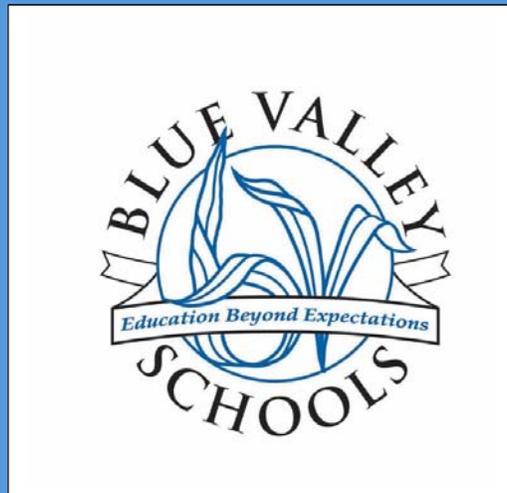


# SUICIDE INTERVENTION MANUAL

Suicide Prevention Task Force  
K- 12 / December 2017



Blue Valley School District  
15020 Metcalf  
Overland Park, KS 66283

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# Table of Contents

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Mission	2
Indicators of Risk	3
Intervention	4
Sharing Interview Results with Parents	5
Sharing Interview Results with School Team	6
When Students/Parents Contact Staff After Hours	6
At-Risk Assessment Flow Chart	7
Appendices	
Appendix A   BV-140 Columbia Suicide Severity Rating Scale (C-SSRS)	9
Suicide Risk Summative Notes	12
Appendix B   BV-141 Intervention Report/Parent Plan of Action	13
Emergency Resources	14
Appendix C   BV-142 Re-Entry/Follow-Up Meeting Checklist	15
Appendix D   BV-143 Suicide Risk Monitoring	16
Appendix E   BV-144 Student Self-Assessment (optional)	18
Appendix F   BV-145 Safety Plan (optional)	19
Appendix G   BV-146 Reasons to Live Cards (optional)	21



*A Special Thank You to the Blue Valley Educational Foundation for the financial support of wellness activities and projects benefitting Blue Valley students.*

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# Mission

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Suicide is a frightening and serious problem. It is the second leading cause of death in young people ages 10-24. Suicides are a traumatic event that affect the entire community. Questions of “why” and “what could we have done” always linger as students are remembered and mourned. The statistics for young people who “have attempted” or “considered suicide” is staggering. According to the 2013 Kansas Youth Risk Behavior Survey of students in grades 9-12, 16.4% of students seriously considered attempting suicide, 12.5% made a plan, 8.4% attempted suicide one or more times, and 3.1% made a suicide attempt that resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse.

The Blue Valley School District is committed to suicide awareness, education, and prevention. This manual is intended to provide information, guidance, and direction for staff members when confronting issues of suicide and student death by suicide.

Suicide Prevention in Blue Valley begins at the elementary level with the “Blue Valley Virtues” and lessons on resiliency. Prevention education continues in middle school and high school with emphasis on social and emotional well-being and students learn to identify risky behaviors and suicide risk factors as well as identifying the support systems. Despite our best efforts of prevention, we will, at times be faced with the need for intervention. As a school community, it is critical that we are aware of the warning signs, indicators of risk, and process to report concerns.

In 2017-18, a committee that included school psychologists, counselors, administrators, and gifted teachers discussed and researched the issues and solutions in suicide prevention. As a result, the following procedures were established to train mental health professionals and building administrators with the topic of suicide and intervention techniques. Included in this manual is information to assist with assessment, provide resources to parents, staff, and students, and ensure that member(s) of core teams can appropriately interview and intervene with an at-risk student. A school re-entry plan is included to help support students when they return to school following a hospitalization. Lastly, information is included related to how to support school communities following a student death by suicide.

At the beginning of every school year, each building is charged to review the building Crisis Plan. As part of this process, schools will review the suicide prevention manual and intervention process. In accordance with the Jason Flatt Act, all staff members will also receive training in suicide prevention.

