Rockwood School District

Risk Screening & Risk Assessment User Guide
What to DO When Faced with a Student Experiencing a Crisis

✓ **Always ensure a student’s safety.** The main goal when encountering a student expressing suicidal thoughts or behaviors is to prevent the act from happening. One way to do this is to ask whether the student is having suicidal thoughts or has a plan in mind.

✓ **Listen.**
  - Acknowledge feelings and problems in the student’s terms. Try to avoid complicated language.
  - Allow the student to express feelings – a teacher may want to openly communicate giving the student permission to express his or her feelings.
  - Try to avoid giving advice or opinions. Try and repeat back the feelings that you hear the student expressing (“you sound frustrated” or “you feel hopeless”).
  - Listen for warning signs such as hopelessness or a fixation with death.

✓ **Be direct.** Talk openly about suicide. Do not be afraid to say the word suicide. Do not worry about planting the idea in the student’s head. Suicide is a crisis of non-communication and despair; by asking about it you allow for communication to occur and provide hope. Be direct with depressed and/or suicidal students, asking whether the student has been accessing Internet sites, obtaining suicide information from such sites, and talking in suicide chat rooms.
  - Remain calm.
  - Be empathetic.
  - Always take the student seriously.
  - Know what resources are available in your school beforehand.
  - Know who your nearest crisis team member is and where to find them.

✓ **Be honest.** Offer hope, but do not offer condescending or unrealistic reassurance.

✓ **Know your limits.** If you feel that you are in way over your head, or if you feel uncomfortable, minimize your level of involvement. Make a referral to someone else that may be in a better position to help. If you feel the student is in immediate danger, escort the student to the referral yourself.

✓ **Make sure that at each stage of the intervention the student knows what is going on.** Remember a suicide crisis is a chaotic and confusing situation. By not providing and communicating structure in your response, you may unintentionally create more chaos and confusion, thereby increasing the likelihood that the student will refuse to cooperate.

✓ **Inform parents.** Parents/caretakers must always be informed when their adolescent son or daughter has been identified as experiencing a suicidal, or for that matter, any crisis.
  - The school must inform the parents about community agencies, such as mental health providers before, during, and after a suicidal crisis. School should also work with parents to develop a plan of action for getting the student help.
  - Reassure the parents that the student is currently safe.
  - Explain to the parents what has happened and the reason for the school’s response.
  - More importantly, the school must explain the necessity of restricting access to lethal means that the student has available. Parents must be told that an extremely effective way to prevent their adolescent son or daughter from dying by suicide is to make sure there is no way their adolescent son or daughter has any way of getting the weapon.
What NOT to DO When Faced with a Student Experiencing a Crisis

✓ Don’t ever dare a student to attempt suicide.
✓ Don’t debate with the student about whether suicide is right or wrong.
✓ Don’t promise secrecy or confidentiality. It may be advisable just to let the student know that you don’t want to see him or her kill themselves and that you just want to make sure that he or she gets the best help possible, and that maybe you are not the best person to provide such care. Limitations to confidentiality should be explained to the student without pushing him or her away. Issues such as danger to self or others and physical and sexual abuse will not be kept secret.
✓ Don’t panic.
✓ Don’t rush or lose patience with the student. Realize that you may need to spend some time with this student in order to ensure that he or she will remain safe. Try to have as much privacy as possible when talking to the student.
✓ Don’t act shocked. If you do so, the student is likely to feel that the situation is so bad that no one can help. This will destroy any chance for rapport and is likely to put distance between you and the student.
✓ Don’t be judgmental. Avoid offering opinions of right vs. wrong or ethical vs. unethical. The main aspect of communication is just to listen and show concern.
✓ Don’t preach to the student. Avoid discussing the value of life and how such a tragic act would affect his family and friends. These people may be contributing to the student’s suicidal crisis and the student may wish to hurt these people through suicide.
✓ Never leave the student alone or send the student away. This may just reinforce feelings of isolation and hopelessness.
✓ Don’t worry about silence during discussion. Just let the student know that you are there, and you are willing to listen.
✓ Don’t under-react or minimize. By under-reacting, you communicate that you don’t really respect the student’s feeling and don’t believe that the student is serious. By doing this, you just reinforce the student’s feeling that no one understands or cares. Assuming that a student is attention seeking is usually the reason behind underreacting. Even if a student is seeking attention, you should act. The benefits could certainly out way the costs.
✓ If a student is threatening suicide and does have a weapon, never try to physically take the weapon from the student. This could endanger your life, the life of the student, and the lives of other persons in the school.

