

Waterloo School District

Safe Student Protocol

Self-Injury and Suicide Risk Assessment Manual

(8/2022)



This manual was created to support the WSD student services team in using evidence-based screening tools to ensure systematic, consistent responses to student indicators of self-harm. Use of this manual will guide practitioners through the completion of a suicide risk assessment, appropriate follow through, and provide support for training.

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SECTION 1: PROMOTION OF MENTAL HEALTH AND WELL-BEING

- Teacher and Staff Education
 - ACT (Acknowledge, Care/Concern, Tell) Trainings
 - Youth Mental Health First Aid Training –to be completed by the end of 2022-2023
 - Trauma Sensitive Schools (DPI Modules and Activities)--to be completed in all buildings by the end of 2023-2024
- Student Education
 - All 8th-grade students-
 - Classroom Lessons with School Counselor (K-8)
 - DBT (Grades 5-8)
 - Social Emotional Learning
 - Mental Wellness
 - Jefferson County Partnership
 - Mental Health Awareness
 - Monthly meetings with the County
 - Awareness Activities
 - Wellness Day/ Assembly (TBD)
 - Student Led Awareness Committee (5-12 TBD)
- Parent and Community Education
 - Family Mental Health/Wellness Awareness (paired with a community night)

SECTION 2: RECOGNIZING THE SIGNS of and RESPONDING to SELF-HARM

- [Identifying Self-Injury Signs](#)

SECTION 3: RECOGNIZING THE SIGNS

IDENTIFYING SUICIDAL BEHAVIOR

Suicidal behavior includes a student's stated or unstated thoughts about causing intentional self-injury or death (suicidal ideation) and acts that cause intentional injury (suicide attempts) or death (suicide). Suicide is the third leading cause of death in teens. Five to 10% of high school students make attempts every year. Nonsuicidal self-injury is not necessarily indicative of suicidality.

Suicide is a complicated human behavior. Here is what is important to know:

- There is no typical suicide victim
- There are no absolute reasons for suicide
- Suicide is always multi-dimensional
- Preventing suicide must involve many approaches and requires team work
- Most suicidal people do not want to die; they just want to end their pain
- Ambivalence almost always exists until the moment of death

(From: The Wisconsin Components of School-Based Suicide Prevention, Intervention, Postvention Model.)

RISK FACTORS VERSUS WARNING SIGNS

Risk factors are epidemiologically derived, often distant in time and unchangeable. They may mean nothing.

Warning signs are behavioral signs of precipitating conditions in an individual. They are observable and current. Risk factors make warning signs more ominous.

RISK FACTORS FOR SUICIDE

There are no formal ways to weigh the significance of risk factors in an individual. Risk factors are stressful events, situations, or conditions that exist in a person's life that may increase the likelihood of attempting or dying by suicide.

- Previous suicide attempt
- Access to lethal means (firearms, poisons, prescription medications, alcohol & other substances)
- Mental illness (depression, anxiety, mood disorder, personality disorder, schizophrenia)
- Impulsively aggressive response to stress
- Low frustration tolerance
- Alcohol and other substance use disorders
- Serious medical/physical illness
- Hopelessness
- Family history of suicide or recent suicide in school
- LGBTQ youth
- History of abuse, trauma, interpersonal violence
- Perceived lack of social support; lack of affiliation, especially lack of meaningful adult connection
- Family violence/stress/dysfunction
- Rejection by peers, loneliness
- Bullying (both perpetrators & victims)
- Low self-esteem

WARNING SIGNS FOR SUICIDE

Warning signs are the changes in a person's behaviors, feelings, and beliefs about oneself that indicate risk. Never take warning signs lightly.

- Suicidal threats in the form of direct and/or indirect statements
- Suicidal intention including notes and pre-planning (giving away possessions)
- Decline in quality of school work
- Increased alcohol or drug use
- Preoccupation with death
- Changes in behavior, appearance, thoughts &/or feelings
- Talking about feeling trapped or unbearable pain
- Talking about being a burden to others
- Acting anxious or agitated; behaving recklessly

- Sleeping too little or too much
- Displaying sudden improvement after a period of being very sad and withdrawn. This may mean that a decision has been made to escape all problems by ending one's life.

