



## **Self-Harm / Suicide Intervention Guidance Document**

**April 2019**

This guidance document that has been developed by a multi-disciplinary team in Albemarle County Public Schools is intended to provide general information to administrative staff, school personnel and the public on how to implement and/or interpret expectations regarding the appropriate response to students at risk of self-harm or suicide. Guidelines are not intended to be policy or procedures or even regulations displacing local decisions; instead, they are designed to provide technical assistance for school officials, administrators and teachers in formulating appropriate decisions.

Should you have questions, comments or concerns about this document or the guidance contained in it, please contact the Office of Special Education and Student Services at (434) 296-5885.

## Contents

Suicide Risk and Self-Harm One Page Overview .....	3
Suicidal Behavior Risk and Protective Factors .....	4
Suicide Risk Response Structure and Process .....	5
Document Event / Event Capture .....	6
Student Interview.....	7
Student Interview, Part 2 .....	8
Student Self-Harm Risk Assessment Determination.....	10
Family Information for Student at Moderate or High Risk of Suicide.....	13
CONSENT FOR RELEASE OF INFORMATION .....	14
Noncompliance Guidelines.....	15
Re-entry Conference.....	15
Creation of Student Safety Plan.....	15
FORM: STUDENT SAFETY PLAN .....	17
Contact Phone Numbers .....	18
Form: Individual School-Based Student Safety Plan .....	19

# Suicide Risk and Self-Harm One Page Overview

## If Minimal or No Risk

1. Consult and get an endorsement from another Tier 2 person
2. Inform parents
3. One week follow-up with student
4. Student can return to class

## If Low Risk

1. Consult and get an endorsement from another Tier 2 person
2. Inform parents
3. Follow up with student within 3 days
4. Consider Check In / Check Out
5. Student can return to class

## If above Low Risk

1. Inform parents
2. Schedule Level 3 Team meeting with Parents as soon as possible
3. Student must be monitored while at school
4. Tier 3 meeting to determine Level of Risk, Planning, and Monitoring

	Tier 1	Tier 2	Tier 3
<b>Who</b>	All Student and Staff	Counselors, SAP, Psychologist	Team meeting with parents, admin, and Tier 2 staff
<b>Responsibility</b>	Recognize Self-Harm behavior	Diagnostic / determination for Minimal/No & Low	Determination and planning for Moderate & High Risk
<b>Action</b>	1. Escort Student to Counseling Dept. or SAP office and help Document the Event	<ol style="list-style-type: none"> <li>1. Document Event</li> <li>2. Interview</li> <li>3. Determine or Escalate</li> <li>4. Monitor</li> </ol>	<ol style="list-style-type: none"> <li>1. Determine</li> <li>2. Verify</li> <li>3. Consult</li> <li>4. Safety Plan</li> <li>5. Monitor.</li> </ol>
<b>Approach</b>	Mental Health First Aid	Assist	Assist

# Suicidal Behavior Risk and Protective Factors

## Risk Factors

- Current plan to kill self
- Current suicidal ideation
- Access to means to kill self
- Previous suicide attempts
- Family history of suicide
- Exposure to suicide by others
- Recent discharged from psychiatric hospitalization
- History of mental health issues (major depression, panic attacks, conduct problems)
- Current drug/alcohol use
- Sense of hopelessness
- Self-hate
- Current psychological/emotional pain
- Loss (relationship, work, financial)
- Discipline problems
- Conflict with others (family/friends)
- Current agitation
- Feeling isolated/alone
- Current/past trauma (sexual abuse, domestic violence)
- Bullying (as aggressor or victim)
- Discrimination
- Severe illness/health problems
- Impulsive or aggressive behavior
- Unwilling to seek help
- LGBTQ, Native-American, Alaskan Native, male

## Protective Factors

- Engaged in effective health and/or mental health care
- Feels well connected to others (family, school, friends)
- Positive problem solving skills
- Positive coping skills
- Restricted access to means to kills self
- Stable living environment
- Willing to access support/help
- Positive self-esteem
- Resiliency
- High frustration tolerance
- Emotional regulation
- Cultural and/or religious beliefs that discourage suicide
- Does well in school
- Has responsibility for others

## Suicide Risk Response Structure and Process

This is a three-tiered process that provides direction and defines roles and responsibilities for staff, faculty, diagnostic staff (student assistant person, school counselors, school psychologists), and administrators.

### Step 1/Tier 1

#### Documenting Concern/Capturing Event

Must always occur

Involved Staff and Students

Identify at-risk statements and/or behavior

Inform Tier 2 staff member (Counselor, SAP, Psychologist)

Begin Event Capture

### Step 2/Tier 2

#### Responding to Concern

Must always occur

Tier 2 (Counselors, SAP, Psychologist)

Complete Document Event/Event Capture

Complete Student Interview

- Suicide Inquiry: Thoughts, plan, intent, access to means
- Assess Risk Factors
- Assess Protective Factors

Complete Student Self-Harm Risk Assessment

Determine and complete action steps if No Risk / Low Risk or Escalate to Tier 3

### Step 3/Tier 3

#### Comprehensive Plan of Serious Concern

Not always needed.

Tier 2 Team, Parents, Teachers, & Administration

Determine level of risk for Moderate or High

Complete action steps

## Document Event / Event Capture

*This form must be completed for all reported acts of self-harm or suicidal ideation.*

Student Name		Today's Date	
Who reported concern?		Date of event	
Reporter's role	<input type="checkbox"/> Self <input type="checkbox"/> Peer <input type="checkbox"/> Staff <input type="checkbox"/> Family Member                   Other _____		

**Event Capture:**

*Tier 2 Professional (School Counselor, SAP, Psychologist) completes form with original reporter.*

Questions	Completed by Tier 2 staff and Reporter
What was said?	
Where and when did it happen?	
Who was around when it happened?	
What was your impression of student/suspected intent?	
Does the student confirm the event described above?	

*If applicable and necessary, interview other witnesses and document using similar form.  
 After completion of the Event Capture, an interview with referred student must occur*

## Student Interview

The student interview must be completed by a Tier 2 staff member.

1. Introduce yourself.
2. Discuss limits of confidentiality and reasons for interview.
3. Build rapport with a general question like, "What's going on?"
4. Do not ask leading questions like, "You're not thinking of suicide are you?"
5. Rather than ask a series of questions, try to have a conversation. For example, "Sometimes, people in your situation (describe the situation) lose hope; I'm wondering if you may have lost hope, too?"

Interview must answer following questions:

Questions	Yes/No	Notes if "Yes"
Are you currently having thoughts or urges to harm or kill yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What specific thoughts are you having and how often are you having them?		
Do you have a current plan to harm or kill yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have the means available to carry out your plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you intend to follow through with your plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you ever tried to or thought about killing yourself?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has anyone in your family or a friend attempted or completed suicide?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
What keeps you alive right now? What are your reasons for living?		
Who do you talk to when you're having problems? Is it helpful? (home/school)  Additional supports		

Continue to Student Interview, Part 2

## Student Interview, Part 2

*For this section, ascertain whether the student is currently having, has a history of, or no history of, the following risk factors. Place a mark in the appropriate cell.*

Risk Factors	Current	History	No History	Notes
Previous suicide attempt				
Loss of loved one: Separation, Divorce, or Death				
Loss of peer relationships, break-up				
Loss of interest in enjoyable activities				
Lack of future orientation				
Family factors (economic, unemployment, transient)				
Academic pressures				
Abuse/Neglect				
Impulsivity				
Hopelessness				
Isolation				
Sad/Depressed				
Angry/Upset				
Alcohol/Drug Use				
Weight loss/gain				
Guilt/Remorse				
Lethargy/Insomnia				
Mood Swings/Temper Tantrums				
Cutting/Self-mutilation				

