

Suicide Risk Screening and Documentation

GUIDANCE AND GROUNDWORK	2
Core Competencies & Considerations	3
SUICIDE RISK SCREENING	4
Overview	4
General Guidelines	5
Suicide Severity Rating Scale	7
Suicide Severity Rating Scale: Step-by-Step	8
Suicide Severity Rating Decision Guidance	12
SAFETY PLANNING	17
Overview	17
Stanley-Brown Safety Plan	18
Stanley Brown Safety Plan: Step-by-Step	19
TEMPLATES AND TAKE-AWAYS	23
Student Interview Tool	24
TK-5 Safety Plan	25
Treat With Care	26
Parent/Caregiver Notification	27
School Re-entry/Support Plan	28
ADDITIONAL RESOURCES	29

Drawn from the [Columbia Lighthouse Project](#), the work of Dr. Stephen Brock, PhD, NCSP, LEP (CSU Sacramento), Richard Lieberman, MA, NCSP (LAUSD, Loyola Marymount University), the San Diego County Office of Education [Policy to Practice Suicide Intervention Toolkit](#), the Marin County Office of Education and Marin County Schools Wellness Collaborative [Suicide Severity Rating Scale](#) and other sources as indicated.

Revised Jan 2024

GUIDANCE AND GROUNDWORK

Thank you for the amazing work you have chosen to do, protecting and supporting Sonoma County students and their families!

Please review this entire document, ideally with your school site mental health and/or crisis response team, before using portions of it.

If you have questions about this document or some of the tools and resources included, please contact Sonoma County Office of Education's Behavioral Health and Well-Being department at behavioralhealth@scoe.org or (707) 522-3147.

Core Competencies & Considerations¹

Suicide is a leading cause of death among youth and a prominent concern. The assessment of vulnerable children and adolescents is a challenging undertaking, with many variables considered relevant to the determination of a student's suicide risk level.

Professionals engaging in this type of complex, highly protective and potentially life-saving intervention must be able to enact the following competencies: *

- Manage your own reactions to suicide (recognize your emotional reactions, attitudes and beliefs and how they impact the student's response; tolerate and regulate your reactions)
- Reconcile the difference (and potential conflict) between the professional's goal to prevent suicide and the student's goal to eliminate psychological pain through suicidal behavior
- Maintain a collaborative, non-adversarial stance (listen thoroughly, honestly, and empathetically - communicate the priority of resolving the student's identified problem)
- Direct a targeted discussion in order to clearly understand the student's risk and protective factors, suicide ideation, behavior, and plans
- Use clinical judgment* to determine level of risk (consider information collected, the risk of imminent / ongoing suicidality, and developmental, cultural, and gender-related factors)
- Collaboratively develop an immediate emergency plan that assures safety and conveys the message that the student's safety is not negotiable
- Create an interdisciplinary, routinely reviewed / updated written plan that addresses the client's immediate, acute, and continuing suicide ideation and risk for suicide behavior
- Be able to manage crisis and reduce long-term risk

If you believe you are not able to perform these critical tasks, please engage another qualified professional to intervene, or consult with your supervisor about next steps.

*** Remember, you are not alone in this challenging and important role -- consult early and often** with experienced colleagues, crisis team members, and your supervisor.

The following document is intended to provide a framework for conducting a risk screening in a manner that embodies these core competencies.

¹ Adapted from [Assessing and Managing Suicide Risk \(AMSR\)](#), a curriculum developed by the American Association of Suicidology (AAS) for the Education Development Center, Inc.

SUICIDE RISK SCREENING

Overview

The following sections support the use of the Columbia Lighthouse Project's [school-specific protocol](#). The Columbia Protocol is used nationally across settings, and its use is not limited to clinicians. The pages below draw from the SAMHSA-aligned [C-SSRS](#) Safe-T protocol and [screeener](#) in particular.

We highly recommend you review this entire document before using this tool.

What you will find in this section:

Pg. 5 [General Guidelines](#)

Guidance and considerations for all school-based suicide risk screenings.

Pg. 7 [Suicide Severity Rating Scale](#)

The 1-page Columbia school-specific screener can be used on its own for those familiar with the suicide risk screening process, or who may not need additional guidance. It is the tool endorsed for use by school staff by the CA [Mental Health Oversight and Services Accountability Commission](#).

Pg. 8 [Suicide Severity Rating Scale: Step by Step](#)

An expansion of the 1-page Suicide Severity Rating Scale, this section is intended to explain, give additional prompts and cues, and allow for documentation for each of the 6 questions in the Suicide Severity Rating Scale.

** This is NOT intended as a next step after the 1-page tool, but a side-by-side compliment.

Pg. 12 [Suicide Severity Rating Decision Guidance](#)

This section allows you to plan next steps specific to a school setting, based on the rating determined by completing the Suicide Severity Rating Scale. These pages provide direction on important school-based factors and requirements for a suicide risk screening.

General Guidelines

Guidelines for All Ages and Educational Settings

- Stay with the student or designate another staff member to supervise the youth constantly and without exception until help arrives.
- Under no circumstances allow the student to leave school before a screening has occurred, and appropriate next steps taken.
- Do not agree to keep a student's suicidal intentions a secret.
- If the student has the means to carry out the threatened suicide on their person, determine if the student will voluntarily relinquish it. Do not force the student to do so. Do not place yourself in danger.
- Take the student to a prearranged room.
- Notify an administrator (or designated site authority: crisis intervention coordinator, counseling director, etc.) immediately that a risk screening is in process.
- Inform the suicidal youth that outside help has been called and describe the next steps.
- Conduct a risk screening (as described in the following pages).
- Consult with colleagues, supervisor, County Behavioral Health, and/or relevant school staff regarding the risk screening.
- Consult/inform the school mental health team that a screening was conducted. This may include the school psychologist, school counselor, crisis coordinator, etc.
- Protect the privacy of the student and family.
- Parent/caregiver must be notified. Considerations for parent/caregiver contact:
 - ◆ Determine if student distress is the result of parent or caregiver abuse, neglect, or exploitation and a CPS call is indicated; if so, call CPS (APS for students 18 and older)
 - ◆ Determine next steps if parent/caregiver is unable or unwilling to assist with the suicidal crisis.
- Notify site administrator of the risk screening outcome and next steps. Follow organizational protocol for notification, record-keeping, follow up, and prevention planning.

Additional Considerations for GRK-5 or Lower Developmental Levels

Suicide is rare under 15 and practically unheard of under 10. However, suicide is a leading cause of death among children, annually a small number of under 10 die by suicide. Suicide deaths in this age range are often impulsive acts in moments of frustration, rather than a pre-concieved plan.

It is critical to respond to expressions of this nature - even if the statement was made without a concrete understanding of what death and suicide might mean - with a thoughtful and comprehensive plan that addresses the source of the child's distress, and involves a home/school collaboration.

When interviewing a child or youth with a lower developmental level, **follow all guidelines above and on the following pages.** In addition, you can:

Adapt language as appropriate

- Use age-appropriate terminology ("hurt/harm yourself" instead of "suicide/kill yourself")

Ask clarifying questions to more completely understand the student's level of suicidal ideation and their concept of death

- *What did you mean when you said _____ (use the student's own words)?*
 - *What are some of the things you do that might hurt your body?*
 - *What would happen if you died/killed yourself? What did you think would happen? What did you want to have happen?*
 - *Did you think you would die? Did you think you would have severe injuries?*
 - (Plan) *What are some of the things you do, or ways you might act that might hurt your body?*
 - (History of attempts) *Have you tried to hurt yourself before? Can you tell me when that was?*

Supplemental questions for parents/caregivers, teachers, staff

Unlike the highlighted questions in the [Suicide Severity Rating Scale](#) (pg 7) tool below, these questions are not required. They may, however, give you a better understanding of the students' current situation, supports, and risk level.

- What warning signs initiated the referral?
- Has the student demonstrated recent abrupt changes in behavior?
- What support system surrounds this child? (the greater the perceived isolation, the greater risk)
- Is there a history of mental illness? (depression, substance abuse, conduct or anxiety disorder, comorbidity)
- Is there a history of recent losses, trauma or victimization?

Suicide Severity Rating Scale

	Past month							
	YES	NO						
Ask questions that are in bold and underlined.								
Ask Questions 1 and 2								
<u>Tell me what happened.</u> <i>Build rapport and engagement in order to build a deeper level of trust and understanding.</i>								
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>	Yellow	Green						
2) <u>Have you actually had any thoughts of killing yourself?</u>	Yellow	Green						
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.								
3) <u>Have you been thinking about how you might do this?</u> <i>e.g. "I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it... and I would never go through with it."</i>	Orange	Green						
4) <u>Have you had these thoughts and had some intention of acting on them?</u> <i>as opposed to "I have the thoughts but I definitely will not do anything about them."</i>	Red	Green						
5) <u>Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?</u>	Red	Green						
6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> <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.</i>	Lifetime							
	Orange	Green						
	Past 3 Months							
If YES, ask: <u>Was this within the past 3 months?</u>	Red	Orange						
	Yellow	Low Risk	Orange	Moderate Risk	Red	High Risk	Green	No Current Ideation

Possible Response Protocol to C-SSRS Screening

No Current Ideation/Low Risk: Discretionary outpatient/school-based referral. Notify site-based mental health team.
Moderate Risk*: Immediate referral to your site-based mental health team. Directly address suicide risk, implement suicide prevention strategies. Safety Plan.
High Risk*: Initiate clinical suicide assessment by a licensed mental health provider, school-based or community crisis team, and/or psychiatric admission process. Stay with the student until transfer to higher level of care is complete. Follow-up and document outcome of emergency psychiatric evaluation. Safety Plan.

* *Moderate Risk* or *High Risk* decisions to be made in consultation with trained mental health or crisis response personnel.

