

# **SUICIDE RISK ASSESSMENT AND INTERVENTION MANUAL**



**January 2019**

**Kenai Peninsula Borough School District**

# Kenai Peninsula Borough School District SUICIDE RISK ASSESSMENT

A suicide risk assessment should be initiated **immediately** whenever a *student talks about harming himself/herself, or if there is concern that a student has thoughts about hurting himself/herself*. Do not leave the student unattended by an adult. Do not allow the student to leave the building until this protocol is completely filled out and a plan for ensuring the student's safety is being carried out. The Site Administrator/Principal must be informed. This Suicide Risk Assessment will guide your evaluation, document your concerns, and help you develop a student safety plan. You will:

- Identify a risk level
  - Notify parents and complete the Emergency Conference Notice (page 6)
  - Send SUICIDE RISK INCIDENT REPORT (page 8) to **Administrative Secretary for Assistant Superintendent at District Office (current in position: Natalie Bates)**
  - Retain a copy of the remaining pages at school with the administrator, school psychologist, or school counselor
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Student: \_\_\_\_\_ School: \_\_\_\_\_  
DOB: \_\_\_\_\_ Student ID: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_  
Parent/Guardian Names: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

## Step 1: Keep the Student Safe

- Appropriately supervise the student(s); if there is imminent danger call 911.

## Step 2: Notify the Site Administrator/Principal

- Report the situation to administrator immediately.

## Step 3: Identify Staff Member(s) to Complete this Screening

Screenings for suicide risk assessment should be completed by a staff member with mental health training. When possible, it is **encouraged** to team or consult with a second staff member.

School Counselor: \_\_\_\_\_ School Psychologist: \_\_\_\_\_  
School Nurse: \_\_\_\_\_ Other: \_\_\_\_\_

## Step 4: Seek Information to Clarify Concerns

As needed or if appropriate and when possible, clarify current concerns by actively seeking information from:

- Interviews with school staff, teachers, students and parents
- Health, psychologist, and counselor records
- Is the child receiving Special Education Services? \_\_\_\_\_ Disability? \_\_\_\_\_
- Is the child taking any medications? \_\_\_\_\_ Diagnosis? \_\_\_\_\_
- Is the child currently receiving counseling services (with whom)? \_\_\_\_\_

## Step 5: Interview and Assess the Student

The following questions will guide your assessment. Use your professional judgment and clinical skills to conduct an interview with the student. Along with suicide risk, ask about thoughts or planning regarding harming others as well.

Describe the incident of concern. What happened? What did the student say or do? What warning signs led to this referral?

Date of incident: \_\_\_\_\_

Description of Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Questions for Student Interview

Use the questions and checklist below to assist you in assessing suicide risk and complete the Suicide Risk Assessment Checklist on the following page. If you would like list of more specific questions, see **Appendix A** (pg. 11-13).

### **Beginning the Interview—*What warning signs initiated the referral?***

Someone has noticed \_\_\_\_\_ about you (e.g., an essay, a drawing, a statement). It concerned me and so I wanted to ask you about it. What were you meaning to say? What did you want to happen?

### **Assessing Current Feeling and Thinking—*What problems is the student experiencing?***

How are things going for you right now? Have you been feeling down or discouraged? What problems are getting you down right now? Has someone hurt you, or has someone hurt your feelings in some way? Do you feel like things can get better?

### **Assessing Suicidal Thinking and Behavior—*Is the student suicidal; do they have a plan; past behavior?***

Have you been thinking about hurting yourself or taking your own life? What happened to make you think about hurting or killing yourself? Do you know someone who's committed suicide? Has someone you care about died? Have you tried to hurt or kill yourself before? Have you thought about how to make yourself die? How are you planning to hurt yourself? (Ask about access to a means to inflict self-harm that matches how the student responds—medications, firearms, etc.)

**Have you thought about harming someone else?**

### **Assessing Coping—*How does the student solve problems?***

What would it take to make things better? What would have to happen for things to work out? What have you tried to do to make things better?

### **Assessing Supports—*What strengths and supports does the student have?***

Can you talk to family and friends about how you're feeling? Who have you told about how you are feeling? Are they helping you? Would you be willing to talk to someone about how you're feeling (e.g., a therapist)?