*Continue to Strength Factors.*

Strength Factors	Yes/No	Notes if "Yes"
Self Determination	<input type="checkbox"/> Yes <input type="checkbox"/> No	
School Community Connectedness	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Parental Involvement	<input type="checkbox"/> Yes <input type="checkbox"/> No	
History of Overcoming Challenges	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Ability to ask for Help	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Open to Mental Health Support	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Strong Faith	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other		

*After completion of student interview and review of facts, consult and get endorsement from another Tier 2 person to classify risk level. Please see Overview for more information and complete appropriate steps and paperwork based on classification. Proceed to Student Self-Harm Risk Assessment Determination.*

## Student Self-Harm Risk Assessment Determination

Name		Today's Date		School	
Date of Incident		DOB		IEP/504	<input type="checkbox"/> YES <input type="checkbox"/> NO
Parent/Guardian #1				Phone	
Parent/Guardian #2				Phone	
Screener				Position	

*Use the following to make your risk determination. After making an initial determination, complete the various steps and check the appropriate box to indicate that you have completed the appropriate action step.*

Minimal or No Risk	Low Risk
<ul style="list-style-type: none"> <li>First self-harm concern</li> <li>No suicidal ideation</li> <li>Few risk factors</li> <li>More strength factors than risk factors</li> </ul>	<ul style="list-style-type: none"> <li>No immediate concerns</li> <li>No suicidal ideation, only general/philosophical thoughts of self-harm</li> </ul>
<input type="checkbox"/> Consult and get endorsement from another Tier 2 professional <input type="checkbox"/> Contact family <input type="checkbox"/> Inform administration <input type="checkbox"/> Schedule follow-up (approximately 1 week) <input type="checkbox"/> Student returns to class	<input type="checkbox"/> Consult and get endorsement from another Tier 2 professional <input type="checkbox"/> Contact family <input type="checkbox"/> Inform administration <input type="checkbox"/> Schedule follow-up within 3-days <input type="checkbox"/> Consider Check-in/Check-out <input type="checkbox"/> Consider Student Safety Plan <input type="checkbox"/> Student returns to class
<input type="checkbox"/> Follow-up completed in 1 week <input type="checkbox"/> Is there a change in Risk Level <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, complete forms and action steps) <input type="checkbox"/> File completed form in	<input type="checkbox"/> Follow-up completed in 3 days <input type="checkbox"/> Is there a change in Risk Level <input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, complete forms and action steps) <input type="checkbox"/> File completed form in

