



2024

SUICIDE SCREENING

AND INTERVENTION MANUAL

Table of Contents

- Page 3: Columbia-Suicide Severity Rating Scale - *Screen with Triage Points for Schools*
- Page 4: *Low Concern - Behavioral Health Referral*
- Page 5: *Moderate Concern - Behavioral Health Referral*
- Page 6: Notice of Emergency Conference- *Moderate Concern*
- Page 7: *High Concern - Student Safety Precautions*
- Page 8: Notice of Emergency Conference- *High Concern*
- Pages 9-11: School Procedure Checklist after Screening Student
- Pages 12-13: Safety Plan
- Page 14: References & Acknowledgments

Suicide Risk Screener (Print in color ink)

Gathering data to make informed decisions and design interventions using C-SSRS

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS) Screen with Triage Points for Schools	Past Month	
Ask questions that are in BOLD 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> <i>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."</i>		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> <i>as opposed to "I have the thoughts but I definitely will not do anything about them."</i>		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Did 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: Took pills, tried to shoot yourself, cut yourself, or hang yourself, 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, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc. If YES, ask: <u>Was this within the past 3 months?</u>		
		Lifetime
		Past 3 Months
Possible Response Protocol to C-SSRS Screening		
Item 1 Behavioral Health Referral		
Item 2 Behavioral Health Referral		
Item 3 Behavioral Health Referral		
Item 4 Student Safety Precautions & psychiatric evaluation by crisis team/EMT/Emergency room		
Item 5 Student Safety Precautions & psychiatric evaluation by crisis team/EMT/Emergency room		
Item 6 Behavioral Health Referral		
Item 6 3 months ago or less: Student Safety Precautions & psychiatric evaluation by crisis team/EMT/Emergency room		

LOW CONCERN - BEHAVIORAL HEALTH REFERRAL

(Complete this page if ONLY yellow boxes on C-SSRS are answered 'yes')

STUDENT: _____ DATE: _____

SCHOOL: _____ GRADE: _____

ADMINISTRATOR: _____

Check off each step after C-SSRS is completed.

School Administrator was informed and I consulted with one of the following (Check):

Psychologist Counselor School Social Worker Outside Therapist

Parent(s)/Guardian notified of the situation and risk assessment results:

Method (e.g. phone call, face-to-face): _____

Date/time: _____

Parents are offered pertinent recommendations regarding monitoring and obtaining help for their student if needed

Parent invited to contact administrator/designee if they have further questions or concerns

Student returned to class

Person making the referral (e.g.: teacher, staff) informed that assessment was completed, actions taken, thanked for alerting administrator/designee, and instructed to report any warning signs or concerns

MODERATE CONCERN - BEHAVIORAL HEALTH REFERRAL

(Complete this page if any orange boxes on C-SSRS are answered 'yes' and NO red boxes are answered 'yes')

STUDENT: _____ DATE: _____

SCHOOL: _____ GRADE: _____

ADMINISTRATOR: _____

Check off each step after C-SSRS is completed.

Student created a safety plan (pages 12 and 13)

School Administrator was informed and I consulted with one of the following (Check):

- Counselor
- School Social Worker
- Psychologist
- Outside Therapist for designated student

Attempted contact with student's Parent/Guardian/Emergency Person and (check all that apply):

- Unavailable - school contacted (circle) law enforcement/mental health/CPS
- Refused to support - school contacted(circle) law enforcement/mental health/CPS
- Successful contact with guardian

Conference with guardian held, informed of assessment results, concern level, safety plan, and discussed student support options

Completed Emergency Conference Form (pg. 6)

Guardian will seek mental health services

Counseling services are being provided:

Agency: _____ Frequency: _____

Person making the referral (e.g.: teacher, staff) informed that assessment was completed, actions taken, thanked for alerting administrator/designee, and instructed to report any warning signs or concerns.

NOTICE OF EMERGENCY CONFERENCE

Moderate Concern

I/We, (Name) _____, the parents/guardians of
(Student Name) _____, were involved in an emergency conference with
school personnel(Name/Title) _____ on (date) _____.

We have been notified that our child's actions prompted an emergency assessment and, based on the available information, he/she appears to pose a **moderate** risk of suicide.

School personnel have clarified the school's response to my child's C-SSRS results. We have been further advised that we should seek mental health services for our child. I/we have been told that the school will provide a follow-up meeting to ensure support to our child at school.