PROTECTIVE FACTORS FOR SUICIDE

Protective factors are the positive conditions and personal and social resources that promote resiliency and reduce the potential for youth suicide. It is important to understand that protective factors do not prevent suicide.

- Individual Characteristics & Behaviors
 - Psychological or emotional well-being, positive mood
 - Emotional intelligence: the ability to perceive, integrate into thoughts, understand and manage one's emotions
 - Adaptable temperament
 - Internal locus of control
 - Strong problem-solving skills
 - Coping skills, including conflict resolution and nonviolent handling of disputes
 - Positive self-esteem
 - Frequent vigorous physical activity or participation in sports
 - Spiritual faith or regular church attendance
 - Cultural and religious beliefs that affirm life and discourage suicide
 - Resilience: ongoing or continuous sense of hope in the face of adversity o Frustration tolerance and emotional regulation
 - Body image, care, and protection
- Family and Other Social Support
 - Family support and connectedness to family, closeness to or strong relationship with parents, and parental involvement
 - Close friends or family members, a caring adult, and social support
 - Parental pro-social norms, that is, youth know that parents disapprove of antisocial behavior
 - Family support for school
- School
 - Positive school experiences
 - Part of a close school community
 - Safe environment at school
 - Adequate or better academic achievement
 - A sense of connectedness to school
 - A respect for the cultures of all students

SECTION 4: ASSESSMENT AND ACTION

***For an active suicide attempt (attempt in process) call 911 and remain with the student. NEVER LEAVE THE STUDENT ALONE. Have another staff member notify building administration who will activate appropriate emergency response protocol. In the case of an in school suicide attempt, the health and safety of the student is paramount.*

All staff: When a student makes a statement about suicide or self harm in writing, in a drawing, indirect verbal expression, or overtly voices suicidal threats or behaviors: ACT

- **Acknowledge** the student's feelings
 - Sample Language: "You are feeling overwhelmed" "You are having a really hard time"
 - Do not share personal suicide experiences
- Show **Care/Concern**
 - Example: "I am here", "My job is to keep you safe"
- **Tell** a member of the school student services team (principal, dean of students, counselor, psychologist)
 - Call or talk in person, **do not send email**
 - Use caution when talking and students are present - **Confidentiality**

*Everyone in school must take suicidal behavior seriously and should know who to contact if he or she has a concern. **Take immediate action. Never leave the student alone.**

For concerns that come up outside of school hours the following process should be followed:

- ❑ Contact police (920-674-7310) to report a safety concern. The police will complete a welfare check. Contact the parent to inform them as well (if you do not have family contact information call your school administrator).

"I was correcting papers tonight and I came across this statement in your child's essay. (read statement). I wanted you to be aware so that you can speak with your child. I will also share this concern with a student services staff member at school so that they may follow up with you."

 - *If parent asks for resources you could share:*
 - *Call police non-emergency number*
 - *Speak Up Speak Out (linked to our website)*
 - *National Suicide Prevention Lifeline 988*
- ❑ Following notification, call the principal so that they may follow up with the family and reach out to the appropriate student services staff.

Student Services/ Crisis Response Team (CRT):

Interview student to assess urgency/risk

- ☐ Include 2nd student services team member for student interview when possible
 - ☐ If 2nd person is not available, debrief with 2nd person after interview for consultation regarding safety planning
- ☐ As soon as possible, notify administration of situation so they can provide back-up and support time commitment
- ☐ Administer the [C-SSRS School Version](#)
- ☐ Determine level of risk and course of action

A. LOW RISK LEVEL OF SUICIDE

Students with a low risk of suicide display warning signs of suicide and/or express thoughts of killing themselves with no intent to act on these thoughts/ plan. **Answer Question 1 and 2 YES and others NO.**

1. Take every warning sign or threat of self harm seriously
2. Counselor or school psychologist will notify parent/guardian of situation and develop a [safety plan](#) with the student and parents
3. Document actions on appropriate forms
4. The counselor will **contact family the same day** and follow up with the student and family as often as necessary until the student is stable and no longer of concern.