Suicide Severity Rating Scale: Step-by-Step²

Suicide Risk Screening & School-Based Suicide Referral Worksheet

C-SSRS/Stanley-Brown Plan Version

School		Date & Time	
Student Name		Interviewer Name	
Reason for Referral			

Use exact wording for ALL **red/orange/yellow** highlighted text!

1. Establish rapport

This may sound like: "A caring adult was worried when you made comments about hurting or killing yourself, and asked me to speak with you. Our job at this school is to keep you safe. We take your safety and well-being very seriously. I want to talk with you a little bit about how you're feeling and what we can do to help."

"How have you been feeling this past week?" (listen for helpless, hopeless, depressed, overwhelmed)

"How would you describe how you are feeling right now?"

Use the [Student Interview Tool](#) (pg 24) if desired.

- a) Ask about and verify known/reported stressors or risk factors.

- b) Ask about and verify known/reported symptoms or warning signs.

What did you mean when you said _____? (use student's statement about suicide or self-harm).

- c) Demonstrate respect (pause to listen, don't smooth things over, don't dominate the conversation)
d) Demonstrate warmth (attend to para-verbal communication).



Do not start this process with students who are emotionally overwhelmed, intoxicated, nonverbal, or otherwise unable to engage in this risk-screening process.

If emotionally dysregulated, stabilize and, as indicated, ground the student before beginning the C-SSRS.

²Adapted from Dr. Stephen Brock, PhD, NCSP, LEP

2. Identify/Verify Suicidal Thinking with the C-SSRS³ (Q1 & Q2, Columbia Lighthouse Project, 2016a; Posner, 2008)

e) **Q1. Wish:** *Have you wished you were dead or wished you could go to sleep and not wake up?*

(Circle one) **YES** NO

- If “No,” proceed to supplemental question g (below) to clearly communicate that you are comfortable discussing suicide.

f) **Q2. Thoughts:** *Have you actually had any thoughts of killing yourself?*

(Circle one) **YES** **NO**

- If “No,” proceed to C-SSRS question **6**
- If “Yes,” proceed to C-SSRS questions **3**, **4**, and **5**

g) Use the word “suicide” to explicitly communicate a willingness to discuss the topic.
(e.g., *I can tell you are in pain. Sometimes, when people have experiences such as yours and are feeling as you do right now, they have thoughts of suicide. Is this what you are thinking about?*).

** If the student denies having any thoughts of suicide or desire to be dead, discontinue the suicide risk screening and focus on the stressors and symptoms that lead to a referral for a suicide risk screening or your reasons for thinking such might be necessary.

h) Assess the degree/frequency of suicidal thinking (e.g., *“On a scale of 1 to 10, with 1 being hardly at all and 10 being all the time, how often do you have thoughts of suicide?”*).

3a. Further Explore Reasons for Suicidal Thinking

i) *“I would like to understand better what has resulted in you thinking about making yourself die by suicide. Can you tell me more about what is happening or what happened to you in the past?”*

3b. Further Explore the Severity of Suicidal Thinking

j) *“On a scale of 1 to 10, with 1 being just a little and 10 being unbearable, how much pain are you in right now?”*

³ Translations available (Columbia Lighthouse Project, 2016b). This protocol is based on the “Screen with Triage Points for Schools” version.

4. Assessed Degree of Suicide Behavior Risk Using the C-SSRS (Qs 3,4,5, & 6)

k) **Q3. How:** *Have you been thinking about how you might do this?*

l) **Q4. How serious:** *Have you had these thoughts and some intention of acting on them?*

Thinking back to the amount of pain you're in, what number would make you feel like acting on killing yourself?

m) **Q5. How prepared:** *Have you started to work out or worked out the details of how to kill yourself?*

n) *Did you intend to carry out this plan?*

o) **How soon:** Ask a follow-up question regarding *when* the suicidal behavior will occur. The shorter the time frame, the greater the concern (e.g., *Have you thought about when you might make yourself die by suicide?*).

p) **Where:** Ask a follow-up question regarding *where* the suicidal behavior will take place to assess the need for a hybrid suicide screening and behavior threat assessment (e.g., *Have you thought about where your suicide might take place?*).

q) If the location of a suicide behavior is associated with a school or school activity, you need to ask about the danger to others (e.g., *Sometimes, when people have had your experiences and feelings, they have thoughts of suicide and homicide. Are you thinking about harming others as well as killing yourself?*).

(Circle one) YES NO

- If "No," proceed to C-SSRS question 6.
- If "Yes," proceed to C-SSRS question 6 and add to the action plan behavior threat assessment and management (BTAM).

r) **Q6. Behavior History Lifetime:** *Have you ever done anything or started to do anything, or prepared to end your life?*

(Circle one) YES NO

s) **Q6. Recent Behavior Past 3 Months:** If YES to Q6, *Was this within the past 3 months?*

(Circle one)

YES

NO

5. Determine Appropriate Risk Screen Result Based on C-SSRS Triage Points for Schools (check one):

See the [Suicide Severity Rating Decision Guidance](#) (pg 12) for specific next steps at each level.

No Risk "No" to questions 1, 2, and 6
0 Action Plan: Address stressors and warning signs.

Risk Present "Yes" to ONLY questions 1 and/or 2
1 Action Plan: Initiate mental health counseling referral (either school-based or community based). Notify site-based mental health team. Consider Safety Plan.

Moderate Risk "Yes" to 1, 2, 3 or 6 ("No" to 4 and 5), has not made preparations in past 3 months
2 Action Plan: Immediate referral to site-based mental health team. Directly address suicide risk, implement suicide prevention strategies. Safety Plan.

High Risk "Yes" to 2 and 3, 4, 5. Or "Yes" to 2 and 6 (past 3 months).
3 Action Plan: Initiate clinical suicide assessment by a licensed mental health provider, school-based or community crisis team, and/or psychiatric admission process. Stay with the student until transfer to higher level of care is complete. Follow-up and document outcome of assessment or emergency psychiatric evaluation. Safety Plan.

Imminent Risk "Yes" to 2 and 3. Means at hand, refused to relinquish.
4 Action Plan: 9-1-1 Emergency Intervention

5a. Specify if Behavior Threat Assessment and Management is also needed.

(Circle one)

YES

NO

Suicide Severity Rating Decision Guidance⁴

No Current Ideation - "No" to questions 1, 2, and 6		
<i>Address stressors and warning signs. Discretionary outpatient/school-based referral. Notify site-based mental health team.</i>	<i>Responsible Staff</i>	<i>Date & Time Completed</i>
<input type="checkbox"/> Notify administration.		
<input type="checkbox"/> Notify site-based mental health team.		
<input type="checkbox"/> Notify parent/caregiver.		
<input type="checkbox"/> Obtain a signed Caregiver Notification Form (pg 27); give copy to caregiver.		
<input type="checkbox"/> Obtain a signed Release and Exchange of Confidential Information if warranted; connect with outside support (therapist, medical doctor).		
<input type="checkbox"/> Directly address statements or behaviors that led to the referral; explore supports, stressors and risk factors. Confer with the student about options for reducing stressors, accessing help, and/or increasing coping skills.		
<input type="checkbox"/> Consult with indicated professionals (colleagues, supervisor, County Behavioral Health, school mental health team or other).		
<input type="checkbox"/> Provide student with crisis resources: bit.ly/CrisisSupportNumbers		
<input type="checkbox"/> Confer with student about options for a safe, unobtrusive return to class.		
<input type="checkbox"/> Debrief/consult/notify relevant or involved staff.		
<input type="checkbox"/> Schedule a meeting with the student within 2-3 days.		

⁴ Adapted from the San Diego County Office of Education [Policy to Practice Suicide Intervention Toolkit](#)

Low Risk - "Yes" to questions 1 and/or 2, "no" to 3, 4, 5 and 6.

<i>Initiate mental health counseling referral (either school-based or community based). Notify site-based mental health team. Consider a Safety Plan.</i>	<i>Responsible Staff</i>	<i>Date & Time Completed</i>
<input type="checkbox"/> Notify administration.		
<input type="checkbox"/> Notify site-based mental health team.		
<input type="checkbox"/> Notify parent/caregiver.		
<input type="checkbox"/> Obtain a signed Caregiver Notification Form (pg 27); give copy to caregiver.		
<input type="checkbox"/> Directly address statements or behaviors that led to the referral; explore supports, stressors and risk factors.		
<input type="checkbox"/> Consult with indicated professionals (colleagues, supervisor, County Behavioral Health, school mental health team or other).		
<input type="checkbox"/> Refer to school-based or community supports as appropriate: <ul style="list-style-type: none"> • Primary care or outpatient mental health services • School-based mental health or student support team 		
<input type="checkbox"/> As indicated, complete a Safety Plan (pg 19). Include student input on reducing stressors, accessing help, and increasing coping skills. Share and seek input from parent/caregiver to complete the plan.		
<input type="checkbox"/> Discuss means restriction with caregiver.		
<input type="checkbox"/> Obtain a signed Release and Exchange of Confidential Information ; connect with relevant outside support (therapist, medical doctor).		
<input type="checkbox"/> Provide student with crisis resources: bit.ly/CrisisSupportNumbers		
<input type="checkbox"/> Debrief/consult/notify relevant or involved staff. Consider using the Treat With Care (pg 26) memo.		
<input type="checkbox"/> Schedule a meeting with the student within 1-2 days. Review Safety Plan at that time if applicable.		
<input type="checkbox"/> Determine appropriate student release options: <ul style="list-style-type: none"> • Confer with student about options for a safe, unobtrusive return to class, or • Another release alternative that fits the parameters of the agreed-upon Safety Plan. 		

