

PIEDMONT COMMUNITY CHARTER SCHOOL

**SUICIDE PREVENTION MANUAL**

## Process for Suicide Assessment: A Checklist

Suicide threats must always be taken seriously and intervention should be **immediate**. If a situation is potentially life-threatening, students and staff need to recognize that the issue of confidentiality does not apply.

### *What to do*

- \_\_\_\_\_ Do not leave the individual alone.
- \_\_\_\_\_ Refer the individual to appropriate staff (counselor, social worker, nurse, psychologist) who will do the following:

### *Assess the degree of risk*

- \_\_\_\_\_ Ask student directly if he/she is thinking of suicide.
- \_\_\_\_\_ Is there a plan and how specific is it?
- \_\_\_\_\_ How lethal is the method?
- \_\_\_\_\_ How available is the means?
- \_\_\_\_\_ Has there been a previous attempt?
- \_\_\_\_\_ Ask about feelings of anger and depression (crying, sleeplessness, loss of appetite, hopelessness).
- \_\_\_\_\_ Ask about losses (deaths, family changes, peer relationships.)
- \_\_\_\_\_ Ask about current and history of chemical use.
- \_\_\_\_\_ Ask whether the student has made final arrangements (giving away possessions, saying good-bye).

### *Intervention Plan*

- \_\_\_\_\_ Contact student's parent(s) or guardian(s) and plan with them how to help the student.
- \_\_\_\_\_ Refer parent(s) or guardian(s) to appropriate services from hospitals (ER), physicians, or mental health agencies (resource list available in *Suicide Intervention Manual*).
- \_\_\_\_\_ Child Protective Services may need to be involved if parents are unable or unwilling to help.
- \_\_\_\_\_ Police involvement may be required in situations where the student is assessed to be in immediate danger and parents cannot be located or are unable to help.

### *Follow up (School Counselor or other assigned staff)*

- \_\_\_\_\_ Check to be sure that the student has received (is receiving) appropriate services.
- \_\_\_\_\_ Plan for student's transition back to school.
- \_\_\_\_\_ Student should have ongoing contact with a counselor.
- \_\_\_\_\_ Brief appropriate staff on student's status.

## Step 1

### REFERRAL & INTERVIEW PROCESS

- Anyone can refer a student (self, student, parent, teacher, administrator, etc.)
- Referral is given to a support person (e.g. counselor, nurse, psychologist, social worker) or administrator at the school.
- If the student is Limited English Proficient (LEP) or Hearing Impaired, arrange for an adult interpreter.
- Select the interviewers from support staff members trained in suicide intervention (e.g. counselor, nurse, psychologist, social worker).
- Two interviewers are strongly recommended to allow more flexibility and control and to enhance the assessment process. In the event that there are not two trained staff members available, a general staff member may assist the trained interviewer.
- Inform an administrator of the referral and establish a protocol for contacting someone for help should the student become out-of-control.

## STEP 2

### INTERVIEW STUDENT

- Provide a confidential setting for the interview.
- Interview the student immediately.
- Use interview form found on following page.
- The goal is to assess the level of lethality, not to provide therapy.

# SUICIDE INTERVENTION TEAM STUDENT INTERVIEW GUIDE

Referral Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_ M F  
Parent's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Person making the referral: \_\_\_\_\_  
Person completing the form: \_\_\_\_\_

*(Additional questions found on page 6 and 7 if needed)*

.....

1. Reason for Referral:

2. Describe Plan: (SLAP)

Specifics of Plan:

Lethality of Method:

Availability of Method:

Prior Attempts: (history of suicide behavior)

3. Who has the student told about the plan or suicide thoughts?

4. Significant other who has attempted/committed suicide:

5. Does the student have any thoughts or plans of hurting another person? If so, why? *(If the answer is **yes**, refer to administrator and/or SRO for threat assessment)*

Student Interview Form

Page 2

6. Describe student's concept of death: (finality, attractiveness)
7. Who does the student think would be most affected by his/her death?
8. History of counseling/mental health involvement. Diagnosis?
9. Medical information:

\_\_\_\_\_ Alcohol/drug use (Prescribed or Illegal drugs)

\_\_\_\_\_ Have you discontinued use of a prescribed drug in the last 3-6 months?

\_\_\_\_\_ Self/family member/friend suffering from chronic illness, mental health issues or substance abuse.

\_\_\_\_\_ Recent loss

10. Change in physical appearance/health:

11. Support system:

Other information you found important during interview:

## STUDENT INTERVIEW QUESTIONS

For use by support staff

*(These questions may be paraphrased to meet the cognitive level of the individual)*

### INTENT:

- Are you thinking of hurting yourself or committing suicide?
- How frequently do you think of hurting yourself/committing suicide?
- How long have you been thinking of hurting yourself/committing suicide?
- How have you dealt with these thoughts in the past?
- Are you thinking of hurting others? Who? Why?

### HISTORY:

- Have you tried to hurt yourself before? When? What did you do?
- What was going on with you at this time?
- Did you tell anyone?
- Did you need medical attention?

### PLAN:

- Do you have a plan? What is your plan? *(Does the person have access to the means? Could they get access?)*
- Have you made any preparations?
- When did you plan to kill yourself?
- Where did you plan to kill yourself?
- Have you told anyone about your plan?
- Have you written/plan to write a note?
- What do you hope to achieve with your death?
- How do you feel when planning your suicide? *(Explore any feelings of tranquility, peacefulness, renewed energy, etc. These emotions indicate a high risk level.)*

### LETHALITY:

- If you... *(carry out your plan)*...what would happen to you?
- Would anyone be able to find you? How soon?

### RISK FACTORS:

- What is happening in your life now? *(Is there a clearly-defined stressor that causes unendurable pain?- e.g. recent death of significant person, relationship breakup, academic failure, family problems, frequent moving/homelessness)*
- Do you know anyone who has committed suicide?
- Do you think about your future? *(Ask both short-term and long-term questions.)*
- Are you on any medications? What is the medication for? *(Is there a diagnosed mental illness?)*
- Do you use drugs or alcohol?
- Are you having any problems with being bullied? When? Who? Describe bullying.
- Are you being abused or have you been abused?  
*(How much time & energy has been spent planning their death?)*

### RESOURCES & COPING SKILLS:

- What do you do when you are upset? Do you have someone that you talk to? Do you see a counselor, minister, or other professional to talk about your problems?
- What keeps you from hurting yourself?
- Which adults here at school, at home, or in the community are you comfortable with?

### AFFECTIVE, BEHAVIORIAL FACTORS:

- How are you feeling?
- How are you sleeping? How is your appetite? *(Are there significant changes in their eating or sleeping patterns?)*
- How is school going?
- Do you like yourself? *(See page 9 for additional areas to explore)*

## Information for Support Staff

### Age-Related Behavior Indicators of Pediatric Depression

#### Preschoolers

Temper tantrums	Somatic complaints
Brief duration of sadness	Loss of interest in activities
Disturbed play	

#### School-Aged Children

Quiet and withdrawn behavior (head down, poor eye contact, isolates oneself from peers)  
Expresses intense anxiety, fear, despair in writing assignments  
Avoids playground or gym activities or hyper-aggressive behavior in these situations  
Frequent trips to school nurse, many somatic complaints  
Chooses exclusively books, music, and movies about morose subjects

Few friends and avoids new friends	School refusal/phobia
Aggressive in response to perceived insult	Angry for no apparent reason
Draws pictures portraying world as bleak	Arbitrary, idiosyncratic class participation
Intense anxiety	Long periods of sadness
Sudden change in appetite, weight	Increased dependency
Complaints of poor concentration	Suicidality

#### Adolescents

All behavioral signs for school-aged children listed above	
Increased fatigue	Drug/Alcohol use
Loss of interest in family	Loss of interest in future
Antisocial behavior	Sleep problems
Promiscuous behavior	Truancy
School failure	

Source: Jordan Institute for Families (2002) *Understanding Child Mental Health Issues*

## **Suicidality and Elementary Aged Children Points to Consider/Assessment**

- Suicide is the 12<sup>th</sup> leading cause of death for children under the age of 12; this includes 5 year olds
- Children are as likely as adolescents to commit suicide when exposed to risk factors
- Children are more likely to commit suicide due to conflict with parents and/or disciplinary crises

### **Methods**

Hanging (most common)

Strangling/Suffocating (very common)

Jumping in front of moving vehicles

Jumping from stairs or other high places

Intentional drowning

Setting self on fire

Stabbing self

Overdose/Intentional poisoning

Hitting self on head with deadly force/hitting head against objects with deadly force

### **Risk Factors**

Intelligent

Socially isolated

Aggressive

Suspicious

Physically/Sexually mature for age

Highly vulnerable to criticism

Antisocial behaviors

Anger/Agitation/Irritability

Victim of abuse/neglect

Feeling unwanted (by parent[s])