B. MODERATE RISK OF SUICIDE

Suicidal thoughts with a method but without a specific plan or intent to act. Wanting to hurt themselves but not having a plan. *"I have thoughts of jumping in front of the train but I'm not going to do it"*. **Answer questions 1, 2 and 3 YES**

1. Keep the student safe and under close supervision.
2. Contact parents/guardians **the same day**
3. Create [safety plan](#) including supervision plan,
4. Determine student's ability to stay in school (individual student determination based upon level of need for supervision).

C. HIGH RISK LEVEL OF SUICIDE

Students with a moderate to high risk of suicide display suicidal ideation or behavior with any intent or desire to die. **Answers questions 1, 2, 3, 4+ YES**

1. Keep the student safe and under close supervision. **Never leave the student alone.**
2. **If the student requires hospitalization or immediate emergency medical treatment based on the assessment, proceed to part D, Extremely High (Imminent) Risk.**
3. School administrator or designee notifies parents/guardians. Arrange to meet with parents whenever appropriate.
4. School official will contact the county to determine needed support and next steps.

D. EXTREMELY HIGH (IMMINENT) RISK LEVEL OF SUICIDE

Students with an extremely high risk level of suicide have voiced the intent to engage in a suicidal act, have access to the lethal means needed to carry out the act, and may have lethal means on their person.

- 1. Ensure that a school staff member remains with the student at all times.**
- 2. Clear the area to ensure that all other students are safe**
- 3. Call Medical Response Team**
- 4. If needed call 911**
5. Contact the county.
6. Staff Member will notify parents of the situation as soon as possible.
7. At this level of seriousness student may require immediate hospitalization- try to have as much information ready to send with the emergency response
8. Case manager (school counselor or psychologist) will work with student's doctor and therapist treating the student. Frequency of check-in with the student, family, doctor and/or therapist will be determined by the individual situation
9. Before the student returns to school, initiate re-entry plan

Facilitating a Warm Handoff to outside provider

You may provide parents with a copy of the C-SSRS, safety plan and a paragraph summarizing your concerns for their use. Parents may share this information with whomever they wish. If parents would like you to have conversations with outside providers, a release of information approving this communication needs to be signed.

☐ **Severe Risk**

- Using the district release of information form, gain Release of Information to release CSSRS, safety plan, and additional paragraph summarizing concerns to share with provider (parent has a right to not sign release)
- Contact Existing provider or Emergency room
- If a parent is unwilling to take a student to be evaluated further, make a report to the county and document according to district policy.

☐ **Moderate Risk**

- Using the district release of information form, gain Release of Information to release CSSRS, safety plan, and additional paragraph summarizing concerns to share with provider (parent has a right to not sign release)
- Contact existing provider or if no current provider consider referral for hospital assessment.
- Support guardian in finding a provider if no current provider

☐ **Low Risk**

- Using the district release of information form, gain Release of Information to release CSSRS, safety plan, and additional paragraph summarizing concerns to share with provider (parent has a right to not sign release)
- Contact existing provider
- Support guardian in finding a provider if no current provider

PROCESS FOR RE-ENTRY TO SCHOOL AFTER EXTENDED ABSENCE OR HOSPITALIZATION

Students “need considerable support and monitoring, especially during the first several months they are back at school, during any school crisis, or near the anniversary of their attempt or mental health crisis” (SAMHSA Toolkit). It is critical to create or review the Safety Plan at the first 'return to school meeting' with the student and parents. A student is at increased risk of attempting suicide in the days and weeks immediately following discharge from the ER, hospital or care facility.

- ☐ Use the Safety Plan and Re-Entry Meeting information
- ☐ Consider who, at school, must be aware of the safety plan and make plans for implementation.

MONITORING

- ☐ School support team is established and has relevant information necessary to support student safety at school.
- ☐ Designated student services staff member checks in with the student first thing in the morning (before the start of school) to review the safety plan and the student's support staff.
- ☐ Designated student services staff member establishes contact with parent.
- ☐ Over time, monitor safety plan and the student's well being and adjust as the circumstances warrant. Check with caregivers on the student's access to community mental health resources and support.
- ☐ Screeners should be stored with your professional practice notes. Not to be included as part of a student record.