Administrator, mental health professional, relevant staff, and parent will meet on
(date/time) _____ (typically 4-6 weeks later) to review student's status and
revise support/intervention as needed. **TEAM SHOULD MEET EARLIER IF NEEDED.**

I have been provided a copy of my child's Safety Plan.

(Parent/Legal Guardian Signature/Verbal Acknowledgment by phone)

(Date/Time)

OR

Parent refused to sign (check if applicable)

IF PARENT CANNOT BE CONTACTED:

An effort was made to contact the parent/emergency contact by phone at the following times:

Date _____ Time _____ No answer _____ Left message _____ Contacted _____

The parent/guardian could not be reached OR refused to participate in the emergency conference meeting. The student was not allowed to leave or go home unescorted and the following action was taken: (Check all that apply and fill in the blanks provided)

After school student transported to:

Parent _____

Agency/provider: _____

Law-enforcement agency _____

Emergency services (e.g. mental health/hospital/paramedics/tribal services): _____

Other: _____

HIGH CONCERN -Student Safety Precautions

(Complete this page if any red boxes on C-SSRS are answered 'yes')

STUDENT: _____ DATE: _____

SCHOOL: _____ GRADE: _____

ADMINISTRATOR: _____

Check off each step after C-SSRS is completed.

Student kept under direct line-of-sight adult supervision at all times

School Administrator is informed

Mental Health Professional consulted with one of the following (Check):

Counselor

School Social Worker

Psychologist

Outside Therapist for designated student

Student created safety plan with mental health professional (pages 12 and 13)

Attempted contact with student's Parent/Guardian/Emergency Person and (check all that apply):

Unavailable - school contacted (circle) law enforcement/mental health/CPS

Refused to support - school contacted(circle) law enforcement/mental health/CPS

Successful contact with guardian: Time _____

Conference with guardian held, informed of assessment results, concern level, safety plan, and discussed student support options

Completed Emergency Conference Form (pg. 8)

Student placed in custody of (check one)

Parent/guardian

Emergency Contact

Law Enforcement

CPS

Other: _____

Parent/guardian advised to maintain "line-of-sight" supervision, remove access to all weapons/medications/etc.

Custodial person/agency agreed to transport student to mental health facility or hospital

Student transported to mental health facility or hospital by school personnel

NOTICE OF EMERGENCY CONFERENCE

High Concern

I/We, (Name) _____, the parents/guardians of
(Student Name) _____, were involved in an emergency conference with
school personnel (Name/Title) _____ on (date) _____.

We have been notified that our child's actions prompted an emergency assessment and, based on the available information, he/she appears to pose a **high** risk of suicide.

School personnel have clarified the school's response to my child's C-SSRS results. We have been further advised that we should seek psychological consultation immediately from the hospital or mental health facility. I/we have been told that the school will provide a follow-up meeting to ensure support to our child at school.

Administrator, mental health professional, relevant staff, and parent will meet on
(date/time) _____ (typically 4-6 weeks later) to review student's status and
revise support/intervention as needed. **TEAM SHOULD MEET EARLIER IF NEEDED.**

I have been provided a copy of my child's Safety Plan.

(Parent/Legal Guardian Signature/Verbal Acknowledgment by phone)

(Date/Time)

OR

Parent refused to sign (check if applicable)

IF PARENT CANNOT BE CONTACTED:

An effort was made to contact the parent/emergency contact by phone at the following times:

Date Time No answer Left message Contacted

The parent/guardian could not be reached OR refused to come get their student. The student was not allowed to leave or go home unescorted and the following action was taken: (Check all that apply and fill in the blanks provided)

Student transported to:

Hospital: (Name of hospital) _____

Mental Health Facility: (Name of facility) _____

School Procedure Checklist AFTER Assessing and Intervening

To be completed by Administrator/Principal

Student:	DOB:	Date:
School:	Grade:	UIC:

REFERRING PERSON: _____

RELATIONSHIP TO THE STUDENT:

- | | | | |
|---------------|---------------|--------|---------------------|
| Teacher | Administrator | Parent | School Psychologist |
| Social Worker | Counselor | Peer | Other: _____ |

PRINCIPAL/ ADMINISTRATION DESIGNEE: _____

DATE AND TIME NOTIFIED: _____

A. ADMINISTRATOR IS NOTIFIED STUDENT HAS ATTEMPTED SUICIDE AT SCHOOL:

- Emergency first-aid provided by trained staff and 911 called
- Student provided safe and dignified environment with adult supervision until emergency personnel arrived
- Administrator notified Superintendent
- Administrator notified parent(s), guardian or emergency contact person