### **Warning Signs for Suicide**

(for screening use, check all that apply)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Suicide notes                          | <input type="checkbox"/> Family problems          | <input type="checkbox"/> Loss of important person or relationship |
| <input type="checkbox"/> Making final arrangements              | <input type="checkbox"/> Legal problems           | <input type="checkbox"/> Family history of suicide                |
| <input type="checkbox"/> Giving away possessions                | <input type="checkbox"/> Poor coping skills       | <input type="checkbox"/> Friend has attempted suicide             |
| <input type="checkbox"/> Reading or writing about death         | <input type="checkbox"/> Limited support system   | <input type="checkbox"/> Previous suicide attempts, cutting       |
| <input type="checkbox"/> Sad or depressed affect, hopelessness  | <input type="checkbox"/> Increased risk taking    | <input type="checkbox"/> Plan to commit suicide                   |
| <input type="checkbox"/> Sexual identity issues or sexual abuse | <input type="checkbox"/> Drug and alcohol use     | <input type="checkbox"/> Sense of desperation                     |
| <input type="checkbox"/> Social withdrawal or isolation         | <input type="checkbox"/> Humiliation or rejection | <input type="checkbox"/> Access to a means to harm self           |

**Step 6: Assessing Suicide Risk** - Make a decision about the level of risk. *When possible, consult with a second staff member.* Complete the **Suicide Risk Assessment Checklist** (pg. 3).

**Suicide Risk Assessment Checklist - Put a check in the appropriate boxes**

<b>Performance/Degree</b>	<b>RISK PRESENT, BUT LOWER (Score for check = 1)</b>	<b>MEDIUM RISK (Score for check = 2)</b>	<b>HIGH RISK (Score for check = 3)</b>
<b>1. Suicide Plan</b>			
a. Details	<input type="checkbox"/> vague	<input type="checkbox"/> some specifics	<input type="checkbox"/> well thought out, knows when, where, how
b. Availability of Means	<input type="checkbox"/> not available, will have to get	<input type="checkbox"/> available, have close by	<input type="checkbox"/> have in hand
c. Time	<input type="checkbox"/> no specific time or in future	<input type="checkbox"/> within a few hours	<input type="checkbox"/> immediately
d. Lethality of Method	<input type="checkbox"/> pills, slash wrists	<input type="checkbox"/> drugs and alcohol, car wreck, carbon monoxide	<input type="checkbox"/> drug, gun, hanging, jumping
e. Chance of Intervention	<input type="checkbox"/> others present most of the time	<input type="checkbox"/> others available if called upon	<input type="checkbox"/> no one nearby, isolated
<b>2. Previous Suicide Attempts</b>	<input type="checkbox"/> none or one of low lethality	<input type="checkbox"/> multiple of low lethality or one of medium lethality, history of repeated threats	<input type="checkbox"/> one high lethality or multiple of moderate lethality
<b>3. Stress</b>	<input type="checkbox"/> no significant stress	<input type="checkbox"/> moderate reaction to loss and environmental changes	<input type="checkbox"/> severe reaction to loss or environmental changes
<b>4. Symptoms</b>			
a. Changes in Behavior	<input type="checkbox"/> daily activities continue as usual	<input type="checkbox"/> some daily activities disrupted; disturbance in eating, sleeping, school work	<input type="checkbox"/> gross disturbances in daily functioning
b. Depression	<input type="checkbox"/> mild, feels slightly down	<input type="checkbox"/> moderate, some moodiness, sadness, irritability, loneliness and decrease of energy	<input type="checkbox"/> overwhelmed with hopelessness, sadness and feels worthless
<b>5. Resources</b>	<input type="checkbox"/> help available; significant others concerned and willing to help	<input type="checkbox"/> family and friends available but unwilling to consistently help	<input type="checkbox"/> family and friends not available or are hostile, exhausted, injurious
<b>6. Communication Aspects</b>	<input type="checkbox"/> direct expression of feelings and suicidal intent	<input type="checkbox"/> inter-personalized suicidal goal ("They'll be sorry - I'll show them")	<input type="checkbox"/> very indirect or nonverbal expression of internalized suicidal goal (guilt, worthlessness)
<b>7. Life Style</b>	<input type="checkbox"/> stable relationships, personality and school performance	<input type="checkbox"/> recent acting out behavior and substance abuse, acute suicidal behavior in stable personality	<input type="checkbox"/> suicidal behavior is unstable personality, emotional disturbance, repeated difficulty with peers, family and teachers
<b>8. Medical Status</b>	<input type="checkbox"/> no significant problems	<input type="checkbox"/> acute but short term or psychosomatic illness	<input type="checkbox"/> chronic debilitating or acute catastrophic illness
<b>Sub-totals</b>	(A) _____ x 1 = _____	(B) _____ x 2 = _____	(C) _____ x 3 = _____

**Total Score: (A + B + C) / 3 = \_\_\_\_\_**

<u>Level</u>	<u>Score</u>
Low	1-6
Medium	7-10
High	11-13

**IMPORTANT:** The completion of this assessment worksheet indicates that a concern exists for a possible suicide attempt. Even if the assessment indicates a low risk, there is a risk present.