Moderate Risk	High Risk
<ul style="list-style-type: none"> <li>• Suicidal ideation is present, but student is vague or denies intent</li> <li>• Student has suicidal ideation but no clear plan</li> <li>• Student denies suicidal thoughts but you have a high degree of suspicion or concern due to student anger, impaired judgment, etc.</li> <li>• Disagreement exists between objective findings and what student tells you.</li> </ul>	<ul style="list-style-type: none"> <li>• Suicidal Ideation: Including Planning, Intent, or Attempt</li> <li>• Student has a plan with preparation or rehearsal</li> <li>• Immediate concern</li> </ul>
Immediate Steps	Immediate Steps
<ul style="list-style-type: none"> <li><input type="checkbox"/> Monitor student</li> <li><input type="checkbox"/> Consult and get endorsement from another Tier 2 professional</li> <li><input type="checkbox"/> Inform administration</li> <li><input type="checkbox"/> Contact family</li> <li><input type="checkbox"/> Refer family to Region 10 Emergency Services, ER, or preferred provider</li> <li><input type="checkbox"/> Have family pick-up student <i>*If family refuses, see non-compliance form</i></li> <li><input type="checkbox"/> Provide and request release of information</li> <li><input type="checkbox"/> Inform and provide family with re-entry guidelines and emergency resource information</li> <li><input type="checkbox"/> Inform family that you will call ahead to mental health provider to indicate reason for referral</li> <li><input type="checkbox"/> Inform family of re-entry guidelines</li> <li><input type="checkbox"/> Call mental health facility</li> <li><input type="checkbox"/> Notify Tier 3 Team</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> If immediate health concern is present, contact nurse or call 911.</li> <li><input type="checkbox"/> Monitor student</li> <li><input type="checkbox"/> Consult and get endorsement from another Tier 2 professional</li> <li><input type="checkbox"/> Contact family</li> <li><input type="checkbox"/> Refer family to Region 10 Emergency Services, ER, or preferred provider</li> <li><input type="checkbox"/> Have family pick-up student <i>*If parents refuse, see non-compliance form</i></li> <li><input type="checkbox"/> Provide and request release of information</li> <li><input type="checkbox"/> Inform and provide family with re-entry guidelines and emergency resource information</li> <li><input type="checkbox"/> Notify Tier 3 Team</li> <li><input type="checkbox"/> Inform family that you will call ahead to mental health provider to indicate reason for referral</li> <li><input type="checkbox"/> Inform family of re-entry guidelines</li> <li><input type="checkbox"/> Call mental health facility</li> <li><input type="checkbox"/> Follow up with family later that day</li> <li><input type="checkbox"/> If allowed, follow up with mental health practitioner</li> </ul>
Next Steps	Next Steps
<ul style="list-style-type: none"> <li><input type="checkbox"/> Assemble Tier 3 Team</li> <li><input type="checkbox"/> Create Student Safety Plan</li> <li><input type="checkbox"/> Create School-Based Safety Plan</li> <li><input type="checkbox"/> Share Student Safety Plan with appropriate people</li> <li><input type="checkbox"/> Share School-Based Safety Plan with appropriate staff members. Communicate at-risk symptoms, behaviors and supports. Do NOT share private medical information (HIPPA).</li> <li><input type="checkbox"/> Follow-up to occur in one month</li> <li><input type="checkbox"/> File completed form in student record</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Assemble Tier 3 Team</li> <li><input type="checkbox"/> Create Student Safety Plan</li> <li><input type="checkbox"/> Create School-Based Safety Plan</li> <li><input type="checkbox"/> Share Student Safety Plan with appropriate people</li> <li><input type="checkbox"/> Share School-Based Safety Plan with appropriate staff members. Communicate at-risk symptoms, behaviors and supports. Do NOT share private medical information (HIPPA).</li> <li><input type="checkbox"/> Follow-up to occur in one month</li> <li><input type="checkbox"/> File completed form in student record</li> </ul>

## Determination Finding

Determination	<input type="checkbox"/> Minimal or No <input type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High		
Screen 1		Position	
Screen 1 Signature		Date	
Screen 2		Position	
Screen 2 Signature		Date	

*Place completed Student Self-Harm Risk Assessment in educational record. Additionally, provide parents with a copy.*

## Family Information for Student at Moderate or High Risk of Suicide

### Re-entry Conference

Any student who is considered at Moderate or High Risk for Suicide is expected to have been seen by a mental health professional immediately following the self-harm event. The school should seek consent from the parent to review any written reports by a mental health professional regarding the risk of self-harm. Any information provided to the school at the time of the re-entry conference should be shared with an Albemarle County Public School psychologist or counselor.

It must be noted that a lack of parent follow through cannot be used to impede a student returning to Albemarle County Public Schools. Care should be taken to have the student immediately re-assessed for risk of self-harm in order to ensure the student's safety.

A re-entry conference is required for any student who is considered at Moderate or High Risk for Suicide. The following people will be invited to the re-entry conference:

- family/parents,
- school administrator(s),
- school counselor and/or school psychologist,
- a teacher(s) of the child ,
- and student (whenever appropriate).