The building principal in conjunction with the school crisis team is responsible for:

- providing training for staff regarding warning signs and indicators of possible risk for suicide
- identifying and providing support for staff members who are comfortable and capable of intervening with an at-risk student
- ensuring that classroom guidance lessons for prevention activities are scheduled as they become available

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## Indicators of Risk

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Although there is no way to predict behavior with 100% accuracy, we can review research from the American Association of Suicidology, National Association of School Psychologists, Center for Disease Control and Prevention, and the UCLA Mental Health Project for guidance on individual characteristics that compose “indicators of risk” for suicide.

Based on this research, the following list is indicative of behaviors that may indicate increased risk for suicide:

- **Prior attempts and/or hospitalization:** can include hospitalization for depression/mental illness as well as chronic illness or injury that significantly affects a student’s previous pattern of behavior/lifestyle.
- **Self-injurious/destructive behavior:** running into traffic, jumping from heights, injuring/scratching/cutting<sup>1</sup>/marking the body, gunplay, alcohol/drug use, lack of concern for personal safety.
- **Family history:** family member or close friend who has died by suicide, family history of mental illness and/or depression.
- **Grief and loss:** recent change in family dynamic, death of a loved one, divorce, move/change in school, diagnosis of chronic illness (self or loved one.)
- **Changes in physical habits and/or appearance:** sleeping hygiene (disregard or disinterest.)
- **Threats, both direct and indirect:** ideation (student talking about suicide or “not being here anymore”), references to death in writing (including social media posts or texts), increase in risky

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<sup>1</sup>Please note, “cutting” in and of itself is not necessarily an indicator of suicide. However, it is a risky behavior that requires support and should be addressed.

behaviors (drugs/alcohol/sexual activity), obsessive thoughts/expressions of death, preoccupation with afterlife.

- **Changes in school performance:** increased absenteeism, particularly in the most recent semester, reduced concentration/drop in grades, increased contact with administration and/or law enforcement (office referrals, arrests, legal consequences.)
- **Depression:** helplessness, hopelessness (inability to identify reasons for living), isolation/withdrawn (less activity or interaction with peers/family/school.)

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## Intervention

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A concern about a student may come to the attention of the school team in many ways: a friend may express concern, a teacher notices changes, a parent may call. At that time, the school team will assume risk is present and begin the assessment. The assessment may include an interview, self-assessment, parent conference, checklist, “Reasons for Living” card and a list of resources/hotlines. Minimally, the checklist is completed and the parents are contacted.

Included in this manual is a flowchart of concern, an example of a self-assessment, a suicide risk assessment based on the Columbia Suicide Severity Rating Scale (C-SSRS), resource numbers, and a parent signature form.

The assessment should take place in a private comfortable area. The forms and questionnaires for the assessment provide a framework for collecting information. The interviewer may wish to introduce the C-SSRS or the self-assessment with a statement such as:

*“I am concerned about you and your well-being. At this time, I am going to ask some questions in order to help provide some additional support/help.”*

Some students may be uncomfortable if the interviewer is actively taking notes during the conversation. In order to avoid raising suspicions and opposition, the forms are designed for completion after the interview. If a student maintains an attitude of non-compliance and/or hostility about answering the interview questions, the interviewer should assume moderate/ high risk.

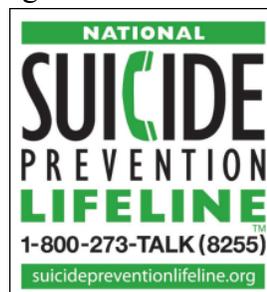
The interviewer should keep a copy of the C-SSRS and the Intervention Report/Parent Plan of Action page. The school principal should receive a copy of the Intervention Report. A copy of the C-SSRS, signature form, and local resources (forms and resources found in the Appendices will be provided for the parents.)

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## Sharing Interview Results with Parents

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Parent contact is a requirement of suicide intervention. Often a parent's greatest fear is that something may happen to harm their child. As such, receiving a call about the possibility of self-harm and suicide can elicit an emotional reaction. While most parents will be very thankful and supportive of the school team for sharing concerns about their child, the caller should be prepared to stay calm, focused, and professional when sharing difficult information.