Important points to remember in facilitating a successful student re-entry:

1. Work with student, family, and relevant staff (counselor and school psychologist) to create an individualized re-entry plan (IRP) before the students return. A meeting with family and student is strongly recommended before the student returns to school.
2. Ensure that the appropriate staff (school psychologist, counselor, administrator) has the pertinent information from the student's doctor, psychiatrist, psychologist or therapist necessary to create the student's IRP.
3. The IRP will be based on Doctor or Mental Health Provider recommendation to support the student's psychological and educational needs.
4. Details of the student's mental health history should be shared only as needed to support the student's successful re-entry.

SECTION 5: RESOURCES

- [Student Risk Documentation Form](#) (pg 9)
- [CSS-RS Initial Screener](#) // [For schools](#) pg 10
- [CSS-RS Long Version](#) (pg. 11-13)
- [Safety Plan Student Version](#) (pg. 15-16)
- [Release of Information](#)
- [Re-Entry Meeting](#) pg 16
- [CSS-RS Since Last Contact Form](#) pg 17
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WSD Student Risk Documentation Form

Student Information		
Date student was identified as possibly at risk:		
Name:		
Date of Birth:	Gender:	Grade:
Name of Parent/Guardian(s):		
Parent/Guardian(s) Contact Information:		
Identification of Suicide Risk		
<p>Who identified the student as being at risk? Indicate name(s) where appropriate.</p> <ul style="list-style-type: none">• Student him/herself• Parent(s):• Teacher:• Other Staff:• Peer/ Friend:• Other:		
Reason for concern:		
Risk Assessment		
Assessment conducted by:		
Date of assessment:		
Type of Assessment(s) conducted:		
Results of assessment?		
Notification of Parent/ Guardian		
Staff who notified parent/guardian:		
Date notified:		
Mental Health Referral		
Student Referred to:	Date of referral:	
Safety Plan developed with student (and parents) YES NO	Date completed:	
Mental Health Resources List and Student/Parent Handout given to: Student (date) _____ Parent/Guardian (date) _____		
Staff member to conduct follow up:	Date for follow up:	

WSD SAFE STUDENT PROTOCOL FORM
COLUMBIA-SUICIDE SEVERITY RATING SCALE
Screen with Triage Points for Schools

Student Name:	Past month	
Ask questions that are in bold and underlined.	YES	NO
Ask Questions 1 and 2		
1) Wish to be Dead: Student endorse thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) Suicidal Thoughts General non-specific thoughts of wanting to end one's life/die by suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/ associated methods, intent, or plan. <u>Have you had any actual thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Suicidal Thoughts with Method (without specific Plan or Intent to Act): Person endorses thoughts of suicide and has thoughts of at least one method during the assessment period. This is different than a specific plan with time, place, or method details worked out. "I thought about taking an overdose but i never made a specific plan as to when, where, or how I would actually do it... and i would never go through with it." <u>Have you been thinking about how you might do this?</u>		
4) Suicidal Intent (without Specific Plan) Active suicidal thoughts of killing oneself and student reports having <u>some intent to act on such thoughts</u> , as opposed to "i have thoughts but definitely will not do anything about them." <u>Have you had these thoughts and had some intention of acting on them?</u>		
5) Suicide Intent with Specific Plan Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		
6) Suicide Behavior <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <u>Was this within the past 3 months?</u>	Lifetime	
	Past 3 Months	

Notes:

