

SKPS Suicide Prevention Protocol Conversation Guide

Date and time protocol was started: _____

DEMOGRAPHICS (from Synergy)

1. Name (Last, First)
2. Student ID #
3. School
4. Grade
5. Race/Ethnicity
6. Gender

7. SPED/504 Yes No

STUDENT STORY

Focus on building a positive rapport that promotes hope and encouragement. Most Important: 1) Explore Invitations; 2) Directly ask the student about suicide; 3) Hear their story and support their turning point; 4) Develop a Safe Plan to keep student "Safe for Now."

1. Describe the concern. (i.e. school, home, friends, recent withdrawal, depression, changes to eating/sleeping, etc.)?

2. Ask clearly and directly about suicide, timeline (past/present/future), plan, and access to lethal means. Write their response below:

Is this student having thoughts of suicide (if yes, explain)? __YES __NO

When is the last time the student has had thoughts of suicide?

In the 24 Hours In the last Month In the Past

Does the student have a plan to kill themselves? __YES __NO __UNKNOWN

Does the student intend to carry out that plan? __YES __NO __UNKNOWN

Does the student have access to the means to carry out that plan? __YES __NO __UNKNOWN

Has the student attempted suicide previously? __YES __NO

3. Explore Student Story. Include student voice and perspective. Write notes below:

4. What risk/impact factors are evident as a result of the conversation? (mark all that apply)

- Bullying
- Drug or Alcohol Use
- Family History of Suicide Family Issues
- Gender Identity
- Harassment
- New Medication, Medication Change, or Inconsistent Dosage
- Previous Suicide Attempt
- Recent Loss or Failure
- Relationship Stress
- Self-Harm
- Racial Discrimination
- Other

Describe any risk factors indicated above: _____

5. Describe protective factors and sources of strength, with future goals in mind. (Support Turning Point).

6. Based on this initial conversation, level 2 supports will be accessed. (if YES, follow directions in the SPP Conversation Guide) __YES __NO

7. Is there a need for a referral to STAT or SIRC? __YES __NO

8. Other information to note:

[If a Level 2 is not initiated, create STUDENT SAFE PLAN “FOR NOW” with Student, if they are able to at the time of meeting.]

PARENT/GUARDIAN PERSPECTIVE

When there is concern about suicidality, informing a parent/guardian is a part of the process.

(If a student expresses concern that a parent/guardian will hurt them if they are informed of the student's suicidal ideation, consult with your team including an administrator, to make a decision about how to proceed.)

1. Parent Name (contacted parent) _____
2. Verify phone number and email. _____
3. Share the student's concern with the parent. Write their response below.

4. Has your child ever mentioned thoughts of suicide or dying? If so, when and how often? Is there a history of self-harm? of suicide?

5. Is there any history with a family or friend of death by suicide? If so, please describe.

6. What concerns about drugs and alcohol do you have, if any?

7. Have you noticed any changes in behavior, sleep patterns, engagement, or stress levels? Any major life changes or stressful events?

8. Safety Proofing the Home: Talk through access to lethal means, specific to the student's plan. Are there firearms, knives, ropes, medications, or other lethal means that could be used? Are any available anywhere in their house or within the houses of regularly visited relatives or friends? Has the student attempted or communicated a desire to obtain a means to die by suicide? If needed, is the parent able to search the student's room or possessions?

9. Read this to the parent (emphasize that we read this for every parent contact regarding suicide, regardless of owning weapons): "Firearms are the responsibility of the owner. Do not assume the student has not learned the combination to a gun safe or the location of the key, even if it is in a friend's or relative's home. Keys can be removed and duplicated; combinations can be discovered

through a variety of means. Consider changing keys or combinations or removing firearms from the home. We understand that not every parent is in charge of how weapons are stored, but we encourage you to have a conversation with any gun owners that your child might access." Parent response to this statement:

10. What are the student's positive activities, interests, relationships, reasons for living (sports, church, clubs, recreation, pets, family, friends, community)?

11. How does your family access support? Where do you go when you are in need of help? Can we help you towards accessing these supports?

12. What other concerns do you have that we have not addressed yet?

[Review STUDENT SAFE PLAN "FOR NOW" with parent. Add any additional supports the parent wants to work on.]

FINAL CHECKLIST

1. Your name and position: _____
2. Notify administrator - date and time notified: _____
3. Consult with colleague - name: _____
4. Contact parent/guardian and complete parent/guardian perspective form: __YES
5. Complete Student Safe For Now Plan (if needed): __YES __NO
6. Communicate resources to family (follow up email), attaching Safe Plan "For Now" (if needed):
__YES __NO
7. Mental health provider/MCMH/PCMH referral (if available): __YES __NO
8. ROI signed for outside agency collaboration (if needed): __YES __NO
9. Consider scheduling a student safety and support plan meeting if:
 - There are complex risk factors
 - Multiple Level 1s have happened for this student.
 - The team feels that this would be beneficial for the student and family.

10. Other: _____

11. Print a copy of all SPP forms and seal in a Confidential Folder and place in student CUM folder.
Create "CF" flag in Synergy. __YES __NO

12. Print a copy of all SPP forms and seal in a Confidential Folder and place in student CUM folder.
Create "CF" flag in Synergy. __ COMPLETE