## Step 7: Notify the Student's Parent(s) or Guardian(s)

- Call parent to discuss findings from the assessment and get their input.
- Parents/guardians have NOT been notified because: \_\_\_\_\_
- An effort was made to contact parent/guardian:

Date	Time	No answer	Left Message	Contacted

**Low Level of Risk**

The student appears to be at a low risk for harming himself/herself. The student is in distress but has positive supports. The student's concerns and needs may be readily addressed. The student does not appear serious about harming himself/herself, nor have they thought seriously about a means to do so.

**Medium Level of Risk**

Information suggests medium risk potential. The student is in distress. There is suicidal thinking but the student does not seem intent on harming herself/himself. The problem situation can be resolved and the student appears able to use some coping skills. The student's suicidal thinking is concerning but they are not expressing a clear intent to harm herself/himself. The student is open and responsive to support, or already has sufficient support.

**High Level of Risk- PARENT MUST COME IN**

Information suggests high risk potential. The student is in significant distress. There is clear suicidal thinking and warning signs are present. The student's coping skills and social supports are limited or compromised. There may be a situation that is difficult to resolve. The student appears to be in imminent danger of inflicting self-harm or committing suicide. There is a need for immediate intervention and possibly hospitalization.

## Step 8: Provide Intervention and Support

- Take action to provide for the student's safety and address current concerns.
- Review the **Emergency Conference Notice** (pg. 6) and provide parent/guardian with copy. In all cases you must provide referrals (listed on the Emergency Conference Notice) for supportive services to parents.

<b>Possible Interventions for Low to Medium Risk</b>	<b>Possible Interventions for High Risk Situations</b>
<ul style="list-style-type: none"> <li>• Develop a <b>Suicide Prevention Plan</b> (pg. 5) for the student at school that may include a <b>Student Safety Agreement</b> (pg.7).</li> <li>• Send student back to class, if safe, or make arrangements to go home with supervision from parent/guardian</li> <li>• Alert staff on a need-to-know basis</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Request parent come to school to sign the <b>Emergency Conference Notice</b> (pg. 6) - <u>required</u>.               <ul style="list-style-type: none"> <li>○ Request parent take student for immediate intervention with a health care provider.</li> <li>○ If parent unavailable or unresponsive, administrator will become involved. See pg. 9 for phone numbers. Options include:                   <ul style="list-style-type: none"> <li>▪ OCS</li> <li>▪ Police officers/troopers</li> </ul> </li> <li>○ Call 911 if indicated.</li> </ul> </li> </ul>

## Step 9: Develop a Suicide Prevention Plan for the Student at School

- Develop this **Suicide Prevention Plan** (pg. 5) in partnership with student, and parent(s) or guardian(s).

## Step 10: Final Steps

- Review **Suicide Prevention Plan** with staff as appropriate
- Complete and submit the **Suicide Risk Incident Report** (pg. 8) to Natalie Bates
- Keep copies of remaining pages and treat as personal and confidential notes for as long as student is enrolled in building.

# SUICIDE PREVENTION PLAN

Develop this Suicide Prevention Plan in partnership with the student and parent(s) or guardian(s).