At the re-entry conference, a Student Safety Plan, will be created or revised. Additionally, an Individual Student School-Based Student Safety Plan will be created or revised.

### Contact Phone Numbers

Region Ten Emergency Services	434-972-1800
UVA Mental Health Front Desk	434-924-2231
UVA Psychiatric Service	434-924-0000 (when prompted) PIC 1225
Martha Jefferson Mental Health	434-654-7150
Martha Jefferson North Mental Health	434-654-4650
National Suicide Prevention Lifeline	800-273-TALK (8255) <a href="http://www.suicidepreventionlifeline.org">www.suicidepreventionlifeline.org</a> (live online chat feature)

ALBEMARLE COUNTY PUBLIC SCHOOLS  
DEPARTMENT OF SPECIAL SERVICES  
401 McINTIRE ROAD  
CHARLOTTESVILLE, VIRGINIA 22902  
(434) 296-5885

**CONSENT FOR RELEASE OF INFORMATION**  
(Release between Albemarle County Public Schools and Outside Agency)

Full Legal Name of Student: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**I hereby authorize an exchange of confidential information between Albemarle County Public Schools and the following outside agency:**

\_\_\_\_\_  
Outside Agency / Contact / Phone Number

\_\_\_\_\_  
Address of Agency

**My child is enrolled at the following Albemarle County School:**

\_\_\_\_\_  
School

\_\_\_\_\_  
Address of School

\_\_\_\_\_  
Contact/Telephone number

**This release extends to pertinent medical, psychological, sociocultural, and educational information. The designation of one or more contact persons is to facilitate communication and does not restrict access of information to the person(s) indicated unless so specified.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student  
(as necessary/appropriate)

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Address and Telephone number (optional)

## Noncompliance Guidelines

Noncompliance is determined by direct refusal of parent, or based on clear evidence of inaction on critical expectations. It is not based on inference. Noncompliance only requires action at Moderate or High Risk stage.

Noncompliance concern	Action
Parent refuses to Safety Plan	Administrator consults with Region 10 Emergency Services & CPS
Parent refuses to take student for evaluation	
Clear indication that parent did not take student for an evaluation	
Parent not responding/avoiding working with school-based team	

## Re-entry Conference

Any student who is considered at Moderate or High Risk for Suicide must be seen by a mental health professional prior to returning to Albemarle County Public Schools. The student must have a written statement by a mental health professional that he/she is “no longer at risk of harming himself/herself,” provided to the school at the time of the re-entry conference or the student must meet with an Albemarle County Public School’s School Psychologist.

A re-entry conference is required for any student who is considered at Moderate or High Risk for Suicide. The following people will be invited to the re-entry conference: family/parents, school administrators, school counselor, school psychologist, teacher(s), and student (optional). At the re-entry conference, a Student Safety Plan, will be created or revised. Additionally, an Individual Student School-Based Student Safety Plan will be created or revised.

## Creation of Student Safety Plan

The safety plan is a prioritized written list of coping strategies and resources for use during suicidal crisis that will provide the student with a sense of control. Creation of the safety plan will be brief and easy. It will be completed collaboratively but will be in the student’s own words.

Do NOT create a safety plan when student is at imminent suicide risk or has a profound cognitive impairment.

The adult creating the safety plan should sit side-by-side with the student and use a problem-solving approach. The form should be hand-written.

The adult creating the safety plan must be knowledgeable of the events that transpired before, during and after the most recent suicide crisis.

Copies of the safety plan should be placed in the cumulative/permanent record and provided to family and to student.

The adult should ask,

1. How will you know when the safety plan should be used?
2. What do you experience when you start to think about suicide or feel extremely distressed?
3. What are the warning signs (thoughts, images, thinking processes, mood, and/or behaviors) using the youth's own words.

# FORM: STUDENT SAFETY PLAN

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Warning signs that I'm not safe:

- 1.
- 2.
- 3.

Things that I can do to keep myself safe (in the case that I was thinking about suicide). What are things I can do to take my mind off problems (ex. relaxation techniques, physical activities)?

- 1.
- 2.
- 3.

People and social settings that provide distraction:

- 1.
- 2.
- 3.

An adult I can talk to at home when I feel it would better if I were not alive:

An adult I can talk to at school when I feel it would be better if I were not alive:

My plan to reduce or stop use of alcohol/drug use:

- 1.
- 2.
- 3.

Identify reasons for living:

- 1.
- 2.
- 3.

I can call any of the numbers on the reverse side for 24-Hour Crisis Support

My follow-up appointment is: \_\_\_\_\_ with \_\_\_\_\_

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

*Copies to school counselor, student and family.*

## Contact Phone Numbers

Region Ten Emergency Services	434-972-1800
UVA Mental Health Front Desk	434-924-2231
UVA Psychiatric Service	434-924-0000 (when prompted) PIC 1225
Martha Jefferson Mental Health	434-654-7150
Martha Jefferson North Mental Health	434-654-4650
National Suicide Prevention Lifeline	800-273-TALK (8255) <a href="http://www.suicidepreventionlifeline.org">www.suicidepreventionlifeline.org</a> (live online chat feature)

## Form: Individual School-Based Student Safety Plan

<b>Student Name</b>		<b>Date</b>
<b>DOB</b>	<b>School</b>	<b>Grade</b>
<b>Special Education/504</b>	<b>If yes, case manager</b>	
<b>Parent/Guardian Name</b>		
<b>Cell Phone</b>	<b>Secondary Phone</b>	
<b>Parent/Guardian Name</b>		
<b>Cell Phone</b>	<b>Secondary Phone</b>	
<b>Emergency Contact</b>		<b>Phone</b>
<b>Is this part of a Re-Entry Plan:</b>		

<b>Places Student May Be If Missing During School Hours</b>	
<b>On School Grounds</b>	
<b>Off School Grounds</b>	

<b>Medical Information</b>	
<b>Physician</b>	<b>Phone</b>
<b>Secondary Health Professional</b>	<b>Phone</b>
<b>Diagnosis</b>	
<b>Medications</b>	
<b>Allergies/Special Consideration</b>	

## Individual School-Based Student Safety Plan

*This page will be shared with necessary faculty and staff.*

<b>Student Name</b>	<b>Date</b>
<b>Description of Specific Unsafe Behaviors (Why Student Requires a Safety Plan)</b>	

### CRISIS RESPONSE PLAN

<b>What to do if student exhibits above described behavior</b>	<b>Who will do what</b>	<b>Back-up staff</b>
<b>Warning Signs/Triggers</b>	<b>Strategies That Work</b>	<b>Strategies That Do Not Work</b>

### BEHAVIOR SUPPORTS

<b>What will staff, student, and family do to lessen the likelihood of unsafe behavior (ie supervision, transition planning, transportation to and from school, plan for unstructured time, closed campus, searches, etc.)?</b>	<b>Who</b>	<b>Back-up</b>
<b>How will plan be monitored?</b>	<b>Who?</b>	<b>Back-up</b>
<b>How will decision be made to terminate the plan?</b>	<b>Who?</b>	<b>Back-up</b>

**CURRENT AGENCIES or OUTSIDE PROFESSIONALS INVOLVED**

<i>Name</i>	<i>Agency</i>	<i>Phone</i>

**STUDENT SAFETY TEAM MEMBERS**

<i>Name</i>	<i>Signature</i>	<i>Position</i>	<i>Date</i>
		<i>School Counselor</i>	
		<i>Administrator</i>	
		<i>School Psychologist</i>	

<i>Next Review Date (approximately 2 weeks from initiation of plan/last review date)</i>	
<i>Date of termination</i>	

*Print form. Copies to family, \_\_\_\_\_ file and necessary parties.  
Adapted from Portland Public Schools*