At the completion of the interview, if the interviewer deems the risk of suicide to be low, a phone call alerting the parents may be sufficient. If the parent is unavailable, you may leave a message requesting the parent return your call, however, information regarding the risk assessment should not be left in the message. In all cases, every attempt to contact the parent must be made prior to the student leaving school.

Moderate and high-risk categories require “in person” contact. The Intervention Report/Parent Plan of Action form (required) asks for a commitment from the parent for action are provided with information including the location and phone numbers for mental health/hospital assessments and community resources.

The counselor/psychologist/social worker will also make an appointment with the student for a follow-up visit when the student returns to school. If the risk assessment results in an acute or long-term hospitalization, the school team will use the School Re-Entry plan to support the student upon their return to school. If the risk is “High” and the interviewer has intense concerns about the student’s immediate safety, the interviewer along with the principal will ask the parent to commit to transporting the student immediately for an emergency assessment.

If the parent is unwilling or unable to transport the student, or if the parent cannot or will not commit to immediate response, the school team should consider if the student is a “child in need of care”. If determined that the child is in need of care, a report to the Department of Children and Family and law enforcement is required under your obligation as a mandated reporter to insure the student’s safety (DCF/911).

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## Sharing Interview Results with Students 18 years or older

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If the student is 18 years-old, or legally emancipated, and refuses to seek an assessment, ask your SRO to become involved. He/she will contact Johnson County Mental Health and request the student to visit with a counselor over the phone. If the JCMH counselor believes the student should come in for an assessment, and the student still refuses to go, the SRO may decide to take the young adult into protective custody.

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## Sharing Interview Results with School Team

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While the specifics of what is shared during the suicide prevention intervention may be considered confidential, it is important that professionals that have responsibilities for the health and wellbeing of the student be informed of the suicidal risk so they are vigilant about warning signs and risk factors. This team may include the building administrator, school resource officer (if assigned to school), Blue Valley Police Officer (if assigned), counselor, school psychologist, social worker and teacher(s). All professionals that need this information will maintain confidentiality at all times.



**LIFELINE: 1-866-488-7386**

**Or Text:**

**TREVOR to 1-202-304-1200**

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## When Students/Parents Contact Staff Members after Hours

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Students sometimes contact staff members about self-harm outside the school day, often in the evenings or on weekends. When this occurs, staff members should take the following steps:

1. Call 911 and request a welfare check on a student based on the call/email.
2. Contact the student's parents/guardians to make them aware of the student's concerning call or email.
3. Contact the principal and counselor at the school, so they are aware of the student's call/email and your subsequent request for a welfare check.

We cannot wait until the next school day to determine the student's safety; we take these steps to help keep the student safe.

**Building administration will ensure that staff members are aware of these steps since students regularly contact teachers and coaches in addition to counselors, psychologists, social workers, and principals.**

# IS STUDENT AT RISK?

Conduct Interview and complete checklist

## HIGH/MODERATE RISK

Student has a specific plan

### DO:

- Consult with building Mental Health Team\*
- Inform SRO/CO of status
- Contact parents/guardian **IMMEDIATELY** and meet in person
- Provide resources
- Follow-up

### DO NOT:

- Leave student alone
- Allow student to go to bathroom or locker alone
- Allow student to leave school by self on bus or driving

## COMPLETE INTERVENTION REPORT/PLAN OF ACTION

- Parents/guardian take student for an evaluation.
- Plan time to meet with child and visit with parents/guardian upon return

Consider if child is “in need of care” and requires a call to the Department of Children & Families (DCF) or SRO/CO if you are concerned about parents/guardian seeking support for student.

## LOW RISK

- Student has passing thoughts of death with no immediate plan.
- They have “reasons to live” and support from friends/family.

- Parents/Guardian notified of student’s concerns **BEFORE** end of school day
- Maintain close home/school communication
- Provide support/follow-up with resources
- Encourage parents/guardian to consult with doctor/therapist

\*Mental Health Team may include an Administrator, Psychologist, Counselor, Social Worker, SRO/CO, Nurse, SPED/Gifted Case Manager, any other staff members connected to the student.

