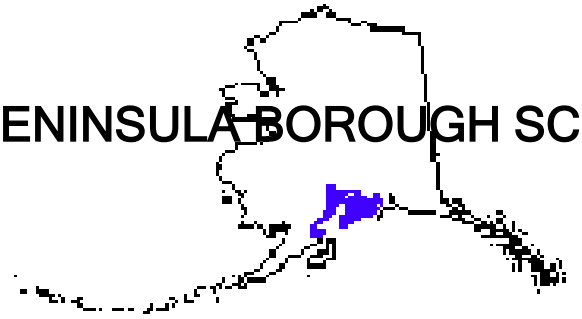
KENAI PENINSULA BOROUGH SCHOOL DISTRICT



SUICIDE ASSESSMENT AND INTERVENTION MANUAL

October 2010

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NOTE: A "Suicide Assessment Packet" containing copies of the flow chart and Appendices A through G can be found in the district Forms Folder. This packet can be quickly printed for use as needed.

Acknowledgements

This manual has been and will hopefully 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 predecessor to this manual was the document Suicide Intervention Materials prepared in 2000 by the following KPBSD employees: Mark Norgren, Theo Lexmond, Katy Cross, Ken Hepner, Sara Moore, Jon Lillevik, and Vanessa Meade. These materials were reviewed and portions were revised, expanded, and added to this manual. The National Association of School Psychologists has 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.

Following its development, the manual was reviewed by a committee of district administrators, 3 building administrators, 3 school psychologists, 3 counselors, and 2 nurses. It was then implemented in the district and data gathered from each use to evaluate and improve the tools and worksheet included in the manual.

Tim McIntyre, Ph.D.
Kenai Peninsula Borough School District
October 2010

Suicide and Schools: Why we must be proactive

Suicide is the third most frequent cause of death among youth between the ages of 10 and 24. Since 1950, suicides among this age group have quadrupled though there has been a reduction of 20% since 1994. This recent dip is often attributed to growing awareness of the problem over the past 25 years coupled with more concerted efforts to intervene as society has shifted from seeing suicide as a "moral problem" to viewing it as a "coping problem". Despite this increased awareness and intervention, in 2003, 4232 youth committed suicide in the United States which accounted for 13.4% of all suicides reported that year (Centers for Disease Control and Prevention, 2006; Lieberman, Poland, and Cassel, 2008). "Known" suicides are only the proverbial "tip of the iceberg" and this number underestimates the actual number of deaths to which the factors that prompt suicidal behavior have contributed.

It is estimated that for every youth who commits suicide, there are 100 to 200 attempts in the population which amounts to over a million attempts per year in the United States. Of those students who attempt suicide, only one in three will receive medical attention while the other two will get up, go to school, and struggle through the next day (Lieberman, et al., 2008). Furthermore, for each completed suicide, estimates are that 20% to 50% attempted at least once before they actually committed suicide. Translating these numbers from the macro-level to the micro-, in the typical high school classroom three students (1 boy and 2 girls) will make some suicide attempt in the next year (American Association of Suicidology, 2006). Of the 25% of the youth population that will think about suicide each year, 9% will make an attempt. This means that in a school district with 10,000 students between the ages of 10 and 20, roughly 2500 will contemplate suicide in a given year, 8 to 10 will make some form of suicide attempt and 2 of these every 2-3 years will not survive (Lieberman, Poland, and Cowan, 2006). Davis and Sandoval (1991) examined available data on suicides as well as attempts and, though slightly dated, current statistics would suggest comparable sobering estimates: A typical high school of 2000 students can expect a suicide every 5 years and roughly 45 annual attempts of varying lethality. Applying this to KPBSD for comparison purposes, roughly 1 suicide will occur every 5 years across all the large high schools combined and approximately 45 students will make suicide attempts each year.

For several reasons, KPBSD staff must be proactive in detecting, assessing, and helping students who are contemplating suicide or exhibiting warning signs. Suicidal ideation, factors contributing to suicide attempts, and the attempts themselves have severe personal and educational implications. Students struggling with suicidal thoughts and other associated risk factors are impaired in their ability to focus, concentrate, regulate their emotions, learn, retain, and perform in school. Furthermore, completed suicides and suicide attempts resulting in serious medical consequences impact many other students as well as school staff potentially impairing their functioning and learning in the school setting for days to years. Finally, society expects school districts and their staff to assist in identifying suicidal students and to help orchestrate the interventions that they need. Courts have allowed school districts to be sued after a student committed suicide because the district did not provide adequate staff training in suicide assessment, prevention, and intervention (Brock, Sandoval & Hart, 2006).

For these and other reasons, KPBSD must have: 1) a district policy regarding suicide prevention, 2) protocols guiding staff in their assessment and intervention, and 3) a proactive stance in its efforts to identify, assess, and assist students who are contemplating suicide or exhibiting any of the common warning signs.

Kenai Peninsula Borough School District Policy for Suicide Threats or Attempts

This manual has been reviewed by district administration and a policy is being prepared for submission to the school board.

Risk Factors and Warning Signs

Youth suicide is extremely challenging to predict because it is an opportunistic act that is the result of a complex web of multidimensional factors many of which ebb and flow daily in the life of the youth. Research over the past 50 years has identified a number of risk and resiliency factors as well as a cluster of warning signs that can be arranged hierarchically in terms of the potential risk implied.

The following is a brief summary of risk factors implicated by studies over the past 5 decades. Keep in mind that these factors interact and influence each other in complex, currently unpredictable ways which is why a "profile" of the suicidal student cannot be constructed nor have adequate prediction equations been designed to identify which students are most likely to attempt or commit suicide:

FACTOR	RESEARCH-BASED INDICATIONS
Gender	**More females attempt suicide (3:1) but more males complete suicide (4:1)**
Ethnicity/Culture	**Native American males are the highest risk group for suicide with Caucasian males being second. In 2003, Hispanic students had the highest rates of ideation and attempts. African Americans had the lowest suicide rate.**
Sexual Orientation	**Adolescents identifying themselves as gay/lesbian are over 5 times more likely to attempt suicide (Massachusetts Dept of Education, 2004).**
Affective Disorder (e.g. depression)	**Students with major depressive disorders are 20 times more likely to attempt or commit suicide (American Association of Suicidology, 2006). Females are twice as likely to experience/report a major depression (Berman and Jobes, 1995).**
Other Psychopathology or Co-morbidity	**There is substantial co-morbidity of depression and other behavioral problems particularly conduct disorder, oppositional defiant disorder, and alcohol/drug abuse among students who attempt suicide. Co-morbidity significantly increases the risk of suicide attempts compared to adolescents who exhibit only one diagnosis (American Association of Suicidology, 2006)**
Substance Abuse	**Individuals with a history of abusing alcohol or drugs are 6 times more likely to commit suicide than the general population (Ramsay, Tanny, Tierney & Lang, 1996). It has been estimated that intoxication is present in half of all youth suicides.**

FACTOR	RESEARCH-BASED INDICATIONS
Family	**The following family factors increase the risk of youth suicide attempts: A family history of suicide, significant/chronic medical problems, or psychopathology; financial stress; Loss of family members due to death or divorce; parental separations/divorce/remarriage; Elevated rates of conflict or violence in the home; Perception that the family is not cohesive and has few shared family activities (Brock, Sandoval, & Hart, 2006; Davis & Brock, 2002; Lieberman et al., 2006; and Bearman & Moody, 2004).**
Abuse or Mistreatment	**The following increase the risk of a student contemplating or attempting suicide: Bullying, school violence, criminal victimization, physical abuse, verbal abuse, scapegoating, and sexual abuse (Hardt, et al, (2006).**
Biological	**Deficits in the neurotransmitter "serotonin"; Some students starting SSRI (Selective Serotonin Reuptake Inhibitor) medications are at increased risk of attempting suicide.**
Firearms in the home	**The factor that increases the risk of suicide the most is the presence and accessibility of a firearm in the student's home; guns, particularly loaded guns, in the home increase the risk of youth suicide even when there are no other identifiable mental health problems or suicide risk factors (American Foundation for Suicide Prevention, 2006; American Association of Suicidology, 2006; and CDC, 2006). Firearms are the most common method of suicide regardless of age, gender, or race.**

In addition to these factors, a number of situational crises can be catalysts for increased suicidal ideation and attempts. However, research indicates that these crises only lead to suicidal behavior when other risk factors are present (Moscicki, 1995). Situations that can foment a suicidal crisis when combined with other factors include:

- **Getting into trouble with authorities and facing significantly aversive consequences**
- **Romantic or relationship break-ups**
- **Death or loss of a loved one or close friend**
- **Being very close to someone who committed suicide**
- **Bullying or victimization**
- **Severe or chronic family conflict**
- **School failure particularly if unexpected or associated with significant aversive consequences**
- **Rejection**
- **Exposure to trauma**
- **Serious illness or injury**
- **Anniversary of the death of a close loved one**
- **Forced or extended separation from friends or family**

When one or more of these factors (NOTE: It is nearly always a combination of factors.) occur with sufficient intensity that they overwhelm the student's coping skills and promote the belief by the student

that his/her situation is hopeless, the student will likely contemplate suicide and, in the absence of resiliency factors, may attempt suicide. Just as humans coping with grief emit a number of common responses, students who are considering suicide often display one or more common warning signs or responses. Warning signs that a youth is at greater risk for attempting suicide have been identified from past research and are listed below (Brock & Sandoval, 1997; Lieberman, et al, 2006) :

Behaviors Associated with Increased Risk of Suicide Attempt

Domain	*Warning Signs or Behaviors*
Alcohol or drug use	**1. Heavy use of substances**
Sudden changes in the student	**1. Abrupt changes in appearance** **2. Sudden changes in weight or appetite** **3. Dramatic shifts in behavior or interests, e.g. from shy to thrill seeker or aggressive, outgoing to introverted or unfriendly**
Depression	**1. Hopelessness: Comments indicate they believe nothing will help or nothing is going to change** **2. Helplessness: Comments indicate they believe there is nothing they can do to alter their situation** **3. Frequent self-condemnation, self-criticism, comments indicating they see themselves as a failure/broken/disfigured/unworthy/unlovable** **4. Social withdrawal or isolation** **5. Reduced interests, involvement, or activities** **6. Difficulty or inability to concentrate or think** **7. Insomnia OR sleeping excessively** **8. Increased irritability or crying easily/readily** **9. Increased failure to complete assignments or care about the consequences** **10. Despairing comments or writings, e.g. "What's the use in living?"**
Previous attempts	**1. By the student** **2. By family members particularly if it resulted in suicide** **3. By close friends** **4. More lethal methods attempted indicate the student was more serious about dying and poses a greater risk.**
Threats to harm self or others	**1. Suicidal notes** **2. Indirect threats "I might as well be dead."** **3. Direct threats "I'm going to kill myself."** **4. Writing, journaling, or art about death or suicide**

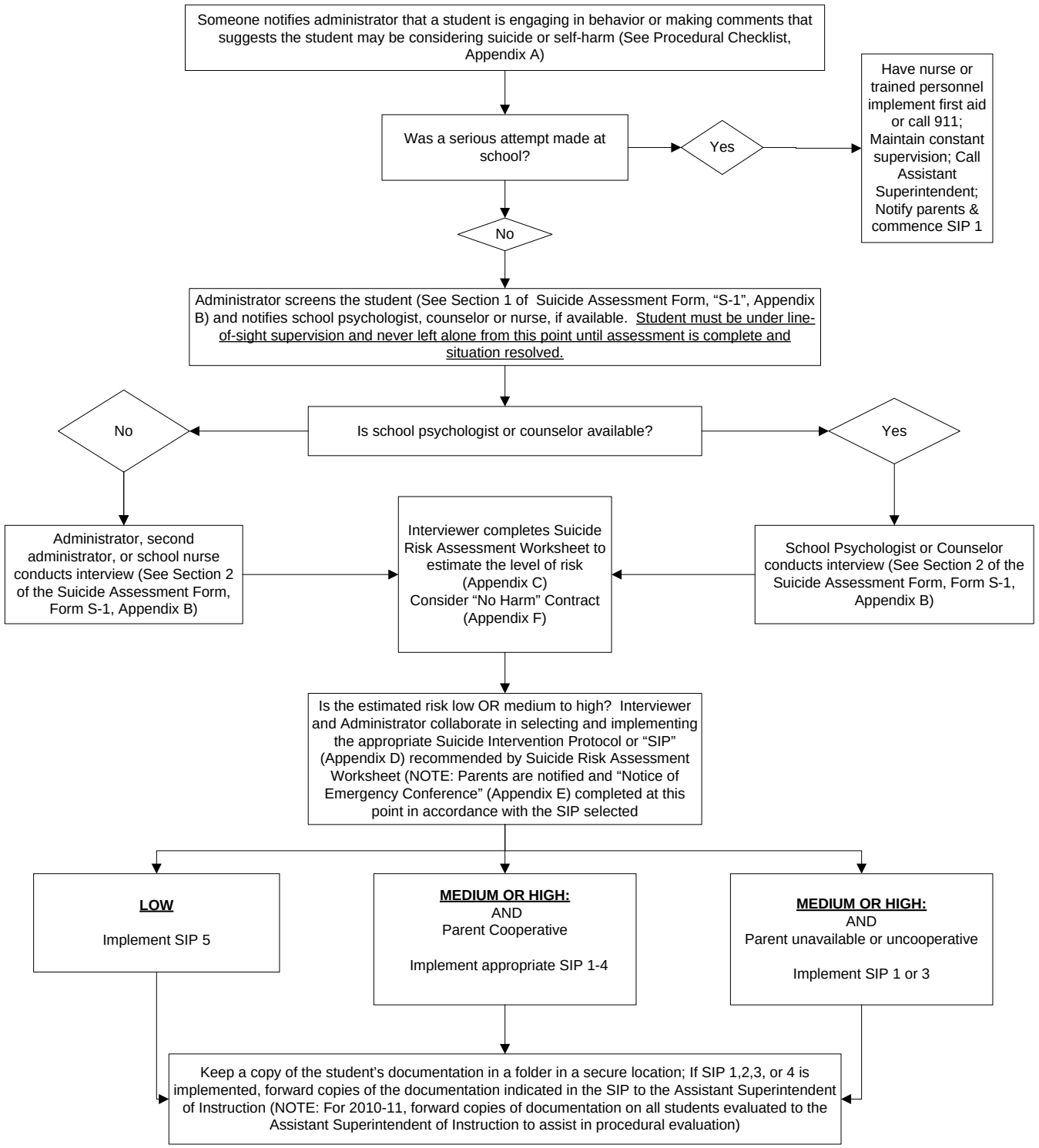
5. **Talking about death**
6. **Making final arrangements, e.g. saying good-bye**
7. **Giving away prized possessions**
8. **Increased risk-taking, e.g. daredevil stunts, driving unsafely**

Plan/method/access

1. **The more detailed or sophisticated the plan, the greater the risk or potential for self-harm.**
2. **The more lethal the approach, the greater the risk**
3. **As the availability of the means increases, so does the risk**
4. **The availability of loaded firearms dramatically increases the risk**

Suicide Intervention:

Procedural Flowchart



APPENDIX A

School Procedure Checklist for Assessing Suicide Risk and Intervening

STUDENT: _____ SCHOOL: _____

REFERRING PERSON: _____

RELATIONSHIP: Teacher Administrator Counselor School Psychologist Nurse Peer Parent Other: _____

PRINCIPAL/DESIGNEE: _____
DATE AND TIME NOTIFIED: _____

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

- **_____ Student isolated, kept under line-of sight-supervision, and emergency first-aid provided by trained staff or 911 called**
- **_____ Administrator notifies Assistant Superintendent of Instruction**
- **_____ Administrator notifies parent(s) or emergency contact person**
- **_____ Administrator commences Suicide Intervention Protocol-1 (SIP-1)**

B. ADMINISTRATOR 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 (Circle all that apply):**

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

C. ADMINISTRATOR ARRANGES SCREENING & ASSESSMENT INTERVIEW

The principal/designee arranges for the student to be screened ASAP after being notified. If school psychologist or counselor is available, the administrator should ask them to complete the Suicide Risk Assessment Interview (Section 2 of Form S-1) and the Suicide Risk Assessment Worksheet (Section 3 of Form S-1). 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 Administrator/Designee (Appendix B; Form S-1, Section 1)

_____ Student interviewed (Appendix B; Form S-1,Section 2) and the Suicide Risk Assessment Worksheet (Appendix C) completed to screen for lethality. The staff member who performed this interview was:

NAME: _____
(Circle) Administrator School Psychologist Counselor Nurse
Other: _____
DATE: _____ TIME: _____

_____ Student signed "No Harm" contract if pertinent (Appendix F)

_____ 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 appropriate 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 RISK DETERMINED AND INTERVENTIONS IMPLEMENTED

After conducting the Suicide Risk Assessment interview and Suicide Risk Assessment Worksheet (Appendices B and C), the staff member who performed the interview consults with the Administrator and the appropriate Suicide Intervention Protocol is implemented using available information and the Worksheet recommendations. Use the protocol to document the process noting significant departures from the process on the protocol form as needed. The SIPs and this Procedural Checklist overlap on documenting some items to insure that people are considering and completing important steps.

Indicate which Suicide Intervention Protocol was implemented (See Appendix D):

_____ Suicide Intervention Protocol 1 (Moderate to High Risk)

_____ Suicide Intervention Protocol 2 (Low to Moderate Risk)

_____ Suicide Intervention Protocol 3 (OCS Referral due to safety or negligence issues)

_____ Suicide Intervention Protocol 4 (Referral due to alcohol/drugs or serious dysfunction)

_____ Suicide Intervention Protocol 5 (Low Risk)

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. OCS 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: _____
Parent contacted: _____
Date: _____ Time: _____

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

F. PARENT "NOTICE OF EMERGENCY CONFERENCE" COMPLETED AND SIGNED (Appendix E)

G. ADMINISTRATOR OR DESIGNEE PLACES COMPLETED S-1, RISK ASSESSMENT WORKSHEET, AND SIP DOCUMENTATION IN A FOLDER FOR THAT STUDENT AND KEEPS THE FOLDER IN A SECURE CONFIDENTIAL LOCATION.

_____ If SIP1,2 3,or 4 are implemented, a copy of all the paperwork is forwarded to the Assistant Superintendent of Instruction

APPENDIX B

Suicide Risk Assessment: Gathering data to make informed decisions and design interventions using Form S-1

Form S-1 must be completed for each student who is referred due to concerns about possible suicidal behavior. S-1 complements KPBSD procedures by reminding, prompting, and assisting staff in their efforts to gather and carefully document important data while also providing structure to what often is an emotional situation.

FORM S-1: SECTION 1--Initial Screening

STUDENT:_____ DATE: _____
SCHOOL: _____ TIME:_____
GRADE: _____

How is your day going? This week? Anything unusual?

Has anything happened recently that is bothering you?

How have you been doing in school? At home?

I wanted to talk to you because <Describe the concern/info that resulted in referral>

What prompted you to do/say/draw/write this?

How are you feeling right now? Is this how you feel most of the time?

Do you feel down or depressed? (Circle) NO YES
If YES: How depressed or down do you feel? (Circle)

(1) MILD MODERATE SEVERE OVERWHELMED

Are you thinking about or have you ever thought about hurting or killing yourself?
NO

YES: (14) When have you had these thoughts?

(15) How often do you think of harming yourself?

(13) How long have you been thinking of hurting or killing yourself?

(16) Can you get rid of these thoughts or stop them if you try?

IF PSYCHOLOGIST, COUNSELOR OR NURSE AVAILABLE, ARRANGE TO HAVE THEM CONTINUE THE INTERVIEW. IF NOT, ADMINISTRATOR MUST CONTINUE.

FORM S-1: SECTION 2-Assessment Interview

STUDENT:_____ DATE: _____
SCHOOL: _____ TIME:_____
GRADE: _____

Introduce yourself, your role, and reason for meeting with the student

"I'm <NAME> and <ADMININSTRATOR> asked me to talk with you because he/she was concerned that things might not be going well for you. I was told <SUMMARIZE REASON FOR REFERRAL>.

PRECIPITANT(S)

- ***Would you tell me in your own way what is going on or what happened? What has made you feel so bad/down/awful? Has something happened that is bothering you?***

- ***Do you think things will get better or are you worried/afraid things will stay the same or get worse? What makes you say that?***

- ***What, if anything,***
  --could make the situation better?

  --would make it worse?

RISK FACTORS *(Rate the response and document supporting or unusual comments)*

DEPRESSION AND DRUG USE

"I need to ask you some standard questions that I ask students referred to me."

	Low	***Med.***	***High***
1) On a scale of 0 to 10 with 0 being not at all and 10 being the worst, How down or depressed are you feeling right now?	***0-2***	***3-5***	***6-10***
2) On a scale of 0 to 10 with 0 being not at all and 10 being the worst, How down or depressed have you felt over the past month? What's making you feel this way?	***0-2***	***3-5***	***6-10***
3) Are you eating the amount you typically do?	***Yes***		***More/less***
4) Are you sleeping okay or having trouble sleeping?	***Okay***		***Trouble falling asleep;wakes early***
5) Have you suffered any recent losses or separations? If yes, who?	***No one Close***		***Yes; one or or more close***
6) Have your energy and interest levels changed significantly lately?	***No***	***Some***	***Really dropped or really increased***
7) Have you stopped hanging around with your friends/peers as much? Why?	***No***		***Yes***
8) Have you felt guilty or put yourself down more? Have others put you down more lately or made you feel bad a lot?		***No***	***Yes but reasonable*** ***Yes; harsh view of self***
9) How "hopeful" are you about the future?	***Hopeful Optimistic***	***Uncertain***	***Hopeless Pessimistic***
10) Have you struggled with depression or been hospitalized in the past for depression or mood problems?	***No***		***Yes***
11a) Have you used drugs or alcohol in the past? If yes, how much and what kinds?	***No***	***Yes but Limited***	***Yes; often or regularly***
11b) Have you been using drugs or alcohol to cope or escape?	***No***		***Yes***
12) Have you had trouble seeing or hearing things that weren't there that others couldn't see or hear?		***No***	***Yes***

SUICIDAL IDEATION

	Low	***Med.***	***High***
13) Have you ever thought about hurting yourself or committing suicide? When?	***1X-2X***	***3X-4X***	***4X or more***
14) Are you thinking about hurting yourself or suicide now?	***No***		***Yes***
15) How often have you had these thoughts lately? When do they occur? What triggers them?	***Rarely Or in passing***	***Less than 1X/month***	***More than once a month***
16) Are you in control of these thoughts or do they seem to occur without warning and are hard to control or get rid of?	***In control***	***In control but takes effort***	***Compelling; very difficult***

How do you think committing suicide will help you?