Moderate Risk - "Yes" to questions 1, 2, 3 or 6 ("no" to 4 and 5), has not made preparations in past 3 months

<i>Immediate referral to your site-based mental health team. Directly address suicide risk, implement suicide prevention strategies. Safety Plan.</i>	<i>Responsible Staff</i>	<i>Date & Time Completed</i>
<input type="checkbox"/> Immediate referral to school-based mental health team, or community-based crisis response team if site team is not available.		
<input type="checkbox"/> Notify administration.		
<input type="checkbox"/> Notify parent/caregiver.		
<input type="checkbox"/> Obtain a signed Caregiver Notification Form (pg 27); give copy to caregiver.		
<input type="checkbox"/> Directly address statements or behaviors that led to the referral; explore supports, stressors and risk factors.		
<input type="checkbox"/> Consult with indicated professionals (colleagues, supervisor, County Behavioral Health, school mental health team or other).		
<input type="checkbox"/> Complete a detailed Safety Plan (pg 19). Include student input on reducing stressors, accessing help, and increasing coping skills. Share and seek input from parent/caregiver to complete the plan.		
<input type="checkbox"/> Discuss means restriction with caregiver.		
<input type="checkbox"/> Obtain a signed Release and Exchange of Confidential Information ; connect with relevant outside support (therapist, medical doctor).		
<input type="checkbox"/> Provide referrals to outpatient care services.		
<input type="checkbox"/> Provide student with crisis resources: bit.ly/CrisisSupportNumbers		
<input type="checkbox"/> Schedule a follow-up with the student in 1-2 days to review the Safety Plan.		
<input type="checkbox"/> Debrief/consult/notify relevant or involved staff. Consider using the Treat With Care (pg 26) memo.		
<input type="checkbox"/> Determine student release options that fit the parameters of the agreed-upon Safety Plan: <ul style="list-style-type: none"> ● A student should not leave independently unless that action fits the parameters of the agreed-upon safety and support plan(s). ● The student may need to be released directly to parent/caregiver, law enforcement, or psychological emergency team members. 		

High Risk - "Yes" to questions 4, 5, or 6 at a minimum and has made preparations in the past 3 months

Initiate clinical suicide assessment by a licensed mental health provider, school-based or community crisis team, and/or psychiatric admission process. Stay with the student until transfer to higher level of care is complete. Follow-up and document outcome of emergency psychiatric evaluation. Safety Plan.

Responsible Staff

Date & Time Completed

Notify administration and site-based mental health team.

Notify parent/caregiver.

With caregiver input if possible, determine how the clinical suicide risk assessment will be completed. Options include:

- If student is in treatment with a licensed mental health provider, this may be the appropriate professional to conduct the risk assessment.
- The Mobile Crisis Unit or [Regional Crisis Teams](#)
- Crisis Stabilization Unit (caregiver OR law enforcement transport)
- Local hospital ER (caregiver OR law enforcement transport)

Consult with indicated professionals (colleagues, supervisor, County Behavioral Health, school mental health team or other).

Stay with the student; monitor/supervise/support the student at all times until released to parent/caregiver or appropriate authorities.

Obtain a signed [Caregiver Notification Form](#) (pg 27); give copy to caregiver.

Debrief/consult/notify relevant or involved staff. Consider using the [Treat With Care](#) (pg 26) memo.

Before student returns to school, initiate [Re-entry/Support](#) (pg 28) meeting. See Postvention guidelines below.

Imminent Risk - If the student is actively attempting to kill themselves (has already swallowed pills, is running into oncoming traffic), or has lethal means they will not relinquish.

Responsible Staff

Date & Time Completed

Call 9-1-1 or appropriate emergency services.

Clear students from the area, ensure safety.

Notify administration and site-based mental health team to prepare for emergency vehicles on campus.

Stay with the student; continue to monitor/supervise/support the student until the appropriate authorities/help arrives.

Contact primary caregivers and inform them of actions taken.

Before student returns to school, initiate [Re-entry/Support](#) (pg 28) meeting. See Postvention guidelines below.

Postvention & Follow-up - Engage in re-entry planning to support the student's return to school.

	<i>Responsible Staff</i>	<i>Date & Time Completed</i>
<input type="checkbox"/> Obtain a signed Release and Exchange of Confidential Information to connect with relevant outside support (therapist, hospital, medical doctor).		
<input type="checkbox"/> Coordinate care with family and mental health provider(s). Obtain copies of relevant treatment plans, educational recommendations, safety plans, and/or discharge documents.		
<input type="checkbox"/> Schedule a Re-entry/Support Plan (pg 28) meeting. As possible, include the counselor, psychologist, parent/caregiver, other support staff, site administrator, and student.		
<input type="checkbox"/> Complete, revise, or update the detailed Safety Plan (pg 19). As possible, include the counselor, psychologist, parent/caregiver, other support staff, site administrator, and student.		
<input type="checkbox"/> Hold ongoing Safety Plan (pg 18)/ Re-entry/Support Plan (pg 28) review meetings with student, family, and staff as often as necessary until the student is stable.		
<input type="checkbox"/> Ensure all relevant staff have copies of the plan(s). Consider using the Treat With Care (pg 26) memo.		
<input type="checkbox"/> Determine next steps for extended absence.		