B. ADMINISTRATOR OR SCHOOL MENTAL HEALTH PROFESSIONAL IS NOTIFIED OF SUICIDE CONCERNS (Check all that apply)

The referring person notified the principal/designee that the student may be contemplating or having attempted suicide because they have observed one of the following:

- The student directly or indirectly expressed suicidal thoughts/attempts verbally, in writing, or by drawing
- The referring person noticed marks or cuts on the wrists, neck, or elsewhere that might indicate a suicide attempt or gesture
- A third party contacted the referring person and indicated concern that the student might be at risk for suicide or made a recent suicide attempt
- The referring person learned of a recent suicide attempt that was previously unknown to the school or parent/guardian
- The student has exhibited one or more of the following behaviors in the past month (Check all that apply):

- A sudden, significant change in their normal behavior
- Withdrawing from family and friends
- Giving away cherished possessions
- Substantial change in eating habits
- Neglect of personal appearance or decrease in hygiene/grooming
- Family conflict/change due to death, divorce, parental rejection, abuse
- Significant change in peer group or friendships
- Use of drugs and/or alcohol

C. ADMINISTRATOR OR TEACHER ARRANGES SCREENING & ASSESSMENT INTERVIEW

The principal/designee arranges for the student to be screened immediately by a mental health professional after being notified. School mental health professional will complete the C-SSRS with student. **Under no circumstances** is the student left unsupervised or allowed to leave school until the student has been screened, interviewed, AND a parent/guardian notified. If the student runs or refuses to cooperate, the parents/legal guardian or law enforcement should be notified immediately. Check the following and fill in appropriate blanks as they are completed:

- Student screened by School Mental Health Designee
- Student interviewed using C-SSRS
- Safety Plan

The staff member who performed this interview was: (NAME) _____

Title: Administrator School Psychologist Counselor Social Worker

Other: _____

Date: _____ Time: _____

Student completed safety plan

Student was supervised throughout the process:

- Always within sight of a staff member
- Accompanied by an adult at all times

Not allowed to leave school except with parent or agreed upon adult authority unless low risk (Even with low risk, parents must first be informed before the student can be allowed to leave school.)

D. LEVEL OF CONCERN DETERMINED AND INTERVENTIONS IMPLEMENTED

After conducting the C-SSRS, the staff member who performed the interview consults with the Administrator and the appropriate behavioral health referral/safety precaution is implemented using available information and the screening recommendations. Use the protocol to document the process noting significant departures from the process on the protocol form as needed. This Procedural Checklist overlaps on documenting some items to ensure that people are considering and completing important steps.

Indicate which of the following was implemented:

- Low Concern Behavioral Health Referral
- Moderate Concern Protocol Behavioral Health Referral
- High Concern Student Safety Precautions

- Child Protective Services (CPS) Referral due to safety or negligence issues
- Safety Plan

E. PARENT/GUARDIAN MUST BE NOTIFIED REGARDLESS OF THE RISK LEVEL

Parent(s)/Guardian is informed of the situation regardless of the degree of risk assigned. They are advised of the action or follow-up that needs to be taken. If there are extenuating circumstances that may adversely complicate informing the parents (e.g. CPS referral, law enforcement involvement, fear retaliation towards student), the Administrator should consult with the Superintendent/Designee before calling the parent. Check the following when completed and fill in the appropriate blanks:

Parent/Guardian notified:

Person who called:(Name/Role) _____

Name of Parent/Guardian contacted:(Name/Relationship) _____

Date: _____

Time: _____

Brief summary description of parent response (OR explanation of why parent was not called after consulting with Superintendent/designee):

F. "NOTICE OF EMERGENCY CONFERENCE" COMPLETED AND SIGNED BY PARENT/GUARDIAN

Yes

No

G. ADMINISTRATOR COORDINATES FOLLOW UP MEETING (including parents, necessary teachers, mental health professionals)

Date/Time: _____

Sent invitation/Google invite

H. ADMINISTRATOR/DESIGNEE PLACES COMPLETED ASSESSMENT INFORMATION IN STUDENT FOLDER IN A SECURE, CONFIDENTIAL LOCATION. (not to be filed in student's CA-60)

Yes

No

Safety Plan

Triggers and warning signs that tell me when to use my plan

Thoughts, feelings, behaviors or experiences that have been or could become dangerous (Examples: feeling tense, thoughts of dying)

Warning signs that others can see that show them I need help

(Examples: Scared face, clenched fists)

Protective Factors

One to three things to look forward to (Examples: Be with family/friends/pets, life goals)

The one thing most important to me and worth living for:

Coping strategies that I can do on my own to safely feel better

Things that take my mind off my problems (Examples: Practice relaxation skills, listen to calming music)

Coping statements

Positive self-talk.