Interviewing Skills

- When possible, ask open ended questions
- Avoid verbal responses that reinforce or reject a response, for example, saying “good”, when the student denies presence of suicidal ideation
- Build in normative and educational statements, for example, “sometimes when people are depressed, they experience suicidal thoughts, have you ever had thoughts like that?”
- Build reflection into your interview, for example, “Life has been really hard and you have been thinking about suicide?” or “You are not seeing another option right now?”
- When you meet resistance to questions, reflect on the student’s difficulty with answering, demonstrate respect for this and move on
- Ask follow-up questions, for example, “When you overdosed last year, were you trying to end your life?”
- Explore the meaning of losses and stressors, for example, “Help me understand how it felt when your boyfriend broke up with you”
- Gather information in the natural course of assisting the student, try to minimize formulaic assessment
- Remember that a goal of screening is to help the student feel understood
- Do an internal checklist and review what factors you still need to cover before proceeding to the next step
- Good interviewing is supportive and therapeutic
Rockwood School District
Risk Screening & Assessment Flow Chart

1. Concern for student with suicidal ideation/attempt is identified.


3. Assessment Conductor completes the Risk Screening Form and Risk Assessment Form (if applicable).

4. Assessment Conductor notifies Building Administrator of the concern.

5. Assessment Conductor contacts the student’s parent/guardian.

6. Assessment Conductor and student complete the Safety Plan (if Risk Assessment was completed).

7. Assessment Conductor implements the interventions

8. Assessment Conductor sends the demographic form to the Coordinator of School Counseling

9. Copy of all documentation is placed in the student’s health file in a sealed envelope marked “CONFIDENTIAL”

10. After-Care Plan Meeting is conducted upon student’s return to school.
Rockwood School District
Risk Screening Procedures

➢ Upon notification of a concern for a student with suicide ideation the Assessment Conductor (counselor, social worker, nurse, or administrator) will ask a minimum of three prompt questions. An affirmative answer to any or all of the questions will require that the Assessment Conductor to complete a full RISK ASSESSMENT with the student.

➢ Anytime the prompt questions are asked, the Assessment Conductor has the responsibility to follow up with the parent/guardian by the end of the school day. If a full Risk Assessment is completed, parent contact may take place before or after completing the assessment.

➢ The Assessment Conductor must complete pages 1 and 2 of the Risk Screening Form and obtain the signature of an administrator.

➢ The Assessment Conductor will provide the parent/guardian with a copy of the Risk Screening Form, Risk Assessment Form (if applicable), Parent Information Guide, and Referral to Outside Agencies/Professionals (if applicable).

➢ A copy of the Risk Screening Form is to be placed in the student’s confidential health file in a sealed envelope marked “CONFIDENTIAL.”

Rockwood School District
Risk Assessment Procedures

➢ An affirmative answer to any or all of the prompt questions listed on the Risk Screening Form will require that the Assessment Conductor to complete a full Risk Assessment with the student.

➢ The Assessment Conductor must complete pages 3 and 4 of the Risk Assessment Form and use the information gathered to determine the student’s risk level. Specific descriptors for each risk level can be found on page 5.

➢ The Assessment Conductor will implement the interventions based on the determined risk level and obtain the signature of an administrator on page 5.

➢ The Assessment Conductor and student will complete and sign the Safety Plan (page 6) and obtain the signature of an administrator.

➢ The Assessment Conductor will contact a parent or guardian to discuss a safety plan and an action plan.

➢ The Assessment Conductor will make referrals to appropriate agencies/services as needed.

➢ The Assessment Conductor will provide the parent/guardian with a copy of the Risk Screening Form, Risk Assessment Form (if applicable), Parent Information Guide, and Referral to Outside Agencies/Professionals (if applicable).

➢ The Assessment Conductor will complete the Action Plan (page 7) and obtain the signature of an administrator.

➢ The Assessment Conductor will notify the Coordinator of School Counseling. A copy of the Risk Assessment Form is to be placed in the student’s confidential health file in a sealed envelope marked “CONFIDENTIAL.”
Rockwood School District
Contacting Parents/Guardians

✓ Notify parent/guardian. Should teachers and/or school staff believe a child to be at high risk for self-harm or suicidal behavior, parents and families should be notified immediately.
✓ Inform parent/guardian about the concern.
✓ Gather additional information to assess risk. This assessment may take place via telephone or in person. Be sure to document date and time of contact on the assessment form.
✓ If the student is considered to be at high risk, the student should only be released to the parent/guardian or approved emergency contact.
✓ Create an action plan with the parent/guardian.
✓ Discuss the Safety Plan with the parent/guardian.
✓ Give parent/guardian a copy of the Risk Screening Form, Risk Assessment Form (if applicable), Parent Information Guide, and Referral to Outside Agencies/Professionals (if applicable).
✓ Follow up with the parent/guardian to determine what steps have been taken to minimize the risk.