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

Name: _____ Grade/Age: _____ Date: _____

SUICIDAL IDEATION									
<p><i>Ask questions 1 and 2. If both are negative, proceed to “Suicidal Behavior” section. If the answer to question 2 is “yes”, ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is “yes”, complete “Intensity of Ideation” section below.</i></p>	In the past month								
<p style="text-align: center;">1. Wish to be Dead</p> <p>Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.</p> <p style="text-align: center;"><i>Have you thought about being dead or what it would be like to be dead?</i></p> <p style="text-align: center;"><i>Have you wished you were dead or wished you could go to sleep and never wake up?</i></p> <p style="text-align: center;"><i>Do you wish you weren't alive anymore?</i></p> <p>If yes, describe: _____</p>	<table style="width: 100%;"> <tr> <td style="width: 50%;">Yes</td> <td style="width: 50%;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>				
Yes	No								
<input type="checkbox"/>	<input type="checkbox"/>								
<p style="text-align: center;">2. Non-Specific Active Suicidal Thoughts</p> <p>General, non-specific thoughts of wanting to end one's life/die by suicide (e.g., “I've thought about killing myself”) without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period.</p> <p style="text-align: center;"><i>Have you thought about doing something to make yourself not alive anymore?</i></p> <p style="text-align: center;"><i>Have you had any thoughts about killing yourself?</i></p> <p>If yes, describe: _____</p>	<table style="width: 100%;"> <tr> <td style="width: 50%;">Yes</td> <td style="width: 50%;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>				
Yes	No								
<input type="checkbox"/>	<input type="checkbox"/>								
<p style="text-align: center;">3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act</p> <p>Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, “I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it...and I would never go through with it.”</p> <p style="text-align: center;"><i>Have you thought about how you would do that or how you would make yourself not alive anymore (kill yourself)? What did you think about?</i></p> <p>If yes, describe: _____</p>	<table style="width: 100%;"> <tr> <td style="width: 50%;">Yes</td> <td style="width: 50%;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>				
Yes	No								
<input type="checkbox"/>	<input type="checkbox"/>								
<p style="text-align: center;">4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan</p> <p>Active suicidal thoughts of killing oneself and subject reports having <u>some intent to act on such thoughts</u>, as opposed to “I have the thoughts but I definitely will not do anything about them.”</p> <p style="text-align: center;"><i>When you thought about making yourself not alive anymore (or killing yourself), did you think that this was something you might actually do?</i></p> <p style="text-align: center;"><i>This is different from (as opposed to) having the thoughts but knowing you wouldn't do anything about it.</i></p> <p>If yes, describe: _____</p>	<table style="width: 100%;"> <tr> <td style="width: 50%;">Yes</td> <td style="width: 50%;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>				
Yes	No								
<input type="checkbox"/>	<input type="checkbox"/>								
<p style="text-align: center;">5. Active Suicidal Ideation with Specific Plan and Intent</p> <p>Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out.</p> <p style="text-align: center;"><i>Have you decided how or when you would make yourself not alive anymore/kill yourself? Have you planned out (worked out the details of) how you would do it?</i></p> <p style="text-align: center;"><i>What was your plan?</i></p> <p style="text-align: center;"><i>When you made this plan (or worked out these details), was any part of you thinking about actually doing it?</i></p> <p>If yes, describe: _____</p>	<table style="width: 100%;"> <tr> <td style="width: 50%;">Yes</td> <td style="width: 50%;">No</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	Yes	No	<input type="checkbox"/>	<input type="checkbox"/>				
Yes	No								
<input type="checkbox"/>	<input type="checkbox"/>								
INTENSITY OF IDEATION									
<p><i>The following feature should be rated with respect to the most severe type of ideation (i.e., 1-5 from above, with 1 being the least severe and 5 being the most severe).</i></p> <p style="text-align: center;"><i>Most Severe Ideation:</i> _____</p>	Most Severe								
<table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">Type # (1-5)</td> <td style="width: 50%; text-align: center;">Description of Ideation</td> </tr> <tr> <td style="text-align: center;">Frequency</td> <td></td> </tr> <tr> <td style="text-align: center;"><i>How many times have you had these thoughts?</i></td> <td style="text-align: center;"><i>Write response</i> _____</td> </tr> <tr> <td colspan="2" style="text-align: center;"> (1) Only one time (2) A few times (3) A lot (4) All the time (0) Don't know/Not applicable </td> </tr> </table>	Type # (1-5)	Description of Ideation	Frequency		<i>How many times have you had these thoughts?</i>	<i>Write response</i> _____	(1) Only one time (2) A few times (3) A lot (4) All the time (0) Don't know/Not applicable		_____
Type # (1-5)	Description of Ideation								
Frequency									
<i>How many times have you had these thoughts?</i>	<i>Write response</i> _____								
(1) Only one time (2) A few times (3) A lot (4) All the time (0) Don't know/Not applicable									