**SCHOOL** Check any that apply and keep copies of additional pages as needed

- When appropriate, **Student Safety Agreement** (pg. 7) explained to student and signed by student (keep copy).
- Required: **Emergency Conference Notice** (pg.6) reviewed for all levels of risk and signed by parent in cases of high risk (keep copy).
  - o Referrals and resources must be provided to parents or guardians.
  - o Discuss safety and home supervision with parents or guardians (access to weapons, drugs, medications).
  - o **KPBSD Release of Information** (pg. 10) forms signed by parents or guardians (if needed).
- Alert administrator, all support staff, and alert teachers on a need-to-know basis.
- Adults that the student can talk to for support (from **Student Safety Agreement**):  
\_\_\_\_\_
- Describe possible options for follow-up support: (choose any that apply)
  - o Daily or Weekly (circle one) check-in with : \_\_\_\_\_
  - o Provide increased supervision in these settings: \_\_\_\_\_
  - o Modify daily schedule by: \_\_\_\_\_
  - o Behavior plan (attach a copy).
  - o Identify precipitating/aggravating circumstances, and intervene to alleviate tension. Describe:  
\_\_\_\_\_
  - o Drug and/or alcohol intervention with (name and extension): \_\_\_\_\_
  - o Referral to I-team to consider possible Special Education assessment.
  - o If Special Education or 504 student, review goals and placement options.
  - o Contact with student's counselor, therapist, or notification to person at a new school. Get Release of Information signed as appropriate.
  - o Other action: \_\_\_\_\_

## PARENTS or GUARDIANS

- Parents will provide the following supervision and/or intervention: \_\_\_\_\_
- Parents will call with follow up information by: \_\_\_\_\_
- Parents sign permission to release/share information with: \_\_\_\_\_

\_\_\_\_\_  
Administrator Date

\_\_\_\_\_  
School Psychologist, School Counselor, Nurse Date

\_\_\_\_\_  
Parent/Guardian Date

\_\_\_\_\_  
Other Date

# EMERGENCY CONFERENCE NOTICE

## Kenai Peninsula Borough School District

Parent has been informed that their student has been expressing suicidal thoughts. The following suggestions are offered to assist in keeping the student safe:

- **Parent/Guardian and school create a Suicide Prevention Plan for student to be used at school.**
- **Contact professionals that can assist parents/student.** Possible resources include:
  - Resources specific to your area: \_\_\_\_\_
  - Northstar Behavioral Health (Anchorage; phone consult available): 1-800-478-7575
  - National Crisis Line: 1-800-784-2433 (1-800-SUICIDE)
- **Parent may share with the school the names of other professionals currently helping student.**

Sign a *KPBSD Release of Information* form so that school staff and other professionals may share information to benefit student.

- **If at high risk, provide supervision for student at all times and safety proof your home.**
  - Do not allow student to be left alone at this time.
  - Do not allow student access to weapons, drugs or medications.
  - Parent is advised to immediately take student to a hospital to be evaluated.
  - If uncomfortable transporting student, contact local police for assistance.
- **In case of emergency:**
  1. Call 911.
  2. Take student to a hospital emergency room.

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Student Signature: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(required for high risk)

OR (check if applicable) \_\_\_\_\_ parent notified by phone \_\_\_\_\_ parent refused to sign  
(low or medium risk only)

School Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Name: \_\_\_\_\_

Provide a copy of this form to parents in all cases.

# STUDENT SAFETY AGREEMENT

## Kenai Peninsula Borough School District

I have expressed thoughts about hurting myself. School staff members are concerned and want to support me. I understand that I have a part in keeping myself safe, and I am making this agreement to stay safe. I, \_\_\_\_\_, agree that I will not try to hurt myself. If I think about hurting myself, I will help myself in the following ways:

- **Get help from an adult immediately:**

*At school, I will talk to:*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*Outside school, I will talk to:*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

*Call 911 or:*

- ✓ Local crisis line: \_\_\_\_\_
- ✓ National Crisis Line: 1-800-784-2433 (1-800-SUICIDE)
- ✓ Other \_\_\_\_\_

- **Not take any alcohol or drugs**

- **I could also do this:** \_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
School Staff Signature

\_\_\_\_\_  
Date



# SUICIDE RISK INCIDENT REPORT

A fillable form is also available on the District Website

**Send to District Office: Attention: Natalie Bates**

*Administrative Secretary for Assistant Superintendent*

Student: \_\_\_\_\_ School: \_\_\_\_\_

DOB: \_\_\_\_\_ Student ID: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_ Phone: \_\_\_\_\_ Date: \_\_\_\_\_

RISK ASSESSMENT – Please circle one

LOW

MED

HIGH

DESCRIPTION OF INCIDENT:

_____ _____ _____ _____
----------------------------------

EMERGENCY ACTIONS TAKEN: (Identify parent notification method and response)

_____ _____ _____ _____
----------------------------------

FOLLOW UP PLAN:

