# Policy to Practice:
# Suicide Intervention Toolkit

The aim of this toolkit is to share protocols, templates and resources that align with best practices in suicide intervention.

CREATED BY THE SDCOE STUDENT WELLNESS AND SCHOOL CULTURE DEPARTMENT




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# Policy to Practice:
# Suicide Intervention Toolkit


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**Some linