

SUICIDE INTERVENTION MANUAL

9th-12th Grade

Trego Community High School



Trego Community High School
1200 Russell Ave
WaKeeney, KS 67672

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Mission

Suicide is the second leading cause of death in young people ages 5-24. Suicides are a traumatic event for students, parents, staff, and the community. Many questions are asked such as “why” or “could we have done something different” as the student is mourned. According to the Centers for Disease Control and Prevention Youth Risk Behavior Survey, in 2017, 17.2% of students had seriously considered suicide during the past 12 months and 13.6% of students had made a plan. These statistics are astonishing. Among children, suicide attempts are often impulsive. They may be associated with feelings of sadness, confusion and anger. Among teenagers, suicide attempts may be associated with feelings of stress, self-doubt, pressure to succeed, financial uncertainty, disappointment and loss.

Trego Community High School 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.

Prevention education at the high school level begins with social and emotional well-being. All students receive the same instruction from our school wide curriculum, School Connect. School Connect is designed to improve the social, emotional, and academic skills of students and create supportive relationships among students and between students and their teachers. In addition School Connect, our students learn to identify risky behaviors and suicide risk factors as well as identifying the support system. 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.

Each year, our staff receives training for suicide awareness, prevention and intervention. Included in this manual is information to assist with assessment, provide resources to parents, staff, and students, and to ensure that staff 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 how to support school communities following a death by suicide.

Indicators of Risk

Although there is no way to predict behavior with 100% accuracy, we can review research from the Center for Disease Control and Prevention, National Association of School Psychologists, and the United States Department of Health and Human Services 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 a person is at risk for suicide:

- **Prior Attempts and/or hospitalizations:** 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.
- **Substance abuse or dependence** (alcohol and other drugs)
- **Self-Injury/destructive behavior:** jumping from heights, injuring/scratching/cutting/marking the body, gunplay, 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.
- **Personal characteristics:** low self-esteem, loneliness, hopelessness, perception of being a burden, social alienation and isolation
- **Changes in physical habits and/or appearance:** sleeping, hygiene (disregard or disinterest)
- **Grief and loss:** recent change in family dynamic, death of a loved one, divorce, move/change in school, diagnosis of chronic illness, loss of boyfriend or girlfriend
- **Changes in school performance:** increased absenteeism, obsessive thoughts/expressions of death, preoccupation with afterlife, bullying, school or work problems
- **Depression, anxiety, or other disorders**
- **Threats both indirect and direct:** ideation (student talking about suicide or “not being here anymore”), references to death in writing (including social media posts or texts), increase risky behaviors (drugs/alcohol, sexual activity).

Intervention

A concern about a student may come to the attention of the school staff in many ways: a friend may express concern, a teacher notices changes, a parent may call. Any time a student concern is reported, the school team will assume risk is present and will begin the assessment. The assessment may include an interview, self-assessment, parent conference, checklist, and a list of resources/hotlines. Minimally, an interview is completed and the parents are notified.

Within this manual, you will find a flowchart of concern, an example of a self-assessment, a suicide risk assessment based on the Columbia Suicide Severity Rating Scale (C-SSRS), resources numbers, and a parent signature form.

The assessment if at all possible 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.”

It is important to note that the interviewer should not actively take notes during the interview. Some students may be uncomfortable. The forms are designed for completion after the interview. If the student is non-compliant and or refuses or is hostile while answering the interview questions, the interviewer should assume moderate/high risk.

A copy of the C-SSRS and the Intervention Report/Parent Plan of Action page should be kept. In addition, a copy of the Intervention Report should be given to the principal.

Sharing Interview Results with Parents

Notifying parents is a requirement of suicide prevention. 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. Most parents will be very receptive and thankful for the call. 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 a message. In all cases, every attempt to contact the parent must be made prior to the student leaving school.

If the student is believed to be at a moderate and high-risk level, the Intervention Report/Parent Plan of Action form (required) asks for a commitment from the parent for action. Parents are provided the location and phone numbers for mental health/hospital assessments and community resources.

When the student returns to school, the counselor/principal will follow up with the student. If the risk assessment results in an acute or long-term hospitalization, a School Re-Entry plan will be filled out 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 the 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).

Sharing Interview Results with Students 18 years or Older

If the student is 18 years-old, or legally emancipated, and refuses to seek an assessment, ask the local law enforcement to become involved. If local law enforcement believes the student should be assessed and the student still refused to go, the student may be taken into protective custody.

