##### NWRESD-Logo-H-small

##### SUICIDE RISK ASSESSMENT

# ~ Level 1 Consultation & Planning Protocol ~

# (Version 2018)

* This system is designed for use with students who are engaged in circumstances that suggest the potential for suicide. It is not designed for use with students who are at risk of aggression directed at others, acting out sexually, or who are setting fires, unless they are doing so in addition to behavior that indicates risk of suicide. (If a threat assessment, sexual incident assessment or fire behavior assessment is needed, please consult the protocol guide pertaining to each assessment or consult with NWRESD School Safety & Prevention at 503-614-1263 or schoolsafety@nwresd.k12.or.us )
* Consult the flow chart below in determining the course of assessment. If a Level 1 Suicide Risk Assessment is indicated, proceed with the attached protocol and step-by-step instructions.

IF *IMMINENT DANGER TO SELF*, CALL LAW ENFORCEMENT AND FOLLOW DISTRICT EMERGENCY PROTOCOL GUIDELINES*.*

Level 1 Protocol completed by Site Team

#### Steps 1-2:

#### Demographics and assessment.

**Step 3:**

Use supervision strategies to address concerns. Develop supervision plan.

**Step 4:**

Other pertinent information.

**Step 5:**

Signatures and Reviews**.** Place the electronic or scanned Level 1 protocol into the X: drive folder corresponding to your school.

**- IMPORTANT -**

Maintain two copies of the Level 1: One in a letter-size manila envelope marked “Confidential” and placed in the student’s regular academic or cumulative file. Second copy in a working file for the administrator and counselor. Then mark the presence of a Confidential File on the "Student Notifications" screen in Synergy. Notify SRA Liaison that a Student Safety and Support Plan has been completed.

**Consider completing a Level 1 if any of the following:**

1. Student makes a statement about suicidal ideation or intent.
2. Staff receive information that a student has attempted suicide.
3. Student appears to be making preparations for suicide.
4. Staff, parent, peers, or other adults are concerned about the risk of suicide.
5. Student makes veiled references to suicide.
6. School staff are unable to determine if a situation poses a risk of suicide.

 C O N C E R N:

Regarding violence directed at self

## Unfounded Concern

### INSTRUCTION: THIS PROTOCOL IS ONLY FOR USE BY STAFF WHO

###  HAVE BEEN TRAINED ON THE LEVEL 1 ASSESSMENT PROCESS.

*This protocol does not predict potential suicide nor is it a foolproof method of assessing an individual’s risk of harm to self. This survey is not a checklist that can be quantified. It is a guide designed to assist in the investigation of potential suicide (identify circumstances and risk factors that may increase risk for potential suicide) and to assist school staff in development of a support plan. Furthermore, as circumstances change, so too does risk potential; therefore, if you are reviewing this survey at a date after assessment completion, be mindful of supervision, intervention, and the passage of time.*

Many cases can be managed through the SRA Student Safety and Support Plan with appropriate interventions. The assessment is a method of documenting concerns and management strategies. If consultation is needed regarding this process, please contact NWRESD School Safety & Prevention at 503-614-1263 or schoolsafety@nwresd.k12.or.us.

How was the referral made?

STEP 1: COMPLETE THE FOLLOWING INFORMATION:

[ ]  Student self-referred [ ]  School staff [ ]  Parent *[ ]* Peer

*[ ]* Other

SCHOOL:       DATE:

STUDENT NAME:       STUDENT #:       DOB:       AGE:       GRADE:

PARENT(S)/GUARDIAN(S):       PARENT/GUARDIAN PHONE:       DATE/TIME NOTIFIED:

ADMINISTRATOR:       SCHOOL COUNSELOR:

SPED ELIGIBITY CODE OR 504 PLAN:      SPED OR 504 PLAN Case Manager:

**STEP 2: ASSESSMENT – DISCUSS, INVESTIGATE, AND DOCUMENT**

Prior to completing this protocol, consider reviewing the following sources of information: district records, student interview, student witness interviews, parent interview, teacher questionnaires, search of belongings, search of social media activity, etc. Each question is a prompt for the investigation of circumstances that may involve risk of suicide. The question is noted in bold followed by a short clarifying explanation. Note responses at each item or under “Other Concerns” (item #18).

As you consider prevention strategies, reflect upon the effects of previous traumatic experiences. For example, prevention strategies may include ensuring a sense of emotional, physical, and cultural safety for the individuals involved; fostering trusting relationships; honoring an individual’s dignity; efforts to share decisions and collaborate; and validation of importance and building on an individual’s strengths.

1. Describe the concern or information shared that increased concern for suicide risk.

1. Have there been communications suggesting potential suicide (i.e. direct statements of intent, suicidal ideation, veiled statements or vague warnings)?

Communications can be direct, made verbally, or through art, email, Internet use, social media, written language exercises, or other modes of communication. Communications can be indirect or veiled, even casual references to possible suicide.

