

## ATTACHMENT 2.02

# SUICIDE SCREENING & RESPONSE PROTOCOL

Before screening a student, the school must attempt to notify parents/guardians and get permission to screen. Make sure that a SMHT member stays with the student until parent-contact has been attempted.

The Columbia-Suicide Severity Rating Scale (C-SSRS) is the recommended screening tool to be used by schools in Kansas. A modified version of the C-SSRS starts on the next page. It includes adapted language to meet the needs of elementary-age and/or cognitively impaired students.

Be sure to document the student's responses as you go so that you can accurately record and communicate the results of the screener.

Once the screening is complete, consult the table entitled **Suicide Screening Response Protocol** to determine the appropriate next steps for the student's safety. Keep in mind that the recommendations in the Suicide Screening Response Protocol are not requirements; they are merely suggested responses. School districts can modify the chart to fit their specific needs.

## COLUMBIA-SUICIDE SEVERITY RATING SCALE

### Screen with Triage Points for Schools

\*Includes adapted language for elementary-age and/or cognitively impaired students.

Ask questions 1 and 2.	Past Month	
	YES	NO
<p><b>1. Have you wished you were dead or wished you could go to sleep and not wake up?</b></p> <p>If yes, describe:</p> <p><b>*Adapted language:</b>                      Have you thought about being dead or what it would be like to be dead?                      Have you wished you were dead or wished you could go to sleep and never wake up?                      Do you wish you weren't alive anymore?</p> <p>If yes, describe:</p>		
<p><b>2. Have you had any actual thoughts of killing yourself?</b></p> <p>If yes, describe:</p> <p><b>*Adapted language:</b>                      Have you thought about doing something to make yourself not alive anymore?                      Have you had any thoughts about killing yourself?</p> <p>If yes, describe:</p>		
If YES to question 2, ask question 3; If NO to question 2, go directly to question 6.	Past Month	
<p><b>3. Have you been thinking about how you might do this?</b>                      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."</p> <p>If yes, describe:</p> <p><b>*Adapted language:</b>                      Have you thought about how you would do that? OR                      Have you thought about how you would make yourself not alive anymore (kill yourself)? AND                      What did you think about?</p> <p>If yes, describe:</p>		

If YES to question 3, ask question 4; If NO to question 3, go directly to question 6.	Past Month	
	YES	NO
<p><b>4. Have you had these thoughts and had some intention of acting on them?</b> ...as opposed to “I have the thoughts but I definitely will not do anything about them.”</p> <p>If yes, describe:</p> <p><b>*Adapted language:</b> When you thought about making yourself not alive anymore (or killing yourself), did you think that this was something you might actually do? This is different from having these thoughts but knowing you wouldn’t do anything about them.</p> <p>If yes, describe:</p>		
If YES to question 4, ask question 5; If NO to question 4, go directly to question 6.	Past Month	
	YES	NO
<p><b>5. Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</b></p> <p>If yes, describe:</p> <p><b>*Adapted language:</b> Have you decided how or when you would make yourself not alive anymore (kill yourself)? Have you planned out how you would do it? What was your plan? When you made this plan, was any part of you thinking about actually doing it?</p> <p>If yes, describe:</p>		

ALWAYS ASK QUESTION 6.					
<p><b>6. Have you ever done anything, started to do anything, or prepared to do anything to end your life?</b></p> <p>Examples: collected pills, obtained a gun, gave away valuables, wrote a will or a suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.</p> <p>If YES, ask: <b>Was this within the past 3 months?</b></p> <p>If yes, describe behaviors:</p>          <p><b>*Adapted language:</b></p> <p><b>Did you do anything to try to kill yourself or make yourself not alive anymore?</b></p> <p><b>What did you do?</b></p> <p><b>Did you hurt yourself on purpose? Why did you do that?</b></p> <ul style="list-style-type: none"> <li>• Did you _____ as a way to end your life?</li> <li>• Did you want to die (even a little) when you _____?</li> <li>• Were you trying to make yourself not alive anymore when you _____?</li> <li>• Did you think it was possible you could have died from _____?</li> </ul> <p>If yes, describe behaviors and intentions:</p>	<p><b>Lifetime</b></p> <table border="1"> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td style="height: 30px;"></td> <td style="height: 30px;"></td> </tr> </table>	YES	NO		
	YES	NO			
	<p><b>Past 3 Months</b></p> <table border="1"> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> <tr> <td style="height: 30px;"></td> <td style="height: 30px;"></td> </tr> </table>		YES	NO	
YES	NO				

Remember to consult the **Suicide Screening Response Protocol** on the next page to determine the appropriate next steps to keep the student safe.

<b>STUDENT SCREENING RESPONSE PROTOCOL</b>	
<b>Student Response to Screener</b>	<b>School Response to Student/Caregivers</b>
<p style="text-align: center;"><b>Student answers no to questions #1, #2, and #6</b></p> <p><input type="checkbox"/> No wish to die or thoughts of suicide.</p> <p style="text-align: center;"><b>AND</b></p> <p><input type="checkbox"/> No suicidal behavior in their lifetime.</p>	<p style="text-align: center;"><b>Notify Parents of Initial Concern</b></p> <p><input type="checkbox"/> Inform parents/guardians of reason for suicide screening.</p> <p><input type="checkbox"/> Inform parents/guardians of student's responses to screener.</p> <p><input type="checkbox"/> Provide resources for services in the community.</p> <p><input type="checkbox"/> Discuss plan for follow-up.</p> <p><input type="checkbox"/> Student cannot leave school/school activity until parents/guardians have been notified.</p>
<p style="text-align: center;"><b>Student answers yes to question(s) #1 and/or #2</b></p> <p><input type="checkbox"/> Wish to die or thoughts of suicide WITHOUT method, intent, plan, or behavior.</p>	<p style="text-align: center;"><b>Recommend Ongoing Community Services</b></p> <p><input type="checkbox"/> Request parent/guardian presence at school.</p> <p><input type="checkbox"/> Stay with the student until parents/guardians arrive.</p> <p><input type="checkbox"/> Inform parents/guardians of reason for suicide screening.</p> <p><input type="checkbox"/> Inform parents/guardians of student's responses to screener.</p> <p><input type="checkbox"/> Provide resources for services in the community.</p> <p><input type="checkbox"/> Discuss plan for follow-up.</p>
<p style="text-align: center;"><b>Student answers yes to question #3</b></p> <p><input type="checkbox"/> Suicidal ideation with method, WITHOUT plan, intent, or behavior.</p> <p style="text-align: center;"><b>OR</b></p> <p style="text-align: center;"><b>Student answers yes to question #6 re: lifetime</b></p> <p><input type="checkbox"/> Suicidal behavior more than 3 months ago.</p>	<p style="text-align: center;"><b>Create Collaborative Safety Plan</b></p> <p><input type="checkbox"/> Request parent/guardian presence at school.</p> <p><input type="checkbox"/> Stay with the student until parents/guardians arrive.</p> <p><input type="checkbox"/> Inform parents/guardians of reason for suicide screening.</p> <p><input type="checkbox"/> Inform parents/guardians of student's responses to screener.</p> <p><input type="checkbox"/> Create collaborative safety plan with the student for home and school</p> <p><input type="checkbox"/> Adjust safety plan with parent/guardian involvement as needed.</p> <p><input type="checkbox"/> Provide resources for services in the community.</p> <p><input type="checkbox"/> Encourage further clinical assessment.</p> <p><input type="checkbox"/> Discuss plan for follow-up.</p>
<p style="text-align: center;"><b>Student answers yes to question #4 or #5</b></p> <p><input type="checkbox"/> Suicidal ideation with intent or with plan.</p> <p style="text-align: center;"><b>OR</b></p> <p style="text-align: center;"><b>Student answers yes to question #6 re: past 3 months</b></p> <p><input type="checkbox"/> Suicidal behavior more than 3 months ago.</p>	<p style="text-align: center;"><b>Create Collaborative Safety Plan</b></p> <p><input type="checkbox"/> Request parent/guardian presence at school.</p> <p><input type="checkbox"/> Stay with the student until parents/guardians arrive.</p> <p><input type="checkbox"/> Inform parents/guardians of reason for suicide screening.</p> <p><input type="checkbox"/> Inform parents/guardians of student's responses to screener.</p> <p><input type="checkbox"/> Explain need for immediate further assessment.</p> <p><input type="checkbox"/> Adjust safety plan with parent/guardian involvement as needed.</p> <p><input type="checkbox"/> Provide local options (crisis center, mental health center, or ER).</p> <p><input type="checkbox"/> Discuss plan for follow-up.</p>