Concerning Response of Parent/Guardian
If the student’s parents or guardians are unresponsive (or uncooperative) and no one else is available to help, the Assessment Conductor should confer with administration in order to make sure that best practices are implemented when navigating legal and ethical considerations. It may be necessary to contact the Child Abuse and Neglect Hotline (1-800-392-3738), services for emergency hospitalization, and/or local law enforcement.
Rockwood School District
Suggestions for Making Appropriate Referrals for Services

1. Make sure that you know what problems the student may be having. Although counseling may certainly be appropriate, if one of the student’s problems is that he/she had a negative experience with a therapist in the past, the referral to a counseling center should be carefully chosen.

2. Give the student the opportunity to talk about any reluctance or apprehension he/she may have about accepting the referral. This can usually provide a good opportunity for you to access how compliant the student will be with regards to treatment.

3. Involve the parents in the referral. This will help you make an appropriate referral. If the counseling office for instance, is forty minutes away, and the family lacks transportation, this referral may not be the best. Also, use a referral that matches the family’s and student’s background (e.g., religious affiliation, cultural background, payment system). It may not be the best idea to refer a low-income family to an expensive, specialized psychiatrist with stringent, expensive services.

4. Limit the number of referrals to possibly two. You do not want to overwhelm an already overwhelmed adolescent or his/her family.

5. Provide the family with as much information about the referral as possible. Contact name and number, address, directions, information about cost or insurance coverage. The more information you provide and the easier you make it, the more likely the family is to actually get necessary help.

6. Follow up with both the referral agency and the family. Often times, because of rules of confidentiality, a service provider cannot deny or confirm anything about anyone, unless the student or his/her parents sign a release of information form. This signed form will allow you to check on the progress and compliance of the student.

Rockwood School District
Referral List

Below is a list of agencies/programs that provide mental health support to students and families. This is not an exhaustive list. Please use your professional judgement to make the most appropriate referrals given the services needed, current situation, and family’s willingness to access the resources.

Hotlines and Helplines:
*^[National Suicide Prevention Lifeline: 1-800-273-TALK
*St. Louis County Youth Connection Helpline: 314-628-2929 or text 4HLP to 31658
*^[Kids Under Twenty One (KUTO): 314-644-5886
*^[Behavioral Health Response: 314-469-6644

Emergency Evaluations & Adolescent Inpatient Services:
Mercy Behavioral Health: 314-251-4845; free, confidential evaluations for anyone who has a concern about a psychiatric, behavioral, or addictive disorder 24 hours a day.
St. Anthony’s at Hyland Behavioral Health: 314-525-4400 to make an appointment or walk in to the Hyland B building located at 10018 Kennerly Rd
SSM DePaul: 1-800-426-2083

Intensive In-home Services:
*^[Fostering Futures: 1 (844) 424-3577 (GCHELPS)

Intensive Outpatient Services:
*St. Anthony’s Medical Center: 314-662-2777
*Every Child’s Hope: 314-427-3832
*SSM Health at DePaul & St. Clare Hospitals: 1-800-426-2083

Individual and Family Counseling Services:
*^[Family Resource Center: (314) 534-9350
*Provident Counseling: 314-533-8200
*Youth In Need: 314-594-5010
*Lutheran Family and Children’s Services: 314-787-5100

Services for LGBT Students and Families:
*Safe Connections 24-hour helpline: 314-531-2003
GLBT Youth Talkline: 1-800-246-PRIDE or email help@GLBThotline.org
The Trevor Project: 1-866-488-7386 or text the word “Trevor” to 1-202-304-200

*Denotes the services are provided at no cost for children ages 3-19 living in St. Louis County.
^[Denotes the services are provided at no cost for children ages 2-18 living in St. Louis City
Rockwood School District
Follow Up Procedures

- The Assessment Conductor, counselor, or social worker will hold an After-Care Plan meeting with the student on the next day of school attendance. Parents/guardians and are encouraged to attend this meeting. Administrators and other school staff may be invited based on the “need to know” and student’s level of comfort.
- The Assessment Conductor, Counselor, or Social Worker and student will review the Safety Plan and discuss support systems, coping skills, risk management, and any changes in medication.
- If permitted, the Assessment Conductor will notify school staff of safety concerns and recommended supports.
Rockwood School District

References

Linehan Risk Assessment and Management Protocol (LRAMP); Linehan, M.M. (2014)

Tool for Assessment of Suicide Risk: Adolescent Version (TASR-A) and Kutcher Adolescent Depression Scale: KADS-6; Stan Kutcher and Sonia Chehil (2007)


Suicide Risk Assessment Standards; National Suicide Prevention Lifeline (2007)

St. Louis Public School District Suicide Risk Assessment and Prevention/Intervention documents; Marietta, M. (2014/15)