_____ _____ _____ _____
----------------------------------

Person completing Report: \_\_\_\_\_

## EMERGENCY RESOURCES

Northstar Behavioral Health (Anchorage; phone consult available):	1-800-478-7575
National Crisis Line: (1-800-SUICIDE)	1-800-784-2433
National Suicide Prevention Lifeline: (1-800-273-TALK)	1-800-273-8255
Crisis Intervention Careline: or text '4help' to 839863 (Tuesday through Saturday 3 pm -11 pm)	1-877-266-4357
Office of Children's Services (Regional Office):	1-855-352-8934

### Online Resources for students and parents including Text/Chat Helplines

<http://www.thetrevorproject.org/>

<http://jasonfoundation.com/>

### Local Community Resources

#### Homer, Razdolna, Kachemak-Selo, Voznesenka, Nanwalek, Nikolaevsk, Port Graham, Seldovia, Anchor Point

Homer Police Department	235-3150
The Center (Mental Health)	235-7701
South Peninsula Hospital	235-8101
Seldovia Police Department	234-7640
Port Graham VPSO	284-2292
State Troopers – Anchor Point	235-8239
Other	_____

#### Kenai, Soldotna, Nikiski, Kasilof, Ninilchik, Sterling, Cooper Landing, Tyonek

Kenai Police Department	283-7879
Soldotna Police Department	262-4455
State Troopers – Soldotna	262-4453
State Troopers – Ninilchik	567-3660
Peninsula Community Health Services (PCHS)	262-3119
PCHS 24/7 Crisis Line	283-7511
Central Peninsula Hospital Emergency Department	714-4444
Dena'ina Wellness Center	335-7500
Tyonek – Indian Creek Health Department	583-2203
Other	_____

#### Seward, Moose Pass, Hope

Seward Police Department	224-3338
Providence Seward Medical and Care Center	224-5205
SeaView (Mental Health)	224-5257
SeaView (Mental Health) 24/7 Crisis Line	224-3027
Other	_____

# Release of Information

## Kenai Peninsula Borough School District Authorization for Release of Confidential Information

Student Name: \_\_\_\_\_  
Birthdate: \_\_\_\_\_

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

\_\_\_\_\_ 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.

The release of information will expire without expressed revocation one year from today or on \_\_\_\_\_ (Date)

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

Send Information to:

# APPENDIX A – OPTION 1

## Optional questions for Student Interview

For those wanting more specific, in depth questions, the following can be used.

### Student Interview Model: Suicide Risk Screening

#### Engagement:

- It seems things haven't been going so well for you lately. Your parents and/or teachers have said \_\_\_\_\_. Most teens/ children would find that upsetting.
- Have you felt upset, maybe had some sad or angry feelings you have trouble talking about? Maybe I could help you talk about these feelings and thoughts?
- Do you feel like things can get better, or are you worried (afraid, concerned) things will just stay the same or get worse?
- Are you feeling unhappy most of the time?

#### Identification:

- Other teenagers/children I've talked to have said that when they feel that sad and/or angry, they thought for a while that things would be better if they were dead. Have you ever thought that? What were your thoughts?
- Is the feeling of unhappiness so strong that sometimes you wish you were dead?
- Do you sometimes feel that you want to take your own life?
- How often have you had these thoughts? How long do they stay with you?

#### Inquiry:

- What has made you feel so awful?
- What problems or situations have led you to think this way?
- Tell me more about what has led you to see killing yourself as a solution.
- What do you think it would feel like to be dead?
- How do you think your father and mother feel? What do you think would happen with them if you were dead?

#### Assessment:

##### Current Suicide Plan

- Have you thought about how you might make yourself die?
- Do you have a plan?
- On a scale of 1 to 10, how likely is it that you will kill yourself? When are you planning to or when do you think you will do this?
- Do you have the means with you now, at school, or at home?
- Where are you planning to kill yourself?
- Have you written a note?
- Have you put things in order?

#### Prior Behavior:

- Has anyone that you know of killed or attempted to kill themselves? Do you know why?
- Have you ever threatened to kill yourself before? When? What stopped you?
- Have you ever tried to kill yourself before? How did you attempt to do so?

#### Resources:

- Is there anyone or anything that would stop you?
- Is there someone whom you can talk to about these feelings?
- Have you or can you talk to your family or friends about suicide?

## APPENDIX A – OPTION 2

### Optional questions for Student Interview

For those wanting more specific, in depth questions, the following can be used.