## DEBRIEF SCHOOL TEAM

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## APPENDICES

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Appendix A | BV-140 Columbia Suicide Severity Rating Scale (C-SSRS)

Suicide Risk Summative Notes

Appendix B | BV-141 Intervention Report/Parent Plan of Action

Emergency Resources

Appendix C | BV-142 Re-Entry Follow-Up Meeting Checklist

Appendix D | BV-143 Suicide Risk Monitoring

Appendix E | BV-144 Student Self-Assessment (optional)

Appendix F | BV-145 Safety Plan (optional)

Appendix G | BV-146 Reasons to Live Cards (template—optional)

**CRISIS TEXT LINE |**

**Text: KS to 741741**

## Blue Valley Suicide Risk Assessment (Based on SAFE-T Protocol with C-SSRS)

<b>Step 1: Identify Risk Factors</b>	
<b>C-SSRS Suicidal Ideation Severity</b>	<b>Past Month</b>
<b>1) Wish to be dead</b> Have you wished you were dead or wished you could go to sleep and not wake up?	Yes / No
<b>2) Current suicidal thoughts</b> Have you actually had any thoughts of killing yourself?	Yes / No
<b>3) Suicidal thoughts w/ Method (w/no specific Plan or Intent or act)</b> Have you been thinking about how you might do this?	Yes / No
<b>4) Suicidal Intent without Specific Plan</b> Have you had these thoughts and had some intention of acting on them?	Yes / No
<b>5) Intent with Plan</b> Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?	Yes / No
<b>C-SSRS Suicidal Behavior:</b> "Have you ever done anything, started to do anything, or prepared to do anything to end your life?"  Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or 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. If "YES" was it within the past 3 months?	<div style="text-align: center; background-color: #d3d3d3; padding: 2px;"><b>Lifetime</b></div> <div style="text-align: center; background-color: yellow; padding: 2px;">Yes / No</div> <div style="text-align: center; background-color: #d3d3d3; padding: 2px;"><b>Past 3 Months</b></div> <div style="text-align: center; background-color: red; padding: 2px;">Yes / No</div>
<b>Current and Past Psychiatric Disorder</b> <input type="checkbox"/> Mood Disorder <input type="checkbox"/> Psychotic disorder <input type="checkbox"/> Alcohol/substance abuse disorders <input type="checkbox"/> PTSD <input type="checkbox"/> ADHD <input type="checkbox"/> TBI <input type="checkbox"/> Cluster B Personality disorders or traits (i.e., Borderline, Antisocial, Histrionic & Narcissistic) <input type="checkbox"/> Conduct problems (antisocial behavior, aggression, impulsivity) <input type="checkbox"/> Recent onset  <b>Presenting Symptoms</b> <input type="checkbox"/> Anhedonia (inability to feel pleasure) <input type="checkbox"/> Impulsivity <input type="checkbox"/> Hopelessness or despair <input type="checkbox"/> Anxiety and/or panic <input type="checkbox"/> Insomnia <input type="checkbox"/> Command hallucinations <input type="checkbox"/> Psychosis	<b>Family History</b> <input type="checkbox"/> Suicide <input type="checkbox"/> Suicidal behavior  <b>Precipitants/Stressors</b> <input type="checkbox"/> Triggering events leading to humiliation, shame, and/or despair (e.g. Loss of relationship, financial or health status) (real or anticipated) <input type="checkbox"/> Chronic physical pain or other acute medical problem (e.g. CNS disorders) <input type="checkbox"/> Sexual/physical abuse <input type="checkbox"/> Substance intoxication or withdrawal <input type="checkbox"/> Pending incarceration or homelessness <input type="checkbox"/> Legal problems <input type="checkbox"/> Inadequate social supports <input type="checkbox"/> Social isolation <input type="checkbox"/> Perceived burden on others  <b>Change in Treatment</b> <input type="checkbox"/> Recent inpatient discharge <input type="checkbox"/> Change in provider or treatment (i.e., medications, psychotherapy, milieu) <input type="checkbox"/> Hopeless or dissatisfied with provider or treatment <input type="checkbox"/> Non-compliant or not receiving treatment
<input type="checkbox"/> <b>Access to lethal methods:</b> Ask <u>specifically</u> about presence or absence of a firearm in the home or ease of accessing	