Sharing Interview Results with School Team

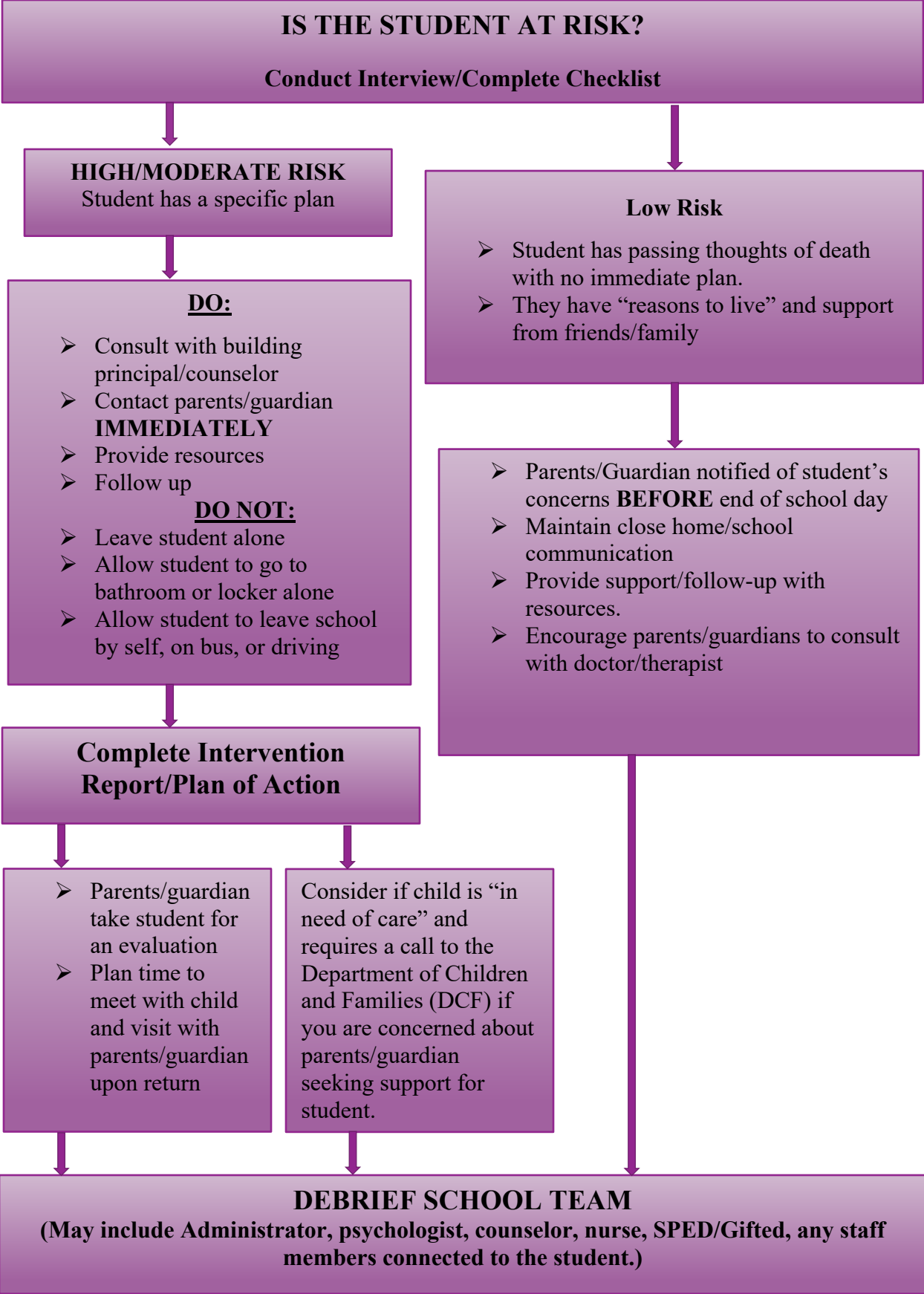
While the specifics of what is shared during the suicide prevention intervention may be considered confidential, it is important that professionals that have responsibilities for the health

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, building administrator, counselor, school psychologist, and teachers directly involved with the student.

When Students/Parents Contact Staff Member after Hours

There are times that students may contact a staff members about self-harm outside the school day. When this occurs, staff members should call 911 and request a welfare check on the student based on the call/email. If at all possible, contact the student's parents to make the aware of the student's concerning call or email. 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.