SAFETY PLANNING

Overview

The following sections are intended to support the use of the Stanley-Brown Safety Plan. More information can be found at <https://suicidesafetyplan.com/forms>. The Stanley-Brown Safety Plan is used nationally across settings, and its use is not limited to clinicians.

What you will find in this section:

Pg. 18 **[Stanley-Brown Safety Plan](#)**

This 1-page tool can be used independently for those familiar with the safety planning process, or who may not need additional guidance.

Pg. 19 **[Stanley Brown Safety Plan: Step-by-Step](#)**

An expansion of the 1-page Stanley-Brown Safety Plan, this section is intended to explain, give additional prompts and cues, and allow for documentation for the Stanley-Brown Safety Plan.

*** It is NOT intended as a next step after the 1-page tool, but a side-by-side compliment.

Stanley-Brown Safety Plan⁵

STEP 1: WARNING SIGNS:

1. _____
2. _____
3. _____

STEP 2: INTERNAL COPING STRATEGIES – THINGS I CAN DO TO TAKE MY MIND OFF MY PROBLEMS WITHOUT CONTACTING ANOTHER PERSON:

1. _____
2. _____
3. _____

STEP 3: PEOPLE AND SOCIAL SETTINGS THAT PROVIDE DISTRACTION:

- | | |
|-----------------|-----------------|
| 1. Name: _____ | Contact: _____ |
| 2. Name: _____ | Contact: _____ |
| 3. Place: _____ | 4. Place: _____ |

STEP 4: PEOPLE WHOM I CAN ASK FOR HELP DURING A CRISIS:

- | | |
|----------------|----------------|
| 1. Name: _____ | Contact: _____ |
| 2. Name: _____ | Contact: _____ |
| 3. Name: _____ | Contact: _____ |

STEP 5: PROFESSIONALS OR AGENCIES I CAN CONTACT DURING A CRISIS:

- | | |
|---|--------------|
| 1. Clinician/Agency Name: _____ | Phone: _____ |
| Emergency Contact : _____ | |
| 2. Clinician/Agency Name: _____ | Phone: _____ |
| Emergency Contact : _____ | |
| 3. Local Emergency Department: _____ | |
| Emergency Department Address: _____ | |
| Emergency Department Phone : _____ | |
| 4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255) | |

STEP 6: MAKING THE ENVIRONMENT SAFER (PLAN FOR LETHAL MEANS SAFETY):

1. _____
2. _____

The Stanley-Brown Safety Plan is copyrighted by Barbara Stanley, PhD & Gregory K. Brown, PhD (2008, 2021). Individual use of the Stanley-Brown Safety Plan form is permitted. Written permission from the authors is required for any changes to this form or use of this form in the electronic medical record. Additional resources are available from www.suicidesafetyplan.com.

Stanley-Brown
Safety Planning Intervention

⁵ Stanley, B., & Brown, G. K. (2002, 2021). *Stanley-Brown safety plan*. <https://suicidesafetyplan.com/forms>

Stanley Brown Safety Plan: Step-by-Step⁶



Do not start this next step with students who are emotionally overwhelmed, intoxicated, nonverbal, or otherwise unable to engage in this safety planning process.
If emotionally dysregulated, stabilize and, as indicated, ground the student before beginning this problem-solving process.

As Indicated, Develop/Implement Action Plan 1, 2, or 3 to Reduce Suicide Behavior Risk

[Stanley-Brown Safety Plan](#) required with Action Plan 2 or 3, optional for Action Plan 1.

Always begins with appropriate caregiver contact, may include CPS referral if ideation is due to abuse, neglect, exploitation, or if primary caregivers refuse to act; document referrals you have made as indicated.

Describe for the student the Action Plan [i.e., connection to a 24/7 resource, typically primary caregivers], connection to referral resources, and, as indicated, the form and function of the *Stanley-Brown Safety Plan*.

--

Complete the [Stanley-Brown Safety Plan](#) (Steps 1 through 5; Stanley & Brown, 2002, 2021)^{7,8}

Assuming the student presents as able to begin problem-solving, move on to safety planning. However, if the student does not have emotional control, engage in stabilization and grounding. The safety plan can be completed at a follow-up meeting if the student needs more time to be ready to problem-solve.

Ask if the student is willing to engage in safety planning (e.g., *While we wait for your [caregiver], would you be willing to work with me to develop a plan to keep you safe?*). If the student is unwilling, it would be appropriate to delay such planning until a follow-up meeting.

Step 1: Warning Signs

Ask about **warning signs that pain/distress** is so acute that they become suicidal. Obtain a sequential description of stressors leading up to suicidal thinking/behavior (e.g., *Can you tell me about the sequence of events that gets you to the point where you are thinking about suicide?*).

1.
2.
3.
4.
5.

⁶ Adapted from Dr. Stephen Brock, PhD, NCSP, LEP

⁷ Completed while waiting for primary caregivers to arrive.

⁸ Training videos available (Brown, n.d.).

Step 2: Ask about **internal/personal resources**.