**Step 2: Identify Protective Factors (Protective factors may not counteract significant acute suicide risk factors)**

Internal	External
<input type="checkbox"/> Ability to cope with stress <input type="checkbox"/> Frustration tolerance <input type="checkbox"/> Religious beliefs <input type="checkbox"/> Fear of death or the actual act of killing self <input type="checkbox"/> Identifies reasons for living	<input type="checkbox"/> Cultural, spiritual and/or moral attitudes against suicide <input type="checkbox"/> Beloved pets <input type="checkbox"/> Supportive social network of family or friends <input type="checkbox"/> Positive therapeutic relationships <input type="checkbox"/> Engaged in work or school

**Step 3: Specific questioning about Thoughts, Plans, and Suicidal Intent – (see Step 1 for Ideation Severity and Behavior)**

<b>C-SSRS Suicidal Ideation Intensity (with respect to the most severe ideation 1-5 identified above)</b>	<b>Past Month</b>
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<p><b>Frequency</b>  <b>How many times have you had these thoughts?</b>                  (1) Less than once a week (2) Once a week (3) Two - five times in week (4) Daily or almost daily (5) Many times each day</p>	
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<p><b>Duration</b>  <b>When you have the thoughts how long do they last?</b>                  (1) Fleeting – few seconds or minutes (4) 4 – 8 hours/most of day                  (2) Less than 1 hour/some of the time (5) More than 8 hours/persistent or continuous                  (3) 1 – 4 hours/ a lot of time</p>	
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<p><b>Controllability</b>  <b>Could/can you stop thinking about killing yourself or wanting to die if you want to?</b>                  (1) Easily able to control thoughts (4) Can control thoughts with a lot of difficulty                  (2) Can control thoughts with little difficulty (5) Unable to control thoughts                  (3) Can control thoughts with some difficulty (0) Does not attempt to control thoughts</p>	
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<p><b>Deterrents</b>  <b>Are there things - anyone or anything (e.g., family, religion, pain of death) - that stopped you from wanting to die or acting on thoughts of suicide?</b>                  (1) Deterrents definitely stopped you from attempting suicide (4) Deterrents most likely did not stop you                  (2) Deterrents probably stopped you (5) Deterrents definitely did not stop you                  (3) Uncertain that deterrents stopped you (0) Does not apply</p>	
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<p><b>Reasons for Ideation</b>  <b>What sort of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (in other words you couldn't go on living with this pain or how you were feeling) or was it to get attention, revenge or a reaction from others? Or both?</b>                  (1) Completely to get attention, revenge or a reaction from others (4) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling)                  (2) Mostly to get attention, revenge or a reaction from others (5) Completely to end or stop the pain (you couldn't go on living with the pain or how you were feeling)                  (3) Equally to get attention, revenge or a reaction from others (0) Does not apply</p>	
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<b>Total Score</b>	
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<p><b>Follow-up Questions to Ask the Student</b>                  The staff member interviewing the student should ask the following questions at some point during the interview process when it seems appropriate:</p> <ul style="list-style-type: none"> <li>• “Do you have anything with you that would cause me concern?”</li> <li>• “For your own safety and my peace of mind, can an administrator check your bag/pockets/etc.?”</li> </ul>	
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### Step 4: Guidelines to Determine Level of Risk and Develop Interventions to LOWER Risk Level

“The estimation of suicide risk, at the culmination of the suicide assessment, is the quintessential **clinical judgment**, since no study has identified one specific risk factor or set of risk factors as specifically predictive of suicide or other suicidal behavior.”