Appendices

Appendix A~ TC-140 Columbia Suicide Severity Rating Scale (C-SSRS)

Suicide Risk Screener Summative Notes

Appendix B~TC-141 Intervention Report/Parent Plan of Action

Emergency Resources

Appendix C~TC-142 Re-Entry Follow-Up Meeting Checklist

Appendix D~TC-143 Suicide Risk Monitoring

Appendix E~TC-144 Student Self-Assessment (optional)

Appendix F~TC-145 Safety Plan (optional)

Appendix G~TC-146 Reasons to Live Cards (template-optional)

Crisis Test Line

TEXT: KS to 741741

Trego Community High School Suicide Risk Assessment

(Based on SAFE-T Protocol with C-SSRS)

Step 1: Identify Risk Factors	
C-SSRS Suicidal Ideation Severity	Past Month
1) Wish to be dead <i>Have you wished you were dead or wished you could go to sleep and not wake up?</i>	Yes / No
2) Current suicidal thoughts <i>Have you actually had any thoughts of killing yourself?</i>	Yes / No
3) Suicidal thoughts w/ Method (w/no specific Plan or Intent or act) <i>Have you been thinking about how you might do this?</i>	Yes / No
4) Suicidal Intent without Specific Plan <i>Have you had these thoughts and had some intention of acting on them?</i>	Yes / No
5) Intent with Plan <i>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</i>	Yes / No
C-SSRS Suicidal Behavior: <i>"Have you ever done anything, started to do anything, or prepared to do anything to end your life?"</i> 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?	Lifetime
	Yes / No
	Past 3 Months
	Yes / No
Current and Past Psychiatric Disorder <input type="checkbox"/> Mood disorder <input type="checkbox"/> Psychotic Disorder <input type="checkbox"/> Alcohol/substance abuse disorder <input type="checkbox"/> PTSD <input type="checkbox"/> ADHD <input type="checkbox"/> TBI <input type="checkbox"/> Cluster B Personality Disorder (i.e., Borderline, Antisocial, Histrionic & Narcissistic) <input type="checkbox"/> Conduct Problems (antisocial behavior, aggression, impulsivity) <input type="checkbox"/> Recent onset Presenting Symptoms <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	Family History <input type="checkbox"/> Suicide <input type="checkbox"/> Suicidal Behavior Precipitants/Stressors <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 Change in Treatment <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"/> Access to lethal methods: 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)

C-SSRS Suicidal Ideation Intensity (with respect to the most severe ideation 1-5 identified above)	Past Month
<p>Frequency How many times have you had these thoughts? (1) Less than once a week (2) Once a week (3) 2-5 times in week (4) Daily or almost daily (5) Many times each day</p>	
<p>Duration When you have the thoughts how long do they last? (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>	
<p>Controllability Could/can you stop thinking about killing yourself or wanting to die if you want to? (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>	
<p>Deterrents 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? (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>	
<p>Reasons for Ideation 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? (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 and to end/stop the pain (0) Does not apply</p>	
Total Score	

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	TCHS RESPONSE
<p style="text-align: center;">High Suicide Risk</p> <ul style="list-style-type: none"> <input type="checkbox"/> Suicidal ideation with intent or intent with plan in past month (C-SSRS Suicidal Ideation #4 or #5) OR <input type="checkbox"/> Suicidal behavior within past 3 months (C-SSRS Suicidal Behavior) 	<ul style="list-style-type: none"> <input type="checkbox"/> Consult with building administration <input type="checkbox"/> Contact parents immediately and arrange to meet in person <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"/> Follow TCHS return to school protocol.
<p style="text-align: center;">Moderate Suicide Risk</p> <ul style="list-style-type: none"> <input type="checkbox"/> Suicidal ideation with method, WITHOUT plan, intent or behavior in past month (C-SSRS Suicidal Ideation #3) OR <input type="checkbox"/> Suicidal behavior more than 3 months ago (C-SSRS Suicidal Behavior Lifetime) OR <input type="checkbox"/> Multiple risk factors and few protective factors 	
<p style="text-align: center;">Low Suicide Risk</p> <ul style="list-style-type: none"> <input type="checkbox"/> Wish to die or Suicidal Ideation WITHOUT method, intent, plan or behavior (C-SSRS Suicidal Ideation #1 or #2) OR <input type="checkbox"/> Modifiable risk factors and strong protective factors OR <input type="checkbox"/> No reported history of Suicidal Ideation or Behavior 	

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

Assessment Summative Notes

Next Steps	Notes
High Suicide Risk	
Moderate Suicide Risk	
Low Suicide Risk	
Communication to Parents	Notes