PLAN(S) AND LETHALITY

17) Have you got a plan for committing suicide? If yes, tell me what you plan to do? What method? How?	***No***	***Vague plan***	***Specific plan***
18) Do you have a day and time in mind?	***No***	***Vague global idea***	***Yes; precise or sure***
19) Do you have access to this method now, at school, or at home?	***No***	***Yes but requires help***	***Yes; ready access***
Have you thought about other methods? What?			
20) Have you made any preparations? or practiced ?	***No***	***No; but has rehearsed mentally***	***Yes***
21) Have said good-bye to friends/family, written a note, or given gifts away to others?	***No***		***Yes***
Would anyone be likely to find you? How soon?			

PERTINENT ADDITIONAL FACTORS

	Low	***Med.***	***High***
22) Have you previously tried to seriously hurt or kill yourself?	***No***	***Yes superficially***	***Yes; seriously***
IF YES,			
--When did this occur?			
--What did you do or try (each time)?			
--What made you do it (each time)?			
--Did you seek medical help? Counseling?			
--Did you tell anyone? Who? When?			
23) Has any of your family or friends ever tried to kill themselves?	***No***		***Yes***
Who?			
When?			
24) Is there any history of mental illness or depression in your family?	***No***		***Yes***
25) Are you safe at home?	***Yes***		***No***
26) Is there any violence or any type of abuse occurring in your home?	***No***		***Yes***
27) Have you been bullied at school in the past year?	***No***		***Yes***
28) Do you have access to a gun(s) and ammunition?	***No***		***Yes***
29) Have you gotten in significant trouble because you acted impulsively or without thinking over past 2 years?	***No (≤ 1X)***		***Yes (≥ 2X)***
30) Do have trouble controlling impulses/actions	***No***	***Some***	***Yes***
31) Have you ever had the urge to hurt yourself when angry?	***No***	***Once***	***≥ 2X***

PERSONAL SUPPORT and RESOURCES

	Low	***Med.***	***High***
32) Do you have family members who are	***Available/ Willing to help***	***Available/ Unwilling to help***	***Unavailable/ Hostile/ Exhausted/ Incapable***

If available and able to help,
Name: _____Ph: _____
Name: _____Ph: _____

33) Do you have friends who are	***Available/ Willing to help***	***Available/ Unwilling to help***	***Unavailable/ Hostile/ Exhausted/ Incapable***

If available and able to help,
Name: _____Ph: _____
Name: _____Ph: _____

34) Do you work with professionals or a Minister who are	***Available/ Willing to help***	***Available/ Unwilling to help***	***Unavailable/ Hostile/ Exhausted/ Incapable***

If available and able to help,
Name: _____Ph: _____
Name: _____Ph: _____

ADMINISTER THE SITUATION CRISES LIST

Questions for this interview form were compiled from the following sources:
McIntyre, T.J. & Olson, R. (1990). Suicide Assessment Interview for Adolescents. *Unpublished manuscript.*
Jensen, Christine (Ed.) Crisis Management: A School District Response to Suicide, Alaska Dept. of Education (1990)
Brock, S.E. & Sandoval, J. Suicidal Ideation and Behaviors, Children's Needs II, pp. 361-374, NASP (1997)
Lieberman, R., Poland, S., & Cassel, R. Best Practices in Suicide Intervention, Best Practices V, v. 4, pp. 1457-1472, NASP (2008)

Give this page to the student to complete and have them fill it out. If they cannot read the items, read them to the student and have the student answer on a second blank copy of the form.

Student: Mark each of the following items that have happened in the past 3 months and rate how strongly it is affecting you now.

This occurred	Item	Rate how strongly it is affecting you now 0 None	1 Hardly	2 Some	3 A lot	4 Greatly	
(35)___	I got into a lot of trouble with authorities (Example: Police, parents, school staff)	0	1	2	3	4	
_____	I broke up with my boy/girl friend who I was serious about	0	1	2	3	4	(5)
_____	Someone I was very close to died or moved Away	0	1	2	3	4	(5)
_____	Someone I was close to committed suicide	0	1	2	3	4	(23)
_____	I was bullied at school	0	1	2	3	4	(27)
_____	My family has had really bad problems	0	1	2	3	4	
_____	I've failed more at school	0	1	2	3	4	
_____	Someone I like or admired didn't want anything to do with me	0	1	2	3	4	(5)
_____	I saw something really bad or scary happen or it happened to me	0	1	2	3	4	
_____	Someone I care a lot about had a serious injury or illness	0	1	2	3	4	
_____	I had a serious injury or illness	0	1	2	3	4	
_____	It was the anniversary of the death of someone I really cared about	0	1	2	3	4	
_____	I was taken or separated from my family or close friends for a long time	0	1	2	3	4	(5)

APPENDIX C

SUICIDE RISK ASSESSMENT WORKSHEET

Using information gathered from the interview and other sources, rate each item on the worksheet. The item numbers on the worksheet correspond to the numbers in the S-1 Form. WHEN IN DOUBT, CONSULT. If there are doubts and further information cannot be obtained to support a specific rating, make your best estimate and then rate the item one higher on the risk scale. Implement the lowest numbered SIP for which the student qualifies. If SIP 1-4 indicated, have the student sign a "No Harm" contract. Developed by Dr. T. McIntyre (2010)