*From The American Psychiatric Association Practice Guidelines for the Assessment and Treatment of Patients with Suicidal Behaviors, page 24.*

RISK STRATIFICATION	BLUE VALLEY RESPONSE
<p style="text-align: center;"><b>HIGH Suicide Risk</b></p> <p><input type="checkbox"/> Suicidal ideation with intent or intent with plan <b>in past month</b> (C-SSRS Suicidal Ideation #4 or #5)  <b>OR</b>  <input type="checkbox"/> Suicidal behavior <b>within past 3 months</b> (C-SSRS Suicidal Behavior)</p>	<p><input type="checkbox"/> Consult with building mental health team including administration.  <input type="checkbox"/> Contact parents immediately and arrange to meet in person.  <input type="checkbox"/> Provide resources for student to complete further risk assessment  <input type="checkbox"/> Stay with student until student is transported for out of district assessment  <input type="checkbox"/> Follow-up and document outcome of psychiatric evaluation  <input type="checkbox"/> Utilize Blue Valley Return to School Protocol.</p>
<p style="text-align: center;"><b>MODERATE Suicide Risk</b></p> <p><input type="checkbox"/> Suicidal ideation with method, <b>WITHOUT plan, intent or behavior in past month</b> (C-SSRS Suicidal Ideation #3) or  <input type="checkbox"/> Suicidal behavior more than 3 months ago (C-SSRS Suicidal Behavior Lifetime)  <b>OR</b>  <input type="checkbox"/> Multiple risk factors and few protective factors</p>	<p><input type="checkbox"/> Consult with building mental health team including administration.  <input type="checkbox"/> Contact parents/guardian immediately and inform of concerns.  <input type="checkbox"/> Provide resources and encourage parents to consult with doctor/therapist.  <input type="checkbox"/> Maintain close home/school communication</p>
<p style="text-align: center;"><b>LOW Suicide Risk</b></p> <p><input type="checkbox"/> Wish to die or Suicidal Ideation <b>WITHOUT method, intent, plan or behavior</b> (C-SSRS Suicidal Ideation #1 or #2)  <b>OR</b>  <input type="checkbox"/> Modifiable risk factors and strong protective factors <b>or</b>  <input type="checkbox"/> No reported history of Suicidal Ideation or Behavior</p>	<p><input type="checkbox"/> Consult with building mental health team including administration.  <input type="checkbox"/> Contact parents/guardian immediately and inform of concerns.  <input type="checkbox"/> Provide resources and encourage parents to consult with doctor/therapist.  <input type="checkbox"/> Maintain close home/school communication</p>

### Step 5: Documentation

**Risk Level**

- High Suicide Risk
- Moderate Suicide Risk
- Low Suicide Risk

**Clinical Note**

- Your clinical observation
- Relevant mental status information
- Methods of suicide risk evaluation
- Brief Evaluation Summary
  - Warning signs
  - Risk indicators
  - Protective factors
  - Access to lethal means
  - Collateral sources used and relevant information obtained
  - Specific assessment data to support risk determination
  - Rationale for actions taken and not taken
- Provision of Crisis Line 1-800-273-TALK(8255)
- Implementation of Safety Plan (If Applicable)

Performance/Degree	Risk Present	Moderate Risk	High Risk
School Attendance	<input type="checkbox"/> No change noted, attendance pattern is not consistent	<input type="checkbox"/> Increasing number of absences over previous 6 weeks	<input type="checkbox"/> Significant absences/truancy
Discipline/Legal	<input type="checkbox"/> No significant school discipline issues/legal involvement	<input type="checkbox"/> Prior significant school discipline issues/legal involvement	<input type="checkbox"/> Current school consequences/legal consequences

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**Assessment Summative Notes**

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<b>Next Steps</b>	<b>Notes</b>
High Suicide Risk	
Moderate Suicide Risk	
Low Suicide Risk	
<b>Communication to Parents</b>	<b>Notes</b>

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## Parent/Guardian Plan of Action

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BLUE VALLEY SCHOOL DISTRICT

Student Name \_\_\_\_\_ Date \_\_\_\_\_

I understand that my child has been assessed as being at-risk for suicide due to the following indicators:

- Has considered suicide or is considering suicide.  
 Has the means available or immediate accessibility.  
 Other: \_\_\_\_\_

**SEE THE SEPARATE SHEET FOR EMERGENCY RESOURCES**

Parent/Guardian Plan of Action: \_\_\_\_\_

Appointment with Physician (family practitioner, psychiatrist):