Parent/Guardian Plan of Action

TREGO COMMUNITY HIGH SCHOOL

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

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: _____

Parent/Guardian Contact by Staff Member

Note: _____

Staff Signature: _____

Date: _____

Emergency Resources

	Contact	Location
Local Agencies		
High Plains Mental Health Center	785-628-2871 Fax: 785-628-1438 Emergency: 785-682-2871 or 1-800-432-0333	208 East 7 th Street Hays, KS 67601
High Plains Independence, INC	785-621-4188	1200 Canterbury Dr. PO Box 956 Hays, KS 67601
Clinical Associates, P.A.	785-258-6100	208 East 8 th St., Suite D Hays, KS 67601
Hays Counseling Services	Roberta Molstad 785-432-1805 Gina Smith, LCP, LMLP 785-650-1495	Hays, KS 67601
Hays Psychiatric Associates	785-623-5160	205 East 7 th St., Suite 315 Hays, KS 67601
Resilience Counseling	785-294-6677	208 East 8 th St., Suite A Hays, KS 67601
Serenity Psychological Services And Consulting LLC	785-621-4417	1010 Downing Ave, Suite 60 Hays, KS 67601
Turning Point Professional Counseling Services	785-628-3575	2501 East 13 th St., Building 3 Suite 10 Hays, KS 67601
Carrie Nassif, Ph.D	785-623-4447	205 East 7 th St. Suite 215 Hays, KS 67601
Other Resources		
National Suicide Prevention Lifeline	www.suicidepreventionlifeline.org or www.headquarterscounselingcenter.org	1-800-273-8255 1-785-841-2345
Crisis Text Line	www.crisistextline.org	Text: KS to 741741
TREVOR Project Lifeline	www.thetrevorproject.org	1-866-488-7386 or Text: TREVOR to 1-202-304-1200
The Jason Foundation	www.jasonfoundation.com	1-800-273-TALK or text JASON to 741741

Re-Entry/Follow-up Meeting Checklist

Student Name _____ Date of Re-Entry/Follow-Up _____

Grade _____ School Counselor or Principal _____

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?
- 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 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	

*Check-in should be at least weekly with the student for a period of at least three weeks.

Suicide Risk Monitoring

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?

Not at All 1 2 3 4 5 A Great Deal

Notes

3. 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 | | |

4. Reasons for living (things good at, like to do, enjoy)

- 1. _____
- 2. _____
- 3. _____

5. Supportive People

- 1. _____
- 2. _____
- 3. _____

Notes

Current Impression of Student Status & Final Notes

Student Self-Assessment

1. How is your energy?				
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Hard to get out of bed				Best day ever
2. How stressed do you feel?				
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Relaxed				Overwhelmed
3. Do you have hope?				
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I will always feel this bad				I will get better
4. Have you thought about ways you could hurt yourself?				
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
NO		Kind of		I have a detailed plan
5. How often have you thought about hurting yourself?				
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Almost Never		Once or twice		Almost Always
6. How do you feel right now?				
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Strong				Weak
7 How are you sleeping?				
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Less than usual		Like usual		More than usual

*Evaluator should consider cognitive and developmental age of student when considering use of a self-evaluation

Safety Plan

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

Triggers

- 1.
- 2.

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

- 1.
- 2.

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

- 1.
- 2.
- 3.

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

External Coping

- 1.
- 2.
- 3.

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

Safety Plan

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

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 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

Parent/Guardian Signature Date

Reasons for Living Cards

<p>Things that make me happy</p> <ol style="list-style-type: none">1.2.3.4.5. <p>People I love who love me</p> <ol style="list-style-type: none">1.2.3.4.5. <p>Other reasons to live</p> <ol style="list-style-type: none">1.2.3.4.5.	<p>Things that make me happy</p> <ol style="list-style-type: none">1.2.3.4.5. <p>People I love who love me</p> <ol style="list-style-type: none">1.2.3.4.5. <p>Other reasons to live</p> <ol style="list-style-type: none">1.2.3.4.5.
<p>Things that make me happy</p> <ol style="list-style-type: none">1.2.3.4.5. <p>People I love who love me</p> <ol style="list-style-type: none">1.2.3.4.5. <p>Other reasons to live</p> <ol style="list-style-type: none">1.2.3.4.5.	<p>Things that make me happy</p> <ol style="list-style-type: none">1.2.3.4.5. <p>People I love who love me</p> <ol style="list-style-type: none">1.2.3.4.5. <p>Other reasons to live</p> <ol style="list-style-type: none">1.2.3.4.5.