SUICIDAL BEHAVIOR		In the past 3 months
(Check all that apply, so long as these are separate events; must ask about all types)		
Actual Attempt: A potentially self-injurious act committed with at least some wish to die, <i>as a result of act</i> . Behavior was in part thought of as method to kill oneself. Intent does not have to be 100%. If there is any intent/desire to die associated with the act, then it can be considered an actual suicide attempt. <i>There does not have to be any injury or harm</i> , just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt. Inferring Intent: Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal act that is clearly not an accident so no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor/story). Also, if someone denies intent to die, but they thought that what they did could be lethal, intent may be inferred. <i>Did you <u>do anything</u> to try to kill yourself or make yourself not alive anymore? What did you do?</i> <i>Did you hurt yourself on purpose? Why did you do that?</i> <i>Did you _____ as a way to end your life?</i> <i>Did you want to die (even a little) when you _____?</i> <i>Were you trying to make yourself not alive anymore when you _____?</i> <i>Or did you think it was possible you could have died from _____?</i> <i>Or did you do it purely for other reasons, <u>not at all</u> to end your life or kill yourself (like to make yourself feel better, or get something else to happen)?</i> (Self-Injurious Behavior without suicidal intent) If yes, describe:		<div> Yes No <input type="checkbox"/> <input type="checkbox"/> </div> <div> Total # of Attempts _____ </div> <div> Yes No <input type="checkbox"/> <input type="checkbox"/> </div>
Has subject engaged in Non-Suicidal Self-Injurious Behavior? Has subject engaged in Self-Injurious Behavior, intent unknown?		<div> Yes No <input type="checkbox"/> <input type="checkbox"/> </div>
Interrupted Attempt: When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act (<i>if not for that, actual attempt would have occurred</i>). Overdose: Person has pills in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather than an interrupted attempt. Shooting: Person has gun pointed toward self, gun is taken away by someone else, or is somehow prevented from pulling trigger. Once they pull the trigger, even if the gun fails to fire, it is an attempt. Jumping: Person is poised to jump, is grabbed and taken down from ledge. Hanging: Person has noose around neck but has not yet started to hang - is stopped from doing so. <i>Has there been a time when you started to do something to make yourself not alive anymore (end your life or kill yourself) but someone or something stopped you before you actually did anything? What did you do?</i> If yes, describe:		<div> Yes No <input type="checkbox"/> <input type="checkbox"/> </div> <div> Total # of interrupted _____ </div>
Aborted Attempt or Self-Interrupted Attempt: When person begins to take steps toward making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior. Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else. <i>Has there been a time when you started to do something to make yourself not alive anymore (end your life or kill yourself) but you changed your mind (stopped yourself) before you actually did anything? What did you do?</i> If yes, describe:		<div> Yes No <input type="checkbox"/> <input type="checkbox"/> </div> <div> Total # of aborted or self-interrupted _____ </div>
Preparatory Acts or Behavior: Acts or preparation towards imminently making a suicide attempt. This can include anything beyond a verbalization or thought, such as assembling a specific method (e.g., buying pills, purchasing a gun) or preparing for one's death by suicide (e.g., giving things away, writing a suicide note). <i>Have you done anything to get ready to make yourself not alive anymore (to end your life or kill yourself)- like giving things away, writing a goodbye note, getting things you need to kill yourself?</i> If yes, describe:		<div> Yes No <input type="checkbox"/> <input type="checkbox"/> </div> <div> Total # of preparatory acts _____ </div>
Suicide: Death by suicide occurred since last assessment.		<div> Yes No <input type="checkbox"/> <input type="checkbox"/> </div>
Most Lethal Attempt Date:		
Actual Lethality/Medical Damage: 0. No physical damage or very minor physical damage (e.g., surface scratches). 1. Minor physical damage (e.g., lethargic speech; first-degree burns; mild bleeding; sprains). 2. Moderate physical damage; medical attention needed (e.g., conscious but sleepy, somewhat responsive; second-degree burns; bleeding of major vessel). 3. Moderately severe physical damage; <i>medical</i> hospitalization and likely intensive care required (e.g., comatose with reflexes intact; third-degree burns less than 20% of body; extensive blood loss but can recover; major fractures). 4. Severe physical damage; <i>medical</i> hospitalization with intensive care required (e.g., comatose without reflexes; third-degree burns over 20% of body; extensive blood loss with unstable vital signs; major damage to a vital area).		<div> Enter Code _____ </div>