Stating/Indicating a desire to die/be dead (through words, letters, drawings, etc)

Unusual preoccupation with death (long-lasting, dreams about death, not triggered by specific life event)

Unrealistic understanding of death/fear of death/worry about death

Sudden changes in behavior

Mental health disorder(s)/family history of mental health disorders

Prior suicide attempts/family members with history of attempt or completion

### **Triggers**

Wanting to be with a deceased loved one

Identification with depressed parent/guardian

Self-blame (for divorce, etc)

Escape from abuse

Acting out overt or covert desire of parent to be "rid of child"

"Voices" directing them



## Assessment

- Child is most important informant; parents tend to underestimate presence & frequency of thoughts/behaviors
- Avoid the words, “suicide” and “killing oneself”
- Use questions that focus on shorter, more recent time periods (past days/weeks)
- Ask about sleep, appetite, concentration, energy, feelings of worthlessness, guilt
- Specific questions:
  1. Do you ever think about hurting yourself?
  2. How would you hurt yourself?
  3. Do you want to die?
  4. How would you die?
  5. Do you ever feel sad enough that it makes you want to go away and not come back?
  6. Do you feel like crying a lot?
- Assess cognitive skills:
  1. Did you think you would (will you) die from taking those pills?
  2. Did you think you would (will you) die from jumping in front of that car?
  3. What does it mean to die?

## Concluding Thoughts

There should always be a referral for a professional assessment. Typical outcomes:

Outpatient therapy usually recommended in situations with “safe” home/low lethality of method  
Inpatient therapy usually recommended in situations with “unsafe” home/high lethality of method

## **Suicide Risk Factors**

### **Symptoms**

Difficulty sleeping/nightmares	Increase or decrease in appetite
Weight gain/loss	Lethargic
Social withdrawal	Acting out
Mood swings	Temper tantrums
Restlessness/hyperactive	Accident prone
Truancy/running away	Impulsivity
Physical complaints	Confused thinking
Seeing, hearing, feeling what is not there	Difficulty concentrating
Masking rage (fire setting, vandalism, etc.)	Preoccupation with death
Making final arrangements	Anxiety

### **Feelings**

Hopelessness/Helplessness	Feels need to be punished
Lack of alternatives	Perceived lack of support from others
Anxiousness	Anger/Irritability
Sadness/Depression	Self-blame/Guilt

### **Situational Factors**

Loss of loved ones by death, divorce, or separation (who, when?)	
Loss of peer relationships	Lack of parent support
Loss of school/sports	Poor school performance/pressure to achieve
Pressure to achieve	Health problems/sickness/accident
Family problems	Legal problems
Drug or alcohol use/abuse	Low self-esteem

### **Risk of Harm to Self/Others**

Suicidal thoughts	Suicidal plan (specify)
Suicidal gestures	Threats of suicide (specify)
Previous suicide attempts	Family history of suicide
Thoughts of harming others	Plan to harm others (specify)
Efforts to harm others	History violent behavior
Access to lethal means previously stated	Amount of energy devoted to planning harm to self/others

### **Protective Factors**

Family support	Peer support
Supportive teacher(s)	Other support systems
Involved in counseling relationship (who, where?)	

## **WHAT SHOULD I DO?**

Immediate referral to support staff (school counselor, social worker, nurse, or school psychologist)

## STEP 4

### ASSESS LETHALITY/ RISK LEVEL

- By end of interview identify risk level and develop an action plan.
- Do not leave the student alone at any time.
- Tell the student you are legally and ethically responsible to notify his/her parents.
- Ask if the student has a preference as to which parent to contact. How will the parent react?
- Follow the guidelines based on the risk level.

## LOW RISK LEVEL

### CRITERIA:

No serious consideration of suicide  
No plan  
Suffering from brief episode regarding specific stressor  
Suicidal thoughts are brief and fleeting  
Open and willing to work on problem  
No history of prior attempts

### ACTION:

Notify parent. Give them the option of picking up the student or sending him/her home as usual.

Go over safety plan with student and parent to ensure student safety.

Notify administration.

Follow up next day with the student.

## MODERATE RISK LEVEL

### CRITERIA

Suicidal ideation and/or threats of suicide  
A vague plan  
No access to method  
Open and willing to work on problem  
No history of prior attempts

### ACTION

Don't leave student alone.  
Discuss safety plan with student and parent.  
Identify someone student can call in a crisis.  
Notify parents and ask them to come to the school. *(Student cannot be released until parent or responsible adult comes to school or until student is released to police or DSS custody).*  
Notify administration.