Distractions that get their mind off suicidality that they can do independently (e.g., *What can you do to get your mind off these stressors and distract you from suicidal thinking?*). Distractions can be VERY idiosyncratic.

•
•
•
•
•

Step 3: Ask about **external/social resources** to be used if internal resources (**Step 2** above) do not work.

Distractions that get their mind off suicidality, which involve other people or social settings (e.g., *Who are some people, or what are some social settings that can help you do things that will help to distract you and get your mind off your stressors?*). Greater connections to others are protective.

•
•
•
•
•

If minors are listed, verify the minor is willing, agrees to inform adults if suicidality is expressed, and obtain the minor's caregiver approval (e.g., *We can list your friends if you think that will help, but I will need to verify with their parent/caregiver that they are OK with them being on your plan.*).

--

Step 4. Ask about **crisis intervention resources**.

People to contact who can help manage a suicidal crisis. Encourage the identification of adults in caregiving roles (e.g., *If you just can't get your mind off suicide, who are some individuals whom you can contact for immediate help?*).

•
•
•
•
•

If minors are listed, state that you will need to verify the minor is willing, agrees to inform adults, and will obtain the minor's caregiver approval (e.g., *I am really looking for caregiving adults here. We can list your friends if you think that is important, but I will need to verify with them and their parent/caregiver that they are OK with them being on your plan.*).

Step 5. Ask about professional/agency resources.

This should include the suicide prevention lifeline (e.g., *Are there any mental health professionals you would like to list who could help you if you are feeling suicidal? Do you have a counselor or therapist?*).

1.
2.
3. _____, local crisis intervention resource
4. 9-8-8 , National Suicide Prevention Lifeline
5. Text "HOME" to 741741, Crisis Text Line

6b. Conduct Caregiver Conference and Finish the Stanley-Brown Safety Plan (Step 6)

Review Safety Plan steps 1 through 6 with the student and primary caregiver.
Ask about making the **environment safe**. Explain the time from becoming actively suicidal to suicidal behavior is often very short. Thus, the need to remove access to lethal means. Use of C-SSRS Q3 to safety-proof the environment. Always ask about access to, and as indicated, suggest removal from the home of firearms.

6c. As Indicated (when there is an imminent risk of suicidal behavior), Develop/Implement Action Plan 4 to Prevent Suicide Behavior⁹

a) Distract and calm the student.

b) Find a way to obtain emergency assistance (e.g., contact 911).

c) Continue to carefully request that means be relinquished.

d) Do not put yourself in danger.

e) Contact primary caregivers and inform them of actions taken.

⁹ Completed before contacting primary caregivers.

References

Brown, G. K. (n.d.). *Training videos: Implementing the Suicide Safety Plan Intervention*.
<https://suicidesafetyplan.com/training/>

Columbia Lighthouse Project. (2016a). *Columbia – Suicide severity rating scale: Screen with triage points for schools*.
<https://cssrs.columbia.edu/documents/c-ssrs-screener-triage-schools/>

Columbia Lighthouse Project. (2016b). *Translations*.
<https://cssrs.columbia.edu/the-columbia-scale-c-ssrs/translations/>

Posner, K. (2008). *Columbia – Suicide severity rating scale: Screen version -Recent*.
<https://www.cms.gov/files/document/cssrs-screen-version-instrument.pdf>

TEMPLATES AND TAKE-AWAYS

Student Interview Tool

Current emotional status GRK-5 or lower developmental level

How would you describe how you are feeling right now?



Happy

1



Calm

2



Sad

3



Scared

4



Mad

5

Current emotional status GR6-12

How would you describe how you are feeling right now?

Tell me where you are right now

1

2

3

4

5

I don't feel great, but I know how to handle it.

I am in great pain and I don't know what to do.

My pain is unbearable. I would do anything to stop it.

1

2

3

4

5

I think about this sometimes, not every day.

I think about this a few times every day.

I think about this all the time. I never stop thinking about it.

1

2

3

4

5

I don't want to die, but I don't know what else to do.

I often think about wanting to die.

I want to die. Nothing else will solve this.

TK-5 Safety Plan

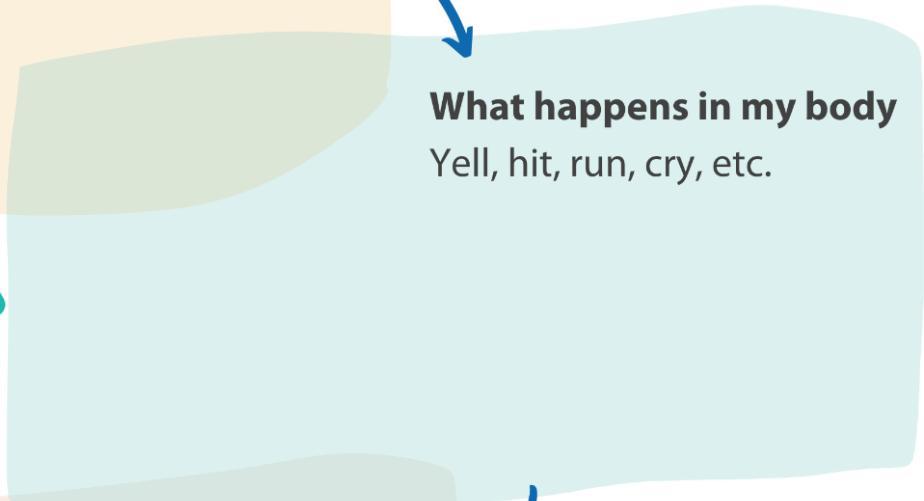
Warning signs/triggers

What makes me feel upset, sad, mad, or scared?