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

Appointment with Outside Therapist Counselor:

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

Student scheduled follow-up visit with School Counselor, School Psychologist, School Social Worker: \_\_\_\_\_ Date: \_\_\_\_\_

### Release to Parent/Guardian

I have been informed by school personnel of their concerns for my child's safety. I understand that I am responsible for taking action necessary to ensure my child's continued safety:

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

### Parent/Guardian Contact by Staff Member

Note: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Emergency Resources

	Contact for Transfer/Admit	Location
<b>KANSAS</b>		
<b>KVC Prairie Ridge Hospital</b>	Admissions 913-890-7468 FAX 913-426-9057	4300 Brenner Dr. Kansas City, Kansas 66104
<b>University of Kansas Hospital, Marillac Campus*</b>	913-681-5437 or 913-951-4300 FAX 913-951-4338	8000 W. 127th St. Overland Park, KS 66213
<b>Children's Mercy Hospital Kansas**</b>	913-696-8000 Ask for Social Work	5808 W. 110 <sup>th</sup> St. Overland Park KS 66211
<b>Johnson County Mental Health*</b> <i>After Hours Emergency Number 913-268-0156</i>	<a href="http://www.mentalhealth.joco.org">www.mentalhealth.joco.org</a>	<b>Olathe:</b> 913-715-7700 <b>Mission:</b> 913-831-2550 <b>Shawnee:</b> 913-826-4100
<b>Kids TLC</b> <i>24/7 Hotline</i>	913-324-3619 <a href="http://www.kidstlc.org">www.kidstlc.org</a>	480 Rogers Road Olathe, KS 66062
<b>MISSOURI</b>		
<b>Crittenton Children's Center</b>	816-767-4206 FAX 767-4158	10918 Elm Ave. Kansas City, MO 64134
<b>Research Psychiatric*</b> Ask for the adolescent psychiatric hospital (not emergency room)	816-235-8162 FAX 816-298-8766	2323 E. 63 <sup>rd</sup> St. Kansas City, MO 64131
<b>Two Rivers</b>	816-356-5688 FAX 816-382-6822	5121 Raytown Road Kansas City, MO 64133
<b>Children's Mercy Hospital**</b>	816-234-3000 Ask for Social Work	2401 Gillham Rd, Kansas City, MO 64108
<b>OTHER RESOURCES</b>		
<b>National Suicide Prevention Lifeline</b>	<a href="http://www.suicidepreventionlifeline.org">www.suicidepreventionlifeline.org</a> or <a href="http://www.headquarterscounselingcenter.org">www.headquarterscounselingcenter.org</a>	1-800-273-8255 1-785-841-2345
<b>Crisis Text Line</b>	<a href="http://www.crisistextline.org">www.crisistextline.org</a>	Text: KS to 741741
<b>TREVOR Project Lifeline (LGBTQ)</b>	<a href="http://www.thetrevorproject.org">www.thetrevorproject.org</a>	866-488-7386 or Text: TREVOR to 1-202-304-1200

\*No cost evaluation    \*\*Emergency Room charges will apply

## Re-Entry/Follow-up Meeting Checklist

Student Name \_\_\_\_\_ Date of Re-Entry/Follow-Up \_\_\_\_\_

Grade \_\_\_\_\_ Lead Mental Health Team Member/Main Contact \_\_\_\_\_

*Welcome the student and family back to school. Invite student and family to review their experience and express possible concerns about their absence.*

NOTES:

**Questions to Ask Family** (What triggered the recent events?)

- Was a release signed to talk to the hospital? Offer Authorization to Disclose Medical Information (BV-166) to parents to sign if they choose.
- What safety plan was created for your student with the hospital staff?
- Is there anything that would benefit the school to know to improve student experience?
- What supports can we place for your student to help during the school day?
- What outside supports are in place? Is there a signed release to talk to the therapist?

NOTES:

**Questions to Ask Student** (This can include parents or be done individually with the student.)

- What triggered or caused your recent feelings and thoughts about suicide?
- What subjects or classes are you most worried about?
- Who are your staff/school supports?
- What would you like staff to know? (Teacher notification in person)
- Develop a plan of what student will tell friends/peers about absence.
- Discuss academic interventions/plan.