**NOTE: Lethality = Thoughts + Intentions + Plan + Means**

#### 1. Suggested Interview With Student Threatening Suicide:

- a. It seems things have not been going so well for you lately. Tell me about it.
- b. Have you felt upset, maybe had some sad or angry feelings you have trouble talking about?
- c. Maybe I could help you talk about these thoughts and feelings?
- d. What are your thoughts about school?
- e. What are your thoughts about friends?
- f. What are your thoughts about family?
- g. Do you believe things can get better or are you worried things will just stay the same or get worse?

With young or withdrawn students, you may use drawings or other visual material.

#### 2. Thoughts, ideas, or intentions about suicide:

- a. Do you ever wish you were dead? Do you think about killing yourself? How often? How intense are your thoughts? Do you plan to do it or do you only think about it?
- b. Are you thinking about suicide a lot lately?
- c. If you killed yourself, what do you think will happen? To your family? What about to you? What do you think happens after death?
- d. Are you the kind of person who acts quickly? Impulsively? Or, do you make plans?
- e. What would have to happen to make you go ahead and kill yourself? Is that likely? When would that happen?

#### 3. Plans and means to commit suicide:

- a. Do you have an idea about how you would do it, if you kill yourself? (if the person says yes, ask more questions). What would you do? When would you do it?
- b. Ask the person if the means are available to them. For example, do you have a gun, or pills, or a car? Do you have a way of getting a gun or pills or razor blades?
- c. Do you think that a gun or pills or hanging would kill you?
- d. Sometimes, when people think about dying, they make plans for their belongings or make a will. Have you done any of those things?
- e. What do you think about death? Does it seem like a safe, comforting thing? Does death seem bad or scary?
- f. What does your religion believe about suicide? Do you agree?

#### **4. Personal factors and history:**

Some people have personalities and life histories that make them more likely to kill themselves. To find out if someone has such a history, ask questions such as:

- a. Have you recently lost anyone or anything important to you? You may already know that the person lost a family member or possession. If not, be sure to inquire.
- b. Have you felt like a failure lately? Has anything happened that hurt your pride?
- c. Are you the kind of person who has to do everything right? When you don't do everything right, do you feel very bad about yourself? How are things going for you now?
- d. Have you known anyone who killed himself or herself? Anyone who tried to? What do you think about his or her death?
- e. Have you ever tried to kill yourself? Have you ever pretended to? Held a gun to your head or put a rope around your neck or thought about driving your car off the road into a tree?
- f. Before you came to this school, did you ever see a doctor or go to the hospital because you were very sad? Heard or saw things others did not hear or see? Sometimes had too much energy? Did you ever feel like that – sad or too energetic, or hearing or seeing things – without seeing a doctor?
- g. Do you ever hear voices that tell you to do things? Do they ever tell you to hurt yourself? Kill yourself?
- h. Has anyone in your family had those problems or seen a doctor for them?
- i. When people drink they often do things they wouldn't otherwise do. (Find out how much the person drinks or uses drugs.) When you feel very upset or sad what do you do to feel better? Sometimes, when people are very sad or nervous, they drink or use drugs to feel better. Do you ever do that? How often? Do you ever drink so much you can't remember what you did when you got high/drank?
- j. Are you the kind of person who makes friends easily?

#### **5. Feeling depressed and hopeless:**

- a. Do you ever feel that you have no reason to live?
- b. Do you believe things will get better for you?
- c. Do you feel you can take care of things? Make things better?
- d. Do you think things will be better in the future?
- e. What do you think your life will be like a year from now? Five years from now?
- f. Do you feel good about yourself today?

## REFERENCES

Dallas Independent School District Suicide Risk Assessment Worksheet – Probability of Attempt

KPBSD Suicide Assessment and Intervention Manual, August 2012

KPBSD Suicide Intervention Materials, 2000

MODEL SCHOOL DISTRICT POLICY ON SUICIDE PREVENTION: Model Language, Commentary, and Resources, a collaborative effort of The American Foundation for Suicide Prevention (AFSP), The American School Counselor Association (ASCA), The National Association of School Psychologists (NASP) and The Trevor Project

PREVENTING SUICIDE: A Toolkit for High Schools, U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Mental Health Services

SUICIDE RISK ASSESSMENT, Last revision February 19, 2009 through the Department of Social Work and Psychological Services, Denver Public Schools