5. Death

Potential Lethality: Only Answer if Actual Lethality=0

Likely lethality of actual attempt if no medical damage (the following examples, while having no actual medical damage, had potential for very serious lethality:
put gun in mouth and pulled the trigger but gun fails to fire so no medical damage; laying on train tracks with oncoming train but pulled away before run over).
0 = Behavior not likely to result in injury
1 = Behavior likely to result in injury but not likely to cause death
2 = Behavior likely to result in death despite available medical care

Enter Code

DATE:

Please complete the other side of this form. (If you need more space, use the other side of this form.)

TAKE ACTION RIGHT AWAY

What can I do on my own to deal with thoughts, feelings, or situations that trouble me?

What can I do on my own to deal with thoughts, feelings, or situations that trouble me?

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GET EXTRA HELP!

Family, friends, others who will help me with a crisis? How will I contact (get to) them?

Family, friends, others who will help me with a crisis? How will I contact (get to) them?

Professionals, agencies who will help me with a crisis? How will I contact (get to) them?

In an emergency, I will contact (go to):

► LIFELINE: 1-800-273-8255 ◀

Family, friends, others who will help me with a crisis? How will I contact (get to) them?

Professionals, agencies who will help me with a crisis? How will I contact (get to) them?

In an emergency, I will contact (go to):

► LIFELINE: 1-800-273-8255 ◀

► **LIFELINE: 1-800-273-8255** ◀

THINGS TO THINK ABOUT

(Give at least one answer for each—and additional answers if you'd like to.)

People who truly know me value me because:

The person I feel closest to:

The person who has helped me a lot in my life:

Something I hope for or look forward to:

Something that makes life worth living for me, no matter what:

Re-Entry Meeting

Student Name:	Date:
Incident Date:	Absence Dates:
Re-Entry Meeting Participants:	
Steps Taken by family and student to follow up on suicidal ideation or attempt. Discuss resources in place or connect to additional resources.	
Recommendations by student's medical practitioner and/or therapist.	
Questions/ Concern about missed work, credits, absences, etc.	
School Safety Plan: (Restrictions during lunch/ passing time. Supervision during after school activities/ sports. When to notify teachers/ coaches/ after school activity supervisors and by whom. Duration of safety plan and check in/ review process).	
Next Steps in case of a continued safety concern. (When student needs to go home and with whom.)	
Student: _____	Date: _____
Parent: _____	Date: _____
Counselor: _____	Date: _____
Administrator: _____	Date: _____

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screening Version – Since Last Contact

Student Name:	Grade:	Date:	Since Last Contact	
Ask questions that are bold and <u>underlined</u>			YES	NO
Ask Questions 1 and 2				
1) Wish to be Dead: Student endorse thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>				
2) Suicidal Thoughts General non-specific thoughts of wanting to end one's life/die by suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/ associated methods, intent, or plan. <u>Have you had any actual thoughts of killing yourself?</u>				
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6				
3) Suicidal Thoughts with Method (without specific Plan or Intent to Act): Person endorses thoughts of suicide and has thoughts of at least one method during the assessment period. This is different than a specific plan with time, place, or method details worked out. "I thought about taking an overdose but i never made a specific plan as to when, where, or how I would actually do it... and i would never go through with it." <u>Have you been thinking about how you might do this?</u>				
4) Suicidal Intent (without Specific Plan) Active suicidal thoughts of killing oneself and student reports having <u>some intent to act on such thoughts</u> , as opposed to "i have thoughts but definitely will not do anything about them." <u>Have you had these thoughts and had some intention of acting on them?</u>				
5) Suicide Intent with Specific Plan Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>				
6) Suicide Behavior <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <u>Was this within the past 3 months?</u>				

Notes: