

Policy to Practice: Suicide Intervention Toolkit

2021-2022

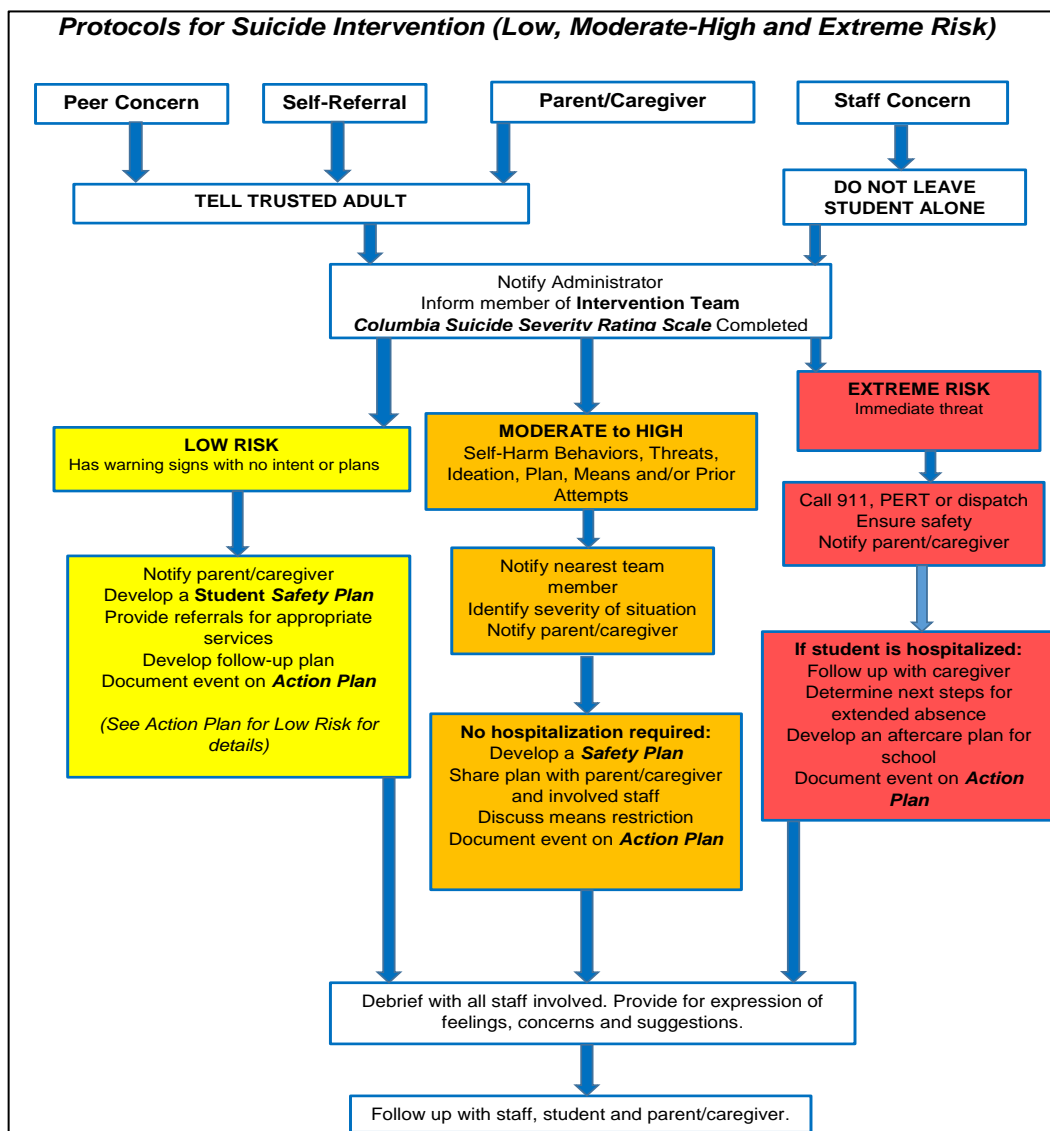
*This toolkit was created by the SDCOE Student
Wellness & School Culture Department.*

*The documents in this toolkit are templates that
districts can adapt and modify to meet the unique
needs of their school communities.*

1. Protocol Flow Chart for Suicide Intervention

This flowchart is *adapted from the Comprehensive Suicide Toolkit for Schools- HEARD Alliance 2018*. The protocol is determined by the following:

- Role of person that initiates the concern
- Severity level of risk assessment which is color coded to align with the Columbia CSSRS color coding
- Staffing and resources available in the schools



Link: [Protocols for Suicide Intervention](#)

2. Columbia Suicide Severity Rating Scale (CSSRS)

The Columbia Protocol, also known as the **Columbia-Suicide Severity Rating Scale (C-SSRS)**, supports suicide risk screenings through a series of simple, plain-language questions that anyone can ask. The answers help users identify whether someone is at risk for suicide, assess the severity and immediacy of that risk, and gauge the level of support that the person needs. It is evidence based, free and universally used for all ages and settings.

- [C-SSRS Education Brochure](#) provides an overview of utilizing the screener in an educational setting
- [C-SSRS Screener Free Online Training](#) can be used to train any adult in a school setting on using the tool through a prerecorded webinar in less than 30 minutes.
- [Suicide Risk Assessment and the C-SSRS](#) is a training for the full and screener scales that can be completed in under an hour.

Adapted from Columbia Lighthouse project .com



SUICIDE IDEATION DEFINITIONS AND PROMPTS		Past month	
Ask questions that are bolded and <u>underlined</u> .		YES	NO
Ask Questions 1 and 2			
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>			
2) <u>Have you actually had any 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) <u>Have you been thinking about how you might do this?</u> E.g. "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."			
4) <u>Have you had these thoughts and had some intention of acting on them?</u> As opposed to "I have the thoughts but I definitely will not do anything about them."			
5) <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) <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 three months?</u>		YES	NO

Low Risk
 Moderate Risk
 High Risk

Link: [Columbia Suicide Severity Rating Scale \(C-SSRS\)](#)

3. Action Plan Documentation

This **Action Plan Documentation** was adopted from Duarte & Kim. It provides a step-by-step checklist to document and guide the intervention process based on the severity level.

It is color coded to align with the **Protocol Flow Chart** and **C-SSRS** based on severity level of low (yellow), moderate (orange) and high (red) and identifies a responsible staff person for each step along with external contacts and phone numbers. On the bottom of the plan there is space for additional documentation.

Link: [Action Plan Documentation](#)

Determined Low Risk based on CSSRS Screening				
<ul style="list-style-type: none"> • Suicidal ideation with low frequency, intensity and duration • No intent (degree to which student has planned suicidal behavior) • No plans 		<ul style="list-style-type: none"> • Few risk factors • Good self-control • Presence of protective factors 		
Date:	Student:	School:	Grade:	
	Action Plan Checklist	Responsible Staff	External Contacts	Phone Number
	<input type="checkbox"/> Take every warning sign seriously			
	<input type="checkbox"/> Notify admin			
	<input type="checkbox"/> Notify parent/caregiver with student present if appropriate			
	<input type="checkbox"/> Complete Parent/Caregiver Notification Form			
	<input type="checkbox"/> Develop Safety Plan with student and parents if necessary			
	<input type="checkbox"/> Refer to primary care or mental health services if necessary			
	<input type="checkbox"/> Get parent signature on Authorization for Release and/or Disclosure of Information Form if necessary			
	<input type="checkbox"/> Communicate to appropriate staff and rest of HWCT and document			
	<input type="checkbox"/> Provide copy of Safety Plan with parents and involved staff			
	<input type="checkbox"/> Follow up with student and family as often as necessary until student is stable			
	<input type="checkbox"/> Debrief with involved staff to assist with the intervention, provide for expression of feelings, concerns and suggestions			
Who identified student as being at risk:				
Reason for concern:				
Staff notified:				
Additional Information:				

Determined Moderate-High Risk based on CSSRS Screening				
<ul style="list-style-type: none"> • Suicidal ideation with moderate frequency, intensity and duration • Non-specific intent, some plans, not concrete 		<ul style="list-style-type: none"> • May express previous suicide attempt, some risk factors • Moderate self-control, presence of some protective factors 		
Date:	Student:	School:	Grade:	
	Action Plan Checklist	Responsible Staff	External Contacts	Phone Number
	<input type="checkbox"/> Remain with student to ensure safety			
	<input type="checkbox"/> Notify other HWCT member(s)			
	<input type="checkbox"/> Notify parent/caregiver with student present			
	<input type="checkbox"/> Complete Parent/Caregiver Notification Form			
	If hospitalization is not required:			
	<input type="checkbox"/> Develop Safety Plan and share with parent/caregiver and involved staff			
	<input type="checkbox"/> Discuss means restriction with parent/caregiver			
	<input type="checkbox"/> Confirm understanding of next steps for student's care			
	<input type="checkbox"/> Provide referrals to outpatient care services			
	<input type="checkbox"/> Check for sibling and school of attendance			
	<input type="checkbox"/> Get parent signature on Authorization for Release and/or Disclosure of Information Form if necessary			
	<input type="checkbox"/> Communicate to appropriate staff and rest of HWCT team and document			
	<input type="checkbox"/> Student released to parent/caregiver or appropriate authority			
	<input type="checkbox"/> Debrief with all staff involved			
	<input type="checkbox"/> Establish a plan for periodic contact to follow up until student is stable			
Who identified student as being at risk:				
Reason for concern:				
Staff notified:				

Determined Extreme Risk				
<ul style="list-style-type: none"> • Frequent, intense and enduring suicidal ideation • Clear intent, specific/concrete plans and/or access to lethal means • Persistent symptoms of psychological distress, depression/sense of hopelessness 		<ul style="list-style-type: none"> • Many risk factors including history of suicidal attempts, hospitalization and/or self-injurious behaviors • Limited self-control. Low level of rescue and reversibility of plan • IF ACUTE LIFE THREATENING SITUATION, CALL 9-1-1 		
Date:	Student:	School:	Grade:	
	Action Plan Checklist	Responsible Staff	External Contacts	Phone Number
	<input type="checkbox"/> DO NOT LEAVE STUDENT ALONE			
	<input type="checkbox"/> Call 911, PERT or dispatch officer to mobilize community links			heriff Dispatch 858-565-5200
	<input type="checkbox"/> Clear students from the area, ensure safety			
	<input type="checkbox"/> Notify other HWCT team member(s)			
	<input type="checkbox"/> Notify parent/caregiver about seriousness of situation			
	<input type="checkbox"/> Check for sibling and school of attendance			
	<input type="checkbox"/> Complete Parent/Caregiver Notification Form			
	<input type="checkbox"/> Student released to parent/caregiver or appropriate authority			
	<input type="checkbox"/> Debrief with involved staff			
	If Student is Hospitalized:			
	• Follow up with parent/caregiver			
	• Determine next steps for extended absence			
	Before student returns to school, initiate re-entry and after-care plan			
Who identified student as being at risk:				
Reason for concern:				
Staff notified:				
Additional Information:				

4. Parent Information & Resources

The fillable **Parent Contact Acknowledgment Form** adapted from 2009 Augusta, ME: Maine Youth Suicide Prevention Program is used to notify the parent/guardian that a suicide risk assessment has been completed (if appropriate) and asks them to follow up with students' continuing care.

Link: [Parent Contact Acknowledgement Form](#)

PARENT CONTACT ACKNOWLEDGEMENT FORM

Student Name: _____

Date of Birth: _____ Grade: _____

School: _____

This is to verify that I have spoken with a member of the school's mental health staff, _____, on _____ concerning my child's suicidal risk. I have been advised to seek the services of a mental health agency or therapist immediately.

I understand that _____ will follow up with me, my child, and the mental health care provider to whom my child has been referred for services within two weeks.

Parent Signature: _____ Date: _____

Parent Contact Information:

Phone: _____ Email: _____

School Staff Member Signature: _____ Date: _____

Links to Parent Information & Resources

The following resources are to ensure parents/guardians are equipped with the information and resources needed to keep their child safe.



[Suicide Prevention Resource for Parents Brochure](#)
[Suicide Prevention Resource for Parents Brochure-Spanish](#)

This brochure created by Each Mind Matters includes key questions parents/guardians can ask themselves to identify warning signs, know what to do and learn resources.



[Preventing Youth Suicide: Tips for Parents and Educators](#)
[Preventing Youth Suicide: Tips for Parents and Educators-Spanish](#)

This infographic created by NASP is for parents and teachers who are in a key position to identify warning signs and get youth the help they need.



[Suicidal Thinking and Threats: Helping Handout for Home](#)

This handout is to prepare parents/guardians to respond to youth who have thoughts of ending their life.

5. Student Safety Plans

The **Student Safety Plan** can be used and followed in conjunction with the **Action Plan Documentation** forms. It should be done with the student and parent/guardian and written in the student's own words.

This safety plan was *adapted from Safety Plan Template ©2008, 2021 Barbara Stanley and Gregory K. Brown* and it has 6 steps that include a list of internal coping strategies, sources of supports and a list of resources that the student can use in a crisis.

Link: [Student Safety Plan](#)

The Social Work Tech adapted the work of *Barbara Stanley and Gregory K. Brown (2008) Student Safety Plan* and modified it to include contemporary language and future-oriented talk by listing the students' reasons for living. This plan provides an additional option to the one above.

Link: [Social-Work-Tech-Safety-Plan-2021-English & Spanish](#)

STANLEY - BROWN SAFETY PLAN

STEP 1: WARNING SIGNS:

1. _____
2. _____
3. _____

STEP 2: INTERNAL COPING STRATEGIES – THINGS I CAN DO TO TAKE MY MIND OFF MY PROBLEMS WITHOUT CONTACTING ANOTHER PERSON:

1. _____
2. _____
3. _____

STEP 3: PEOPLE AND SOCIAL SETTINGS THAT PROVIDE DISTRACTION:

1. Name: _____ Contact: _____
2. Name: _____ Contact: _____
3. Place: _____ 4. Place: _____

STEP 4: PEOPLE WHOM I CAN ASK FOR HELP DURING A CRISIS:

1. Name: _____ Contact: _____
2. Name: _____ Contact: _____
3. Name: _____ Contact: _____

STEP 5: PROFESSIONALS OR AGENCIES I CAN CONTACT DURING A CRISIS:

1. Clinician/Agency Name: _____ Phone: _____
Emergency Contact: _____
2. Clinician/Agency Name: _____ Phone: _____
Emergency Contact: _____
3. Local Emergency Department: _____
Emergency Department Address: _____
Emergency Department Phone: _____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

STEP 6: MAKING THE ENVIRONMENT SAFER (PLAN FOR LETHAL MEANS SAFETY):

1. _____
2. _____

The Stanley-Brown Safety Plan is copyrighted by Barbara Stanley, PhD & Gregory K. Brown, PhD (2008, 2021). Individual use of the Stanley-Brown Safety Plan form is permitted. Written permission from the authors is required for any changes to this form or use of this form in the electronic medical record. Additional resources are available from www.juicedsafetyplan.com.

Stanley-Brown
Safety Planning Intervention

Your Name _____'s Safety Plan on _____ Today's Date _____

Step 1: My Warning Signs of a Crisis

Step 2: Activities I Can Do By Myself to Try to Take my Mind off of Things
THINGS I LIKE TO DO, COPING SKILLS, OR THINGS I'M GOOD AT:

Step 3: Taking My Mind off of Things
PEOPLE WHO CAN DISTRACT ME: _____ PLACES I CAN GO TO: _____

Step 4: People I Can Call for Help

NAME OF PERSON: _____
RELATIONSHIP: _____
CONTACT INFO: _____

Step 5: Ways That Supportive People Can Help Me Stay Safe

Step 6: I Can Call These Very Important Phone Numbers To Stay Safe!

WHO: _____
CONTACT INFO: _____
WHEN: _____


I'M GOING TO USE MY PLAN BECAUSE THESE ARE MY REASONS TO LIVE

Safety Plan | Adapted by Social Work Tech (2021) from an original work by Barbara Stanley, Gregory K. Brown (2008). Document provided for reference only and user(s) assume risks involved with safety planning. Its work is licensed under a Creative Commons Attribution-NonCommercial-NoDerivs 4.0 Unported License.

6. Treat With Care Memo

After a student has been assessed for risk of suicide, this confidential memo can be sent to the teacher (leaving out specific details) stating that the student may be experiencing challenges or has experienced a traumatic event and to treat with care (specific messaging should be determined by the team). The intent of the memo is for the teacher to:

- serve as a silent observer
- practice compassion and empathy
- increase awareness of student's needs



TREAT WITH CARE

Confidential Memo

Date:

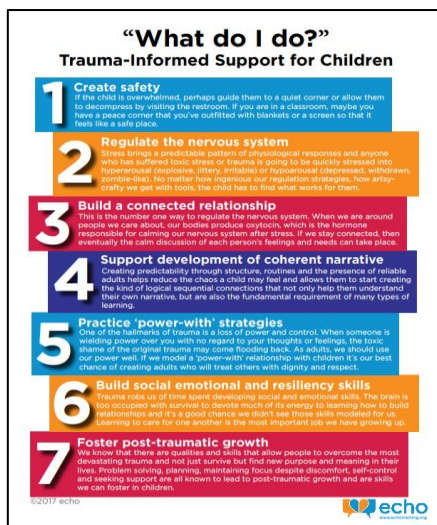
To:

From:

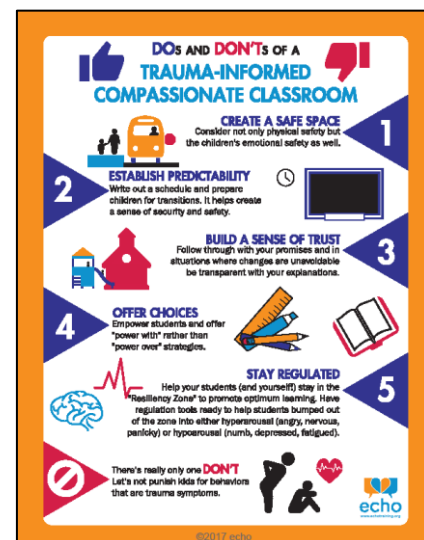
Re: *This student may be experiencing challenges or has experienced a traumatic event in the last 24 hours. This student may exhibit academic, emotional or behavioral challenges in response to this event. Please treat student with CARE. Thank you!*

Link: [Treat With Care Memo](#)

These supplemental infographic tips sheets created by Echo can be sent to the teachers along with the Treat with Care Memo that include "What do I do?" step-by-step guide to a trauma-informed response and "Dos and Don'ts of a Trauma-Informed Classroom"



Link: [What do I do? Trauma Informed Support for Children](#)



Link: [Trauma-Informed Compassionate Classroom](#)

7. Student Self-Care Plan

This tool *adapted from the Social Work Tech* was designed for students to develop a balanced self-care plan to promote wellness and reduce vulnerability to exhaustion and hopelessness. Below is the Student Self-Care Plan with an example plan and a blank plan that include:

1. **Mind:** Pleasurable activities that promote a sense of accomplishment
2. **Body:** Basic physical needs such as sleep, exercise, healthy eating and hydration
3. **Spirit:** Social connection, meditation, prayer or gratitude practice

's Self-Care Plan!

MIND

BODY


SUPPORTIVE PEOPLE IN MY LIFE

SPIRIT

I WANT TO ACCOMPLISH



Self Care Plan by Social Work Tech | Ignacio Pacheco
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IGNACIO's Self Care Plan!

Mind

Body

Supportive People In My Life:
GRETCHEN
MOM
MI VIEJO
ALBERTO
LYNNE
CAROLINE
REED
DEBORAH

Spirit

I want to accomplish:
PEACE
SERENITY
CONTROL
HAPPINESS
GOOD WORK
BE A GOOD PERSON

Handwritten notes around the plan:
 Mind: MEDITATE, TAKE LOTS OF BREAKS, MUSIC, FUN!, LIFE-LONG LEARNING
 Body: TEA, NOURISHING FOOD, EXERCISE, SLEEP EIGHT HOURS, EVERYTHING IN MODERATION
 Spirit: SELF-REFLECTION, HUMAN CONNECTIONS, FULFILLMENT THROUGH USING MY AWESOME SKILLS

Student Self-Care Plan

8. Webs of Support

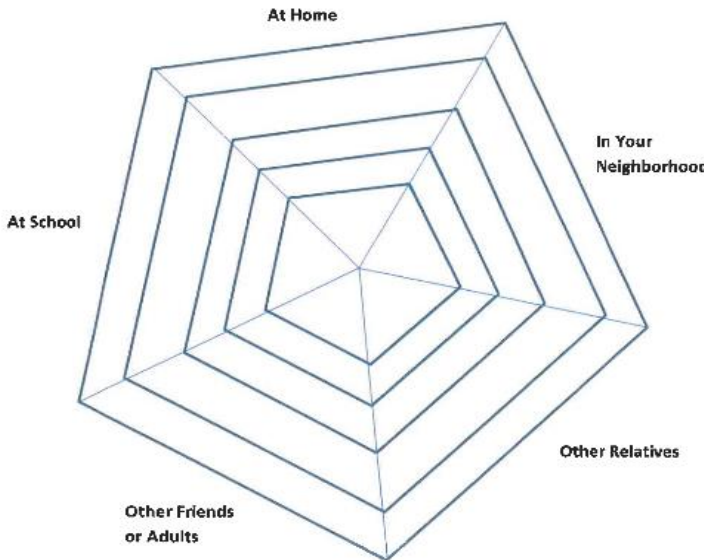
Protective factors such as positive relationships at home, school and community are essential to creating webs of support.

Below is a relationship mapping tool *adapted from Fallin 2001* and is intended to be completed with the student to identify caring adults or peers that can be a part of their **Web of Support** and included in their safety and self-care plans.

Important People in Your Life

Certain things in your life can help you deal with stress. One of the most important is having people around who will help you. These people may be family members, friends, classmates, teachers, scout leader or other adults.

Under each heading in the "web of support," write down the names of people you feel close to and care about.



Fallin et al., 2001, 22.

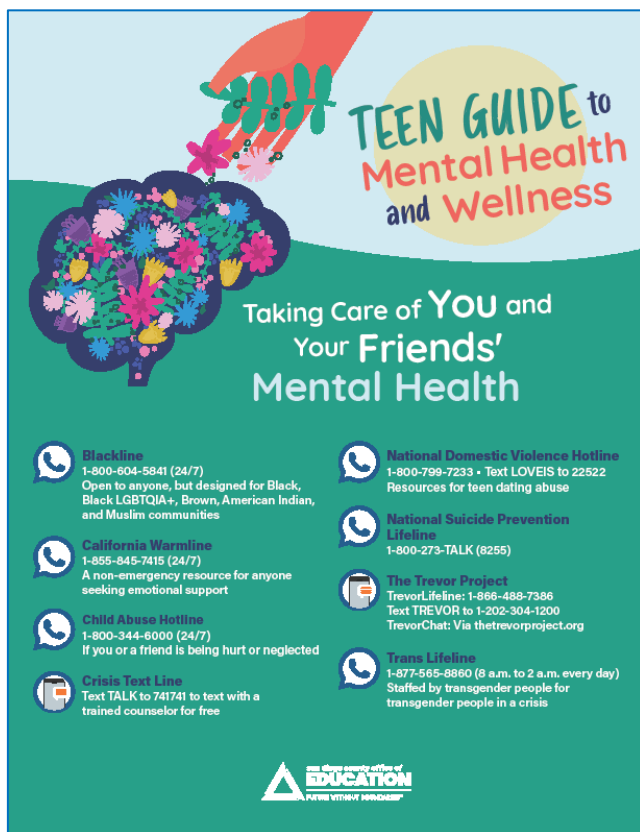
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Link: [Web of Support-Fillable Form](#)

9. Teen Information & Resources

The **Teen Guide to Mental Health & Wellness** was created by SDCOE's Student Wellness & School Culture Department. It is intended to provide information, tools and resources to support middle and high school students and their friends and peers. The guide is in English and Spanish and include:

- Hotlines and warm lines
- Free Apps for teens on wellness and self-care
- Self-care strategies for teens



Link: [Teen Guide to Mental Health & Wellness](#)



[Teen Guide to Mental Health & Wellness: Spanish](#)