	LEVEL OF RISK SCALE		
	LOW	**MEDIUM**	**HIGH**
DEPRESSION			
(1) Depressed now	0 (0-2)	2 (3-5)	(6-10) Implement SIP-2
(2) Depressed past month	0 (0-2)	2 (3-5)	(6-10) Implement SIP-2
(3) Changes in eating	0	1	1
(4) Sleep disturbance	0	1	1
(5) Recent losses/separations	0	1	2
(6) Lost energy/interest	0	1	1
(7) Reduced socializing	0	1	2
(8) Felt guilty or put down	0	1	2
(9) Lost hope or pessimistic	0	1	2
(10) Past episodes of depression	0	2	3
DEPRESSION TOTAL (Add all ratings) =		If TOTAL ≥ 6 Implement SIP-2	
DRUG USE/COGNITIVE DISORDER			
(11) Past OR current drug use	0	2	Implement SIP-1
(35) Oppositional/conduct problems	0	1	Implement SIP-1
(12) Hallucinations	0	Implement SIP-4	Implement SIP-4
DRUGS TOTAL (Add all ratings) =		If (DRUGS/COGNITIVE + DEPRESSION) TOTAL ≥ 8 Implement SIP-1	
SUICIDAL IDEATION			
(13) Past thoughts of hurting self	0 (1X)	2 (2X-3X)	3 (≥ 4X)
(14) Current thoughts of suicide	0	2	Implement SIP- 1
(15) Frequency of suicidal ideas	0	2	Implement SIP- 1
(16) Compelling thoughts of harm	0	2	Implement SIP- 1
IDEATION TOTAL (Add all ratings) =		If (IDEATION + DEPRESSION) TOTAL ≥ 6 Implement SIP-1	
PLAN SPECIFICITY AND LETHALITY			
(17) Specificity of suicide plan	0	3	Implement SIP-1
(18) Day/time planned	0	3	Implement SIP-1
(19) Access to method	0	2	Implement SIP-1
(20) Has started preparations	0	2	Implement SIP-1
(21) Has said good-bye	0	2	Implement SIP-1
LETHALITY TOTAL (Add all ratings) =		If LETHALITY TOTAL ≥ 5 Implement SIP-1 If (LETHALITY + DEPRESSION) TOTAL ≥ 7 Implement SIP-1	
PERTINENT ADDITIONAL FACTORS			
(22) Previous suicide attempts	0	3	Implement SIP-1 if any other category has a score ≥ 5
(23) Prior family/friends attempt	0	1	2
(24) Family hx of depression	0	1	1
(25) Home seen as dangerous	0	3	Implement SIP-3
(26) Violence or abuse at home	0	3	Implement SIP-3
(27) Bullying or abuse at school	0	3	Implement SIP-2
(28) Access to guns	0	2	Implement SIP-1 if any other Major category has a score ≥ 5
(29) Significant trouble for impulsivity	0	1	2
(30) Trouble controlling actions	0	1	2
(31) Has hurt self when angry	0	2	Implement SIP-2
ADDITIONAL TOTAL (Add all ratings) =		If ADDITIONAL TOTAL ≥ 7 Implement SIP-2 If (ADDITIONAL + ANY OTHER CATEGORY) ≥ 12 Implement SIP-1	
AVAILABLE SUPPORTS			
(32) Family support	2	1	Implement SIP-3
(33) Supportive peer network	1	0	0
(34) Access to professionals	1	1	0

If no other protocols implemented and risk is judged to be LOW, implement SIP-5

APPENDIX D
SUICIDE INTERVENTION PROTOCOLS

The following "Suicide Intervention Protocols" or SIPs are to be used with the Suicide Risk Assessment Worksheet. The Worksheet specifies which protocol should be implemented, e.g. Implement SIP- 1, Implement SIP- 4, based on the results of the Suicide Risk Assessment Interview that was completed and other available data. It would be extremely challenging, if not impossible, to construct an instrument that would take into consideration all the possible factors and various combinations of those factors that could impact a student's suicidal behavior. Accurately assigning weights to the impact of those factors and their possible combinations complicates the task even more. Therefore, the Suicide Risk Assessment Interview and Worksheet should be used as helpful guides that anchor our decision-making to available research and point us towards the steps and interventions, i.e. protocols, which should be considered. If there are extenuating circumstances and/or situational crises, one should document those and use professional judgment in combination with consultation to modify the protocols placing a priority on the student's safety while considering the least restrictive interventions needed that will allow the student to regain adaptive, autonomous functioning appropriate to their developmental level.

SUICIDE INTERVENTION PROTOCOL-1 (SIP-1: Medium to High Risk)

STUDENT:_____ DATE: _____
SCHOOL: _____ GRADE: _____
ADMINISTRATOR: _____

Paperwork to District Office (Circle): S-1 S-1Worksheet SIP Notice of Conference No Harm Release of Info

Check off each step as it is completed. If not applicable, indicate "NA".

_____ Suicide Assessment Interview and Risk Assessment Worksheet completed
_____ Student kept under direct line-of-sight supervision at all times
_____ School Administrator informed and consulted with one of the following (Circle):

School Psychologist School Counselor District Lead Psychologist Nurse

_____ Student asked to sign "No Harm" contract (Appendix F)

_____ Assistant Superintendent notified and informed of situation

_____ Student's parent/guardian/emergency person contacted and

- **_____ Will come to the school for conference**
- **_____ Was unavailable so (circle) law enforcement/mental health/OCS contacted and will assist**
- **_____ Refused to come to school so (circle) law enforcement/mental health/OCS contacted and will assist**

_____ Parent informed of assessment results and risk level

- **_____ Parent signed "Notice of Emergency Conference" (Appendix E)**
- **_____ Parent refused to sign "Notice of Emergency Conference"**
- **_____ Release of Information (circle) signed/ refused/ not needed (See Appendix G)**

DISPOSITION (Check those performed)