What happens in my body

Yell, hit, run, cry, etc.



Things that help me feel better

Hugs, games, art, sports, music, toys, etc.



People I can ask for help

Name & phone/location



Treat With Care

Confidential Memo



Date	
To	
Student Name	
From	

This student may be experiencing challenges or has experienced a traumatic event in the last 24 hours or the recent past.

You may notice academic, emotional or behavioral challenges in response to this event. Please treat this student with extra **C.A.R.E.**

C - Compassion	Compassion for student behaviors
A - Awareness	Awareness of student needs
R - Recognition	Recognition of student signs
E - Empathy	Empathy for student

Thank you!

¹⁰ From the SDCOE [Policy to Practice: Suicide Intervention Toolkit](#)

Parent/Caregiver Notification

School: _____

Date: _____

Student Name: _____

Date of Birth: _____

I have been notified that my child has verbalized, or through other activities, has manifested a suicidal threat.

- I have been asked to take my child immediately for psychological assistance and/or a clinical suicide risk assessment.
- I have been asked to monitor my child carefully and to take them in for immediate psychological assistance if they are in danger.

I have been provided with the following numbers for support if needed:

Emergency assistance	9-1-1
Sonoma County Crisis Stabilization Unit	(707) 576-8181
Sonoma County Emergency Mental Health Hotline	(800) 746-8181
Kaiser Mental Health and Wellness (business hours)	(707) 571-3778
National / North Bay Suicide Prevention Hotline	9-8-8
Sonoma County Crisis Support Hotlines	bit.ly/CrisisSupportNumbers →



If I have further questions or concerns, I can contact:

Staff name

Phone / email

Parent/Caregiver signature

Date

Parent/Caregiver email

Parent/Caregiver phone

School Re-entry/Support Plan

School: _____

Date: _____

Student Name: _____

Date of Birth: _____

Reporting Staff / Case Mgr: _____

Review Date: _____

In consultation with the student and team members, consider the following in creating a plan:

Supports and services

monitoring / checking in • gradual return to school • schedule changes • support for work completion • access to emotional support systems (clubs, interest groups, etc.) • necessary referrals for IEP / 504 • community linkage

Adult relationships

connection (positive adult relationships) • approach to engaging students • communication: positive feedback for progress / growth, ongoing challenges • improved communication with student, family, hospital, educators

School-wide

increased knowledge • increased resources • positive peer relationships • psychosocial climate • other

ADDITIONAL RESOURCES

Best practice guidelines

[Striving for Zero: California's Strategic Plan for Suicide Prevention 2020-2025](#)

[After a Suicide: A Toolkit for Schools, Second Edition](#) (SPRC)

Preventing Suicide: A Technical Package of Policy, Programs, and Practices ([CDC](#))

Model School Policy on Suicide Prevention ([AFSP](#))

[Suicide Postvention in Schools](#), Canadian Association of Principals

Clinician training

Counseling on Access to Lethal Means ([CALM](#)), [recommendations](#)

Community-level / systems prevention

Prevention Institute [tools](#), training [modules](#)

Fliers and handouts

NASP Preventing Youth Suicide ([English](#) / [Spanish](#))

Sonoma County crisis and mental health resources: bit.ly/CrisisSupportNumbers (Eng & Span)

Language

Action Alliance messaging [guidance](#)

Lethal means [talking points](#)

Re-entry plans

SDCOE [Re-entry Checklist](#)

Risk screening tools

ASQ [screening tool](#), [toolkit](#)

Columbia Lighthouse Project [school-specific protocol](#) including a brief [screening tool](#) and the SAMHSA [C-SSRS](#) Safe-T protocol

LAUSD [risk assessment](#)

Marin County Office of Education [School-based Suicide Risk Assessment Protocol](#)

San Diego County Office of Education [Policy to Practice Suicide Intervention Toolkit](#)

Safety & support plans *

LAUSD [safety plan](#)

SDCOE [web of support](#)

Stanley Brown [safety plan](#), [fillable version](#) (download .pdf copy first)

Social Work Tech [safety plan](#)

Social Work Tech [self-care plan](#)

Suicide Prevention Resource Center [Safety Planning Guide](#)

[Video tutorials](#) about completing safety plans

* *Be sure to discuss thoroughly:*

- *how the student will know when they need to access the plan*
- *identifying and navigating barriers*

Threat assessment

Comprehensive School Threat Assessment [Guidelines](#), [forms](#)

School-based threat assessment team [training](#)