NOTES:

Was there a safety plan created with outside resources?  Yes  No

\*Scheduled Check-in Dates

	Week One	Week Two	Week Three	Week Four
#1	_____	#1 _____	#1 _____	#1 _____
#2	_____			
#3	_____			
#4	_____			
#5	_____			

\*The team member should plan on at least weekly follow-up meetings with the student for at least 3 weeks.

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## Suicide Risk Monitoring

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Use this document when talking to a student who returns to school after a suicide intervention has been initiated and/or when talking to a student who returns to school after a hospitalization for self-harm or potential self-harm.

Student \_\_\_\_\_ Staff \_\_\_\_\_ Date \_\_\_\_\_

### 1. Are you having thoughts of suicide or harming yourself?

- Yes (complete C-SSRS tool)  No (continue below)

### 2. Risk Factors

A. How hopeless do you feel that things will get better?

Not at All    1     2     3     4     5     A Great Deal

B. How much do you feel like a burden to others?

Not at All    1     2     3     4     5     A Great Deal

C. How depressed, sad, or down do you currently feel?

Not at All    1     2     3     4     5     A Great Deal

D. How disconnected do you feel from others?

Not at All    1     2     3     4     5     A Great Deal

E. Is there a specific trigger/stressor for you? If so, has it improved at all?

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Not at All    1     2     3     4     5     A Great Deal

### Notes

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### 2. Protective Factors

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Coping with stress         | <input type="checkbox"/> Tolerating frustration                      | <input type="checkbox"/> Religious beliefs | <input type="checkbox"/> Fear of death, killing self |
| <input type="checkbox"/> Identifies reasons to live | <input type="checkbox"/> Cultural, spiritual beliefs against suicide | <input type="checkbox"/> Beloved pets      | <input type="checkbox"/> Social network              |
| <input type="checkbox"/> Therapeutic relationships  | <input type="checkbox"/> School/work engagement                      |  |  |





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## Safety Plan

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Think of the most recent suicidal crisis. Write a one to two sentence description of what **triggered** the suicidal crisis

Triggers

- 
- 

**Suicidal Thoughts and Behaviors:** What are the thoughts, emotions, or behaviors that let you (and those around you) know that you were in crisis?

Suicidal  
Thoughts/  
Behaviors

- 
- 

**Internal Coping:** What can you do on your own to distract yourself from suicidal thoughts? What do you like to do? What have you done in the past?

Internal  
Coping

- 
- 
- 

**External Coping:** Who and/or what can help distract you from your suicidal thoughts?

External  
Coping

- 
- 
-

**Safety Plan:** List your coping strategies from the past, starting with the most enjoyable.

**Safety Plan**

- 
- 
- 
- 
- 
- 

**Emergency Numbers** I will call in the event that my suicidal thoughts continue or get worse after using the coping strategies listed above:

**People to Call**

- Safe and Trusted Adult \_\_\_\_\_
- School Personnel \_\_\_\_\_
- National Suicide Prevention Lifeline: 1-800-TALK (8255)
- 911

If no one is available and I have tried all of the coping strategies listed above, and still believe I might do something to end my life, I will go to the emergency room \_\_\_\_\_ or call 911.

By signing below, I agree that I have been part of the creation of this safety plan and that I intend to use it when I am having thoughts of suicide. I realize that my signature below does not make this a legal contract, but rather a plan for my continued well-being and happiness.

_____	_____	_____
Student	Signature	Date
_____	_____	_____
School Personnel/Credential	Signature	Date
_____	_____	_____
Supervisor/Administrator/Credential	Signature	Date
_____	_____	_____
Parent/Guardian	Signature	Date

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## Reasons for Living Cards

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<p>Things that make me happy</p> <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul> <p>People I love who love me</p> <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul> <p>Other reasons to live</p> <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul>	<p>Things that make me happy</p> <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul> <p>People I love who love me</p> <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul> <p>Other reasons to live</p> <ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li><li>•</li><li>•</li></ul>
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