### AT THE PARENT CONFERENCE

Share your concern and the gravity of the situation.  
Stress the need for immediate assessment.  
Provide list of community resources.  
Use parent notification letter on page 16 / 17 (Spanish version).

### FOLLOW-UP

Check for proof of assessment by mental health professional.  
Document all interactions with the parent and student.  
Develop a transition plan for student return to school *(if applicable)*.

## HIGH RISK LEVEL

### CRITERIA

- Student states intent to commit harm to self.
- Student has a plan.
- Student has access to method.
- Student is unwilling to accept help.
- Student has change in affect from depression, anxiety, sadness, etc. to statements of peace, calmness, happiness, etc. (*which could indicate decision to carry out plan*)

### ACTION

- Detain the student. Do not leave him/her alone.
- Contact a parent immediately.
- Notify administration and School Resource Officer/Police Officer if needed.
- Discuss safety plan with student and parent.

### AT THE PARENT CONFERENCE

Help arrange immediate transportation for assessment/treatment by qualified professional.

If parent or guardian cannot be reached notify EMS and/or Police.

### FOLLOW-UP

- Check for proof of assessment by qualified professional. (*If no assessment is done, refer to the Department of Social Services.*)
- Document all interactions with the parent and student.
- Develop transition plan for students return to school.

## Step 5 – Follow Up

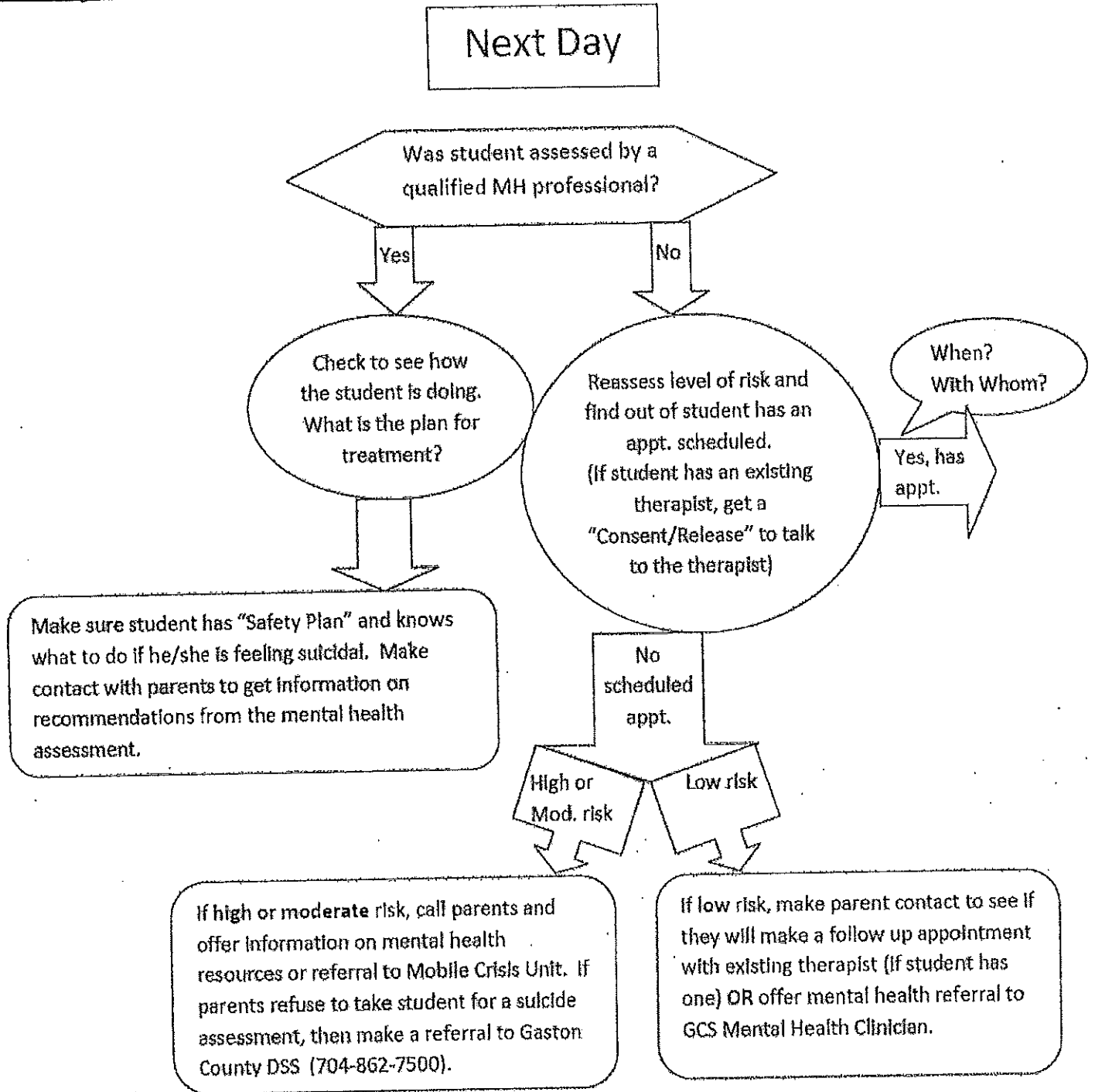
It is recommended for a staff member to be assigned to help facilitate the student's return to school. The staff member could be the student's counselor, school social worker, school nurse, or administrator. This staff member should serve as the primary contact while the student is out of school and will facilitate the student's return to school.