_____ Student placed in custody of (circle)

parent/guardian emergency contact law enforcement OCS

- **_____ Parent/guardian advised to maintain "line-of-sight" supervision, remove access to all guns, and lock up all drugs**
- **_____ Custodial person/agency will transport to mental health or hospital**
- **_____ Student transported to mental health services or hospital by school personnel**

_____ Administrator or school psychologist made follow-up contact with parents within 24 hours

- **_____ Contact attempted but unsuccessful: Message _____ left _____ not left**

_____ Staff working with student provided "need-to-know" information and advised to be supportive when student returns
_____ Administrator, school psychologist, or school counselor interview the student on the day of return to assess status and arrange supports as needed
_____ Parents/guardian contacted at the end of the first day back to summarize day and arrange follow-up meeting
_____ Administrator, school psychologist, and teacher meet with parent to discuss: 1) if IEP or section 504 accommodation plan should be considered; and, 2) follow-up support

SUICIDE INTERVENTION PROTOCOL-2 (SIP-2: Low to Medium Risk)

STUDENT:_____ DATE: _____
SCHOOL: _____ GRADE: _____
ADMINISTRATOR: _____

Paperwork to District Office (Circle): S-1 S-1Worksheet SIP Notice of Conference No Harm Release of Info

Check off each step as it is completed. If not applicable, indicate "NA".

_____ Suicide Assessment Interview and Risk Assessment Worksheet completed
_____ Student signed "No Harm" contract (Appendix F; if refuses, implement SIP-1)
_____ School Administrator informed and consulted with one of the following (Circle):

School Psychologist School Counselor District Lead Psychologist Nurse

_____ Student's parent/guardian/emergency person contacted and

- **_____ Will come to the school for conference**
- **_____ Was unavailable so (circle) law enforcement/ mental health/ OCS contacted and will assist**
- **_____ Refused to come to school so (circle) law enforcement/ mental health/ OCS contacted and will assist**

_____ Parent informed of assessment results and risk level

- **_____ Parent signed "Notice of Emergency Conference" (Appendix E)**
- **_____ Parent refused to sign "Notice of Emergency Conference"**
- **_____ Release of Information (circle) signed/ refused/ not needed (Appendix G)**

_____ Conference with parent held and following discussed: Student support needed, intervention options, section 504 and/or IEP eligibility, referrals discussed

_____ Parents and pertinent staff asked to notify school psychologist or administrator if student's status worsens or student becomes suicidal

DISPOSITION (Check those that apply)

_____ Parent will seek mental health services

- **_____ Release of information signed (Appendix G)**

_____ Counseling services will be provided at school focusing on school functioning

Provided by: _____
Frequency: _____

_____ Parents initiated section 504 or special education referral for evaluation

_____ School initiated a section 504 referral for evaluation

_____ Functional Behavioral Assessment will be completed by school psychologist

_____ Administrator, professional providing counseling, school psychologist, teacher, and parent will meet on (date)_____ (typically 4-6 weeks) to review student's status and revise support/intervention as needed. TEAM SHOULD MEET EARLIER IF NEEDED

SUICIDE INTERVENTION PROTOCOL-3 (SIP-3: OCS referral due to safety issues or negligence)

STUDENT:_____ DATE: _____
SCHOOL: _____ GRADE: _____
ADMINISTRATOR: _____

Paperwork to District Office (Circle): S-1 S-1Worksheet SIP Notice of Conference No Harm

Check off each step as it is completed. If not applicable, indicate "NA".

_____ Suicide Assessment Interview and Risk Assessment Worksheet completed
_____ Student kept under adult surveillance at school
_____ School Administrator informed and consulted with one of the following (Circle):

School Psychologist School Counselor District Lead Psychologist Nurse

_____ Office of Children's Services notified; Indicate person contacted and actions they plan to take:

_____
_____
_____

Office of Children's Services advised following precautions (check those that apply)

_____ Do not release the student to family; keep the student at school and OCS will come to the school to pick up the student

_____ OCS will interview the student at school before student is released at end of the day

_____ Student can go home and OCS will follow-up

_____ Assistant Superintendent notified and informed of situation

Additional Notes:

SUICIDE INTERVENTION PROTOCOL-4 (SIP-4: Mental health referral due to serious dysfunction)

STUDENT:_____ DATE: _____
SCHOOL: _____ GRADE: _____
ADMINISTRATOR: _____

Paperwork to District Office (Circle): S-1 S-1Worksheet SIP Notice of Conference Release of Info

Check off each step that applies as it is completed. If not applicable, indicate "NA".

_____ Suicide Assessment Interview and Risk Assessment Worksheet completed

_____ School Administrator informed and consulted with one of the following (Circle):

School Psychologist School Counselor District Lead Psychologist Nurse

_____ If Suicidal Ideation score or Plan Specificity score 2 or greater, implemented SIP-1

_____ If Pertinent Additional Factors score 5 or greater, implemented SIP-1

_____ If Family Support score in Available Supports section or worksheet is 1 or less, implemented SIP-3

_____ Meeting conducted with parents, administrator and (Circle):

School Psychologist School Counselor Nurse Other: _____

_____ Assessment results explained to the parents

_____ Parent signed "Notice of Emergency Conference" (Appendix E)
_____ Parent refused to sign "Notice of Emergency Conference"

_____ Advised parents to obtain mental health consultation

_____ Have parents sign a Release of Information (See Appendix G)

_____ Notify Assistant Superintendent of Instruction if parents referred to outside agency

_____ Administrator or designee made follow-up contact with parent within 2 school days

SUICIDE INTERVENTION PROTOCOL-5 (SIP-5: Low Risk)

STUDENT:_____ DATE: _____
SCHOOL: _____ GRADE: _____
ADMINISTRATOR: _____

Paperwork to District Office (Circle): S-1 S-1Worksheet SIP Notice of Conference

Check off each step as it is completed.

