul style="list-style-type: none"> <li>• Impulsive behavior (symptom based, substance use based, aggressive behavior [toward other people, property, animals], previous attempts to die by suicide)</li> </ul>			
<p>Medications:</p> <ul style="list-style-type: none"> <li>• Side effects of medication (weight gain, brain fog, lactation, fatigue)</li> <li>• Adverse reactions to medicine (like akathisia)</li> <li>• History of medications: Useful? Not useful?</li> </ul> <p>Medical conditions:</p> <ul style="list-style-type: none"> <li>• Health conditions (for example: lupus, diabetes, anemia)</li> </ul> <p>Health:</p> <ul style="list-style-type: none"> <li>• Nutrition</li> <li>• Physical activity level</li> <li>• Access to food</li> <li>• Reproductive health</li> <li>• Sleep</li> <li>• Other</li> </ul>			

Evaluate identified risk items and develop crisis plan accordingly.

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## References

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