The following are recommendations for the staff member who will assist the student:

- \*Becoming knowledgeable of what medication(s) the student is taking
- \*Learning what precipitated the student's suicide attempt or high-risk status
- \*Knowing how the student was identified for being at risk of suicide
- \*Facilitating a referral of the student or family to counseling, if needed
- \*If the student is hospitalized, obtaining the family's permission to consult with the hospital staff and sending class assignments, as appropriate
  
- \*Serving as a liaison to other teachers and staff members regarding academic concerns (may include looking at modifying the student's schedule and course load to relieve stress, arranging tutoring from peers or teachers, working with teachers to allow makeup work to be extended without penalty, and informing teachers and other relevant staff members about the possible side effects of medications).
  
- \*Monitoring attendance and discipline and asking teachers to refer any concerns
- \*Determining how to help the student complete course requirements if the student is unable attend school for an extended period of time (work packets, homebound instruction).

**\*\*A student must not be prevented from returning to school, even if he/she did not have a formal suicide assessment by a mental health professional outside of school.**

Follow Up, cont.



**\*\*A student must not be prevented from returning to school, even if he/she did not have a formal suicide assessment by a mental health professional outside of school.**



# SUICIDE INTERVENTION/PREVENTION

## STUDENT SAFETY PLAN

If you are in danger of harming yourself, who will you call?

Talk to an adult \_\_\_\_\_  
(Adult's Name) (Phone)

or during school hours, see your school counselor.

**Remember...** You are NOT alone, even if you feel like it. There is always someone to talk to. The numbers below provide someone to talk to 24 hours a day.

### Local Emergency Resources (Available 24 hours a day)

Partners Crisis Help Line	1-888-235-4673 (HOPE)
Caromont Hospital	704-834-2000

### Hotlines

National Suicide Prevention Lifeline	1-800-273-TALK (8255)
TEEN Education & Crisis Hotline	1-800-367-7287
National Suicide Hotline (24 hours)	1-800-784-2433

### Local Counseling Services

Partners Behavioral Health	1-888-235-4673 (HOPE)
Genuine Counseling Services	980-320-1065
Support, Inc.	704-865-3525
Phoenix Counseling (merged with Family Works)	704-842-6359

# Parent Notification of Student Who May Be At-Risk for Suicide

\_\_\_\_\_  
Student's Name

The school counselor/school social worker/school nurse/school psychologist (circle one) has told me that he or she believes the student listed above may be at-risk for suicide. I understand this belief is based on specific information regarding this student. Whenever risk for danger to oneself or others is suspected, this professional has a legal and ethical duty to report this risk to the parent/legal guardian/or custodian of the child.

As parent/legal guardian/custodian of the student listed above, I agree to care for the child until he or she can be evaluated by a mental health professional who will determine whether the child is at risk for suicide. I agree to mention to the mental health provider who does the emergency services screening, that the school is concerned about potential risk for suicide. I further agree to ensure that the child listed above is provided the mental health care he or she needs after the evaluation is completed.

I understand that if an emergency arises, I should take the child listed above to a hospital for emergency mental health treatment.

It has been recommended that the following items are removed from the home or locked away from the student:

- ❖ Firearms
- ❖ Over-the-counter and prescription medications
- ❖ Illegal drugs
- ❖ Alcohol
- ❖ Chemicals
- ❖ Blades or other sharp objects
- ❖ Unsupervised access to a motor vehicle
- ❖ Anything that can be used to harm

I have received a copy of the Student Safety Plan.