_____ Suicide Assessment Interview and Risk Assessment Worksheet completed
_____ School Administrator informed and consulted with one of the following (Circle):

School Psychologist School Counselor District Lead Psychologist Nurse

_____ Parents notified of the situation and risk assessment results

_____ Came to school for conference

_____ Parent signed "Notice of Emergency Conference" (Appendix E)
_____ Parent refused to sign "Notice of Emergency Conference"
_____ Notified by telephone so Notice of Emergency Conference not signed

_____ Parents 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 informed that assessment was completed, actions taken, thanked for alerting administrator/designee, and instructed to report any further warning signs or concerns

APPENDIX E
NOTICE OF EMERGENCY CONFERENCE

I/We, _____, the parents of _____, were involved in a conference with school personnel 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 the following risk of suicide (Check one):

_____ Low risk _____ Moderate risk _____ High risk

We have been further advised that we should seek psychological consultation immediately from the community. School personnel have clarified the school district's response and role. I/we have been told that the school will provide follow-up support to our child at school and been given an opportunity to ask questions regarding the assessment results, my child's needs, and the type of support the school wants to implement.

_____ OR (check if applicable) ____ Parent refused to sign
Parent or legal guardian

OR (with low risk only) _____ Parent notified by phone

_____
School Personnel, Title

IF PARENT CANNOT BE CONTACTED:

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

Date	Time	Result		
		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)

- **_____ Remained with student until parents contacted**
- **_____ Student transported to:**
  - **_____ parent**
  - **_____ agency/provider: _____**
- **_____ Contacted Office of Children's Services because parent/guardian uncooperative**
- **_____ Contacted law-enforcement agency:_____**
- **_____ Contacted emergency services (e.g. mental health, hospital, paramedics) or tribal services:_____**

APPENDIX F

No Harm Contract

I, (Student name)_____, agree not to harm myself.

If I am having thoughts of harming myself or committing suicide, I will do the following:

- **Get assistance from an adult; For example: _____**
- **Call 911 and request help**
- **Call the school counselor, nurse, principal, or school psychologist at my school:**
- **Name of contact:_____ Phone: _____**

I understand this contract. I am signing it willingly and agree to abide by it.

_____

Student signature

_____

School staff signature

APPENDIX G

RELEASE OF INFORMATION

Kenai Peninsula Borough School District
Authorization for Release of Confidential Information

Student Name: **Date:**
Birthdate:

_____ **hereby request and authorize the following information be:**
Parent/Guardian Name

☐ **RELEASED** ☐ **EXCHANGED BETWEEN THE FOLLOWING PERSONS/AGENCIES:**

IF BOTH BOXES ABOVE ON THIS RELEASE ARE CHECKED, IT IS CONSIDERED AN INVALID RELEASE.

FROM: **Agency/Person Name**
Address
City, State Zip

I understand that this authorization may be revoked by me/us (in writing) at any time, except to the extent that the action has been taken thereon. Further disclosure of information beyond the scope of this authorization is prohibited without specific written authorization.

Records Requested

- ☐ Transcripts
- ☐ Cumulative health card/pertinent medical information/reports
- ☐ Psychological and counseling reports
- ☐ Records or information
- ☐ Special education records (IEP, OT, PT, Speech, Eligibility)
- ☐ Social services information
- ☐ Police records
- ☐ State approved testing modifications
- ☐ Other ...

I understand that the information obtained will be treated in a confidential manner and will not be transmitted to a third party without my permission. I also understand that it is my right to request a copy of all information and contest any information I feel is incorrect.

This release of information will expire without expressed revocation one year from today

or on _____ (Date)

_____ _____
Parent/Guardian Signature Date

_____ _____
Street Address City, State, Zip

Send information to:

Form 4 Interagency Authorization for Mutual Exchange of Information - Form updated 2/28/04

APPENDIX H

COMMUNITY EMERGENCY RESOURCES

HOMER/ANCHOR POINT AREA

Emergencies: 911	
Homer Police Department:	**235-3150**
The Center (Mental Health):	**235-7701**

KENAI/NIKISKI AREA

Emergencies: 911	
Kenai Police Department:	**283-7879 or 7980**
Peninsula Community Health Services (Mental Health):	**260-7300**
Central Peninsula Hospital Emergency Department:	**714-4444**

NINILCHIK AREA

Emergencies: 911

SELDOVIA/PORT GRAHAM AREA

Seldovia Police Department	**234-7640**
Port Graham VPSO	**284-2292**

SEWARD/MOOSE PASS/HOPE AREA

Emergencies: 911	
Seward Police Department	**224-3338**

SOLDOTNA/STERLING AREA

Emergencies: 911	
Peninsula Community Health Services (Mental Health):	**260-7300**
Central Peninsula Hospital Emergency Department:	**714-4444**

TYONEK

OTHER

Northstar Behavioral Health (Anchorage; will consult with parents by phone)	**1-800-478-7575**

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.**

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.**

Davis, J.M., & Sandoval, J. (1991). ***Suicidal youth: School-based interventions and prevention.*** **San Francisco: Jossey-Bass.**

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 Principles. ***NASSP Principal Leadership, 7(*****2), 11-15.**

McIntyre, T.J. & Olson, R. (1990). Suicide Assessment Interview for Adolescents. ***Unpublished manuscript.***

Moscicki, E.K. (1995). Epidemiology of suicidal behavior. ***Suicide and Life-Threatening Behavior, 25,*** **22-35.**

Norgren, M., Lexmond, T., Cross, K., Hepner, K., Moore, S., Lillevek, J., & Meade,V. (2001) ***Suicide Intervention Materials*****. Kenai Peninsula Borough School District.**

Ramsay, R.F., Tanney, B.L., Tierney, R.J., & Lang, W.A. (1996). ***Suicide intervention workshop*** **(6th ed.). Calgary, AB: Living Works.**