People/places/activities that provide distraction:

Making my environment safe

Ways to reduce the risk of harm in places that I spend the most time with the help of a designated, responsible family member, friend or agency (Examples: Preventing access to sharp objects, weapons, medications and/or illegal substances).

People that I can call for help and to feel safe

Examples: Parent, grandparent, or trusted adult.

1. Name _____ Phone Number _____
2. Name _____ Phone Number _____
3. Name _____ Phone Number _____

Professionals/Agencies that I can call for help and to feel safe

1. Name _____ Phone Number _____
2. Name _____ Phone Number _____
3. Name _____ Phone Number _____

Local Hospital Emergency Room locations and phone numbers

- Munson Medical Center - 1105 6th St. Traverse City: 231-935-5000
- Munson Memorial Health Center - 419 S. Coral St. Kalkaska: 231-238-7500
- Munson Paul Oliver Memorial Hospital - 224 Park Ave, Frankfort: 231-352-2200
- Northern Lakes Community Mental Health - 105 Hall St. Traverse City: 833-295-0616 (crisis line), 800-492-5742 (warm help line)

Suicide Prevention Lifeline Phone: 1-800-273-8255 or Call/TEXT/CHAT 988

I have participated in the development of this safety plan with my mental health provider: Recipient

Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

Provider Signature: _____ Date: _____

FOR ANY SAFETY CONCERNS, CALL 911 OR GO TO NEAREST EMERGENCY ROOM.

REFERENCES

- American Association of Suicidology. (2006). *Youth suicide fact sheet*. Washington, DC: Author. From <http://www.suicidology.org/associations/1045/files>.
- American Foundation for Suicide Prevention. (2006). *About the cause: Suicide and depression facts*. New York: Author.
- Bearman, P.S., & Moody, J. (2004). Suicide and friendships among American adolescents. *American Journal of Public Health, 94*, 89-95.
- Brock, S.E., Sandoval, J., & Hart, S. (2006). Suicidal ideation and behaviors. In G.G. Bear & K.M. Minke (Eds.), *Children's Needs III: Development, prevention and intervention* (pp. 225-238). Bethesda, MD: National Association of School Psychologists.
- Centers for Disease Control and Prevention. (2006). *Web-based injury statistics query and reporting system (WISQARS)*. Atlanta, GA: Author. From <http://www.cdc.gov/neipc/wisqars/default.htm>.
- Child Mind Institute. (2022). *My Safety Plan* <https://childmind.org/wp-content/uploads/2022/09/MySafetyPlan-v1.pdf>
- The Columbia Lighthouse Project (2023). The Columbia Protocol for Healthcare and Other Community Settings. <https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/cssrs-for-communities-and-healthcare/#filter=.schools.english>
- Davis, J.M., & Brock, S.E. (2002). Suicide. In J. Sandoval (Ed.), *Handbook of crisis counseling, intervention, and prevention in the schools* (2nd ed., pp. 273-299). Hillsdale, NJ: Earlbaum.
- Lieberman, R., Poland, S., & Cassel, R. (2008). Best practices in suicide intervention. In A. Thomas & J. Grimes (Eds.) *Best Practices in School Psychology V* (pp. 1457-1472) Bethesda, MD: National Association of School Psychologists.
- Lieberman, R., Poland, S., & Cowan, K. (2006). Suicide prevention and intervention: Best Practices for Principals. *NASSP Principal Leadership, 7*(2), 11-15.

Acknowledgements

This manual will continue to be an evolving work incorporating new developments and research in our understanding of the factors that contribute to students who resort to self-harm and suicide. The National Association of School Psychologists and The Columbia Lighthouse Project have supported and published a wealth of chapters and books over the years keeping practitioners informed of the latest data and best practices in this arena. Their publications and the professionals who authored them provided valuable reference material that contributed to this latest effort.