\_\_\_\_\_  
Signature of Parent/Legal Guardian/Custodian of Child

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Counselor/Social Worker/Nurse/  
Psychologist

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of School Administrator

\_\_\_\_\_  
Date

\*\*Copy to Parent/Guardian  
Source adapted from: Theodore P Remley, Jr., University of New Orleans

# Notificación para los Padres de un Estudiante que Puede estar en Riesgo de Suicidarse

Nombre del Estudiante

El Consejero/Trabajador social/Enfermero/Psicólogo (marque uno con un circulo) de la escuela me ha dicho que el/ella cree que el estudiante nombrado arriba puede estar en riesgo de suicidarse. Entiendo que esta creencia está basada en información específica respecto a este estudiante. Cuando se sospecha el riesgo de peligro a uno mismo o a los demás, este profesional tiene una obligación legal y ética de reportar este riesgo al padre/apoderado legal del niño/a.

Como padre/apoderado legal del estudiante nombrado arriba, yo acepto cuidar al niño/a hasta que él/ella pueda ser evaluado por un profesional de salud mental quien determinara si el niño está en riesgo de suicidarse. Acepto mencionar al proveedor de servicios de salud mental que hace el servicio de análisis de emergencia que la escuela está preocupada por un riesgo potencial de suicidio. Acepto también asegurarme de que el niño/a mencionado arriba reciba la asistencia de cuidados mentales que necesita después de que el servicio de análisis este completo.

Entiendo que si hay una emergencia, yo debería llevar al niño nombrado arriba al hospital por tratamiento mental de emergencia.

- ❖ Las armas de fuego
- ❖ Los medicamentos de venta libre y recetados
- ❖ Las drogas ilegales
- ❖ Alcohol
- ❖ Químicos
- ❖ Las cuchillas y otros objetos punzantes
- ❖ Acceso sin supervisión a un vehículo de motor
- ❖ Cualquier cosa que se puede utilizar para dañar.

**Yo he recibido una copia del Plan de Seguridad para el Estudiante.**

\_\_\_\_\_  
Firma del padre/apoderado legal del niño/a

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del consejero/Trabajador Social/  
Enfermero/Psicólogo de la escuela

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Administrador

\_\_\_\_\_  
Fecha

Recursos para padres:

1. Comuníquese con su medico
2. Partners Emergency Services Help Line: 1-888-235-4673
3. Gaston Memorial Hospital 704-834-2000 (pregunte por "psych assessor")

## Community Resources for Situations Involving Students At-Risk for Suicide

### Support Staff

#### **Child's Private Physician**

Parent may prefer contacting the child's private physician for a referral.

#### **Partners Behavioral Health Emergency Services Help Line 1-888-235-4673 (HOPE)**

Parents or school support staff may call this number to arrange for emergency mental health assessment at Partners or at the school if transporting the child to Partners or elsewhere is not advisable.

**Note:** Parent/Legal Guardian/Custodian must be present to sign consent for services to enable Partners personnel to provide the emergency services screening.

#### **Caromont Hospital 704-834-2000**

**2525 Court Drive, Gastonia, NC**

Parents may transport the child to the Emergency Room for an emergency mental health assessment. When calling the hospital, ask for the psych assessor. Please note that the child/adolescent psychiatric unit at GMH is closed until further notice. Children assessed and determined to be in immediate crisis are currently being transported from Gaston Memorial to Presbyterian Hospital in Charlotte until capacity is reached, then to Wake Forest Baptist Medical Center.

#### **Magistrate's Office 704-852-3192**

**Gaston County Courthouse/Jail Complex**

**325 North Marietta Street**

**Gastonia, NC**

Parents and/or school staff may appear before the magistrate to request an involuntary commitment petition in the event the child is a danger to self or others and refuses voluntary services if parent/legal guardian/custodian is not available to take responsibility for the student.

#### **Gaston County Department of Social Services 704-862-7610**

In situations where clear and imminent danger to a child exists and the parent refuses to seek help for the child, a child protective services report alleging child neglect may be necessary.

#### **Partners Behavioral Health Access 1-888-235-4673 (HOPE)**

Parents may call this number to access mental health services from all private providers in the county who contract with Pathways Area Mental Health Authority to provide counseling and other mental health services.

### **Agencies that Can Provide Same-Day Suicide Assessments:**

*Genuine Counseling Services* 980-320-1065

*Phoenix Counseling* (merged with Family Works) ask for Mary Brannon (most ins.) 704-842-6359

*Support, Inc.* 704-865-3525