 [ ]  No [ ]  Yes

Does the student admit to expressing suicidal ideation?

 [ ]  No [ ]  Yes [ ]  N/A (concerns unfounded)

Are other people aware of such communications?

 [ ]  No [ ]  Yes [ ]  N/A (concerns unfounded)

Describe:

1. Are there indications of a plan, preparation, or clear intention to commit suicide?

Suicidal ideation becomes more concerning with behavior that suggests intent to follow through with suicide. Many suicidal statements are not stated directly but are indicated by vague references combined with behavior. Concerning behavior may be, but not limited to, the following:

A plan (complex or simple) to commit suicide would have a sequence of actions necessary for completion. The more plausible and detailed the plan, the greater the risk. Preparation could include acquisition of any means of suicide, attempted acquisition of means, or research about how to acquire them. In addition, risk increases when a schedule is identified. A schedule may be clear and detailed or flexible, or awaiting a triggering event (teasing, rejection, loss) that further justifies suicide as a solution.

[ ]  No [ ]  Yes, Describe:

1. If a plan has been identified, is there a means available to carry out the plan?

[ ]  N/A [ ]  No [ ]  Yes, Describe:

1. Does the student exhibit any of the following?

[ ]  Feelings of hopelessness

[ ]  Emotional outbursts

[ ]  Recklessness

[ ]  Feelings of loneliness

[ ]  Feelings of desperation

[ ]  Withdrawal from others

[ ]  Lack of interest/pleasure in things that were previously pleasurable

[ ]  Preoccupation with death

[ ]  Lack of future planning

Describe:

1. Has the student experienced or perceived a recent loss, crisis, or trauma?

Losses may include death of friend of family member, divorce of parents, breakup of a romantic relationship, loss of a friendship, pregnancy, etc.

[ ]  No [ ]  Yes, Describe:

1. Has the student exhibited any of the following physical changes?

 [ ]  Recent changes in appetite/weight

 [ ]  Sleep disturbances

 [ ]  Lack of physical energy

 [ ]  Physical health complaints

 [ ]  Changes in appearance/hygiene

 [ ]  Other:

Describe:

1. Is the student experiencing stress from any of the following?

[ ]  Gender identification

[ ]  Sexual orientation

[ ]  Bullying/Rejection by peers

[ ]  Ethnicity/Culture

[ ]  School difficulties

[ ]  Relationship problems

[ ]  Family problems

[ ]  Involvement with law enforcement/discipline issues

[ ]  Drug or alcohol problems

[ ]  Other:

**Describe:**

1. Has the student engaged in behaviors such as giving away possessions, saying goodbye to loved ones, etc?

[ ]  No [ ]  Yes, Describe:

1. Does the student have a history of suicide attempts?

[ ]  No [ ]  Yes, Describe:

1. **Is there a known mental health issue? [ ]  No [ ]  Yes**

**Has the student received treatment for any mental health issues? [ ]  No [ ]  Yes**

**Has the student been recently discharged from psychiatric care? [ ]  No [ ]  Yes** **(if yes, attach any available documentation.)** **[ ]  Unknown**

Describe

1. Has the student experienced the suicide of others? Is there a family history of suicide?

[ ]  No [ ]  Yes, Describe:

1. Are caregivers, peers, and/or campus staff concerned about a potential for suicide?

[ ]  No [ ]  Yes, Describe:

1. Does the student have a support system?

This may include family members, peers, school staff, community members, etc.

[ ]  No [ ]  Yes, Describe:

1. What circumstances, events, or triggers increase or agitate the likelihood of suicide?

What situations agitate or trigger suicidal ideation? Is there an indication that the student(s) of concern are awaiting an event or action before making their final decision regarding suicide?

Describe:

1. What circumstances, events, or inhibitors decrease the likelihood of suicide?

Identify all positive influences (activities, events, interests, relationships, goals, organization memberships, etc.).

Describe:

1. Are there concerns about the risk of violence to others?

These may include plans including violence in a public setting, fixation on injustice, fixation on others who are to blame for current life stressors, etc.

[ ]  No [ ]  Yes (Consult with a school administrator about the potential need to initiate the Student Threat Assessment process) Describe

1. Other Concerns:

The Level 1 is not a quantifiable questionnaire or fixed checklist. It is intended as a set of pertinent questions that encourage discussion and examination of concerns and potential risk. Are there other concerns not noted elsewhere on this survey? Examples may include history of self-harm, social media references, fascination with death or violence, cognitive/adaptive functioning, disability, etc.)

Describe:

STEP 3: DEVELOP A SUPERVISION PLAN TO ADDRESS CONCERNS

(Including aggravating factors) IDENTIFIED THROUGH STEP 2.

RECOMMENDED INTERVENTIONS : (CHECK [x]  IF IMPLEMENTED):

Individual Options:

[ ]  Student will participate in creation and implementation of a Student Coping Plan:

[ ]  Seek adult support as necessary:

[ ]  Other:

School Options:

[ ]  Notify any staff identified in Student Coping Plan:

[ ]  Provide self-care information to student:

[ ]  Follow up with School Nurse:

[ ]  Monitor Social media activity for concerning statements, agitators, triggers, threats, or behavior related to the suicidality:

[ ]  Provide student with the option for agreed upon break times and locations:

[ ]  Provide student access to a trusted adult when needed:

[ ]  Social skill building programs:

[ ]  Increase vigilance regarding student behaviors and communications:

[ ]  Alert staff and teachers on need-to-know basis:

[ ]  Provide student with community resource referrals:

[ ]  Assign identified staff to build trusting relationship through check-in or mentorship: [ ]  Administrator [ ]  Mentor

 [ ]  Counselor [ ]  School Resource Officer [ ]  Teacher [ ]  Other:

[ ]  Provide means by which student may safely report and discuss thoughts or intentions to harm self:

[ ]  Identify and further develop activities, relationships or experiences of value that inhibit possibility of suicide:

[ ]  School Counselor or Behavior Specialist intervention including:

[ ]  Request parent/guardian consent for an authorization form to allow communication between school and medical/mental health provider:

[ ]  Referral to appropriate Special Ed. Team to consider Psychological Educational Evaluation/Special Education

Assessmentor Behavior Team Referral. **(NOTE: Must be done through Special Education Team Process.)** :

[ ]  Complete a Level 1 STAT/SIRC Protocol:

[ ]  Other:

**Family/Home Recommendation Options:**

[ ]  Strategize safety options/planning:

[ ]  Increase supervision (curfew, monitor communications, monitor in community, supervise transportation, etc.):

[ ]  Safety proof home (secure or remove all weapons, potential weapons, medications, etc.):

[ ]  Review and pursue crisis and/or mental health services:

[ ]  Monitor Social media activity for concerning statements, agitators, triggers, threats, or behavior related to the suicidality:

[ ]  Use a Family Social Media Contract or refer to [www.commonsensemedia.org](http://www.commonsensemedia.org) for information on appropriate youth media:

[ ]  Other:

Community Recommendation Options:

[ ]  Referral to Youth Services Team:

[ ]  Explore mental health evaluation options:

[ ]  Alcohol/Drug evaluation:

[ ]  Parenting program:

[ ]  Mentoring program:

[ ]  Notify Probation/Parole officer:

[ ]  Faith community program:

[ ]  Foster positive community activities/interests:

[ ]  Other:

**STEP 4: OTHER PERTINENT INFORMATION**

1. **Other agencies or individuals involved with the student (therapists, doctors, etc.)?** **[ ]  Yes** **[ ]  No**

If yes, please list agencies and individuals: Signed consent for exchange of information?

       Phone:       **[ ]  Yes** **[ ]  No**

       Phone:       **[ ]  Yes [ ]  No**

       Phone:       **[ ]  Yes [ ]  No**

 **Pertinent information gained from providers:**

1. **Were guardians willing for a Level 2 to be administered? [ ]  Yes [ ]  No**
2. **Was a Level 2 Suicide Risk Assessment Completed? [ ]  Yes [ ]  No**

**If yes, Date:       Time:       Agency:**

**If no, explain the circumstances:**

**Review: Administrator will review the status of this plan (recommend weekly or bi-weekly and decrease as supervision/intervention decreases risk) and revise as needed on: (date)**

STEP 5: SIGN, SEND, FILE AND BEGIN SUPERVISION AS PLANNED:

1. **Sign the SRA Student Safety and Support Plan.**
2. **Place the plan and all supportive documents in the X: Drive CONFIDENTIAL folder**

 **corresponding to your school. Title the file: LAST NAME, FIRST NAME, STUDENT**

 **NUMBER. (File is located under School Safety and Security/CONFIDENTIAL/Level.)**

1. **Maintain *two copies* of the SRA Student Safety and Support Plan:**

 ***One* in a letter-size manila envelope marked “Confidential” placed in the student’s cumulative file and *a second copy* on the X drive as a working file for administrator and counselor.**

1. **Update the Student Notifications screen in Synergy to indicate the presence of a**

 **Confidential file.**

1. **Notify SRA Liaison that a Student Safety and Support Plan has been completed because of a Level 2 recommendation or completion. Email to** **ealy\_ishawn@salkeiz.k12.or.us****.**

**\*Note: The SRA Student Safety and Support Plan is a school site-managed process. SRA Student Safety and Support Plan are not reviewed by any department staff unless a Level 2 has been recommended or completed and/or a review is requested through a phone call or email. While copies of SRA documents are housed on the X: drive and at Safety and Risk Management Services for record keeping and further reference, these documents are not tracked or reviewed.**

Team Signatures:

Administrator Date Counselor Date

 Parent Date Parent Date

 Other Date Other Date

**NOTES:**

**REVIEW NOTES**

**REVIEW DATE:**

**NOTES:**

**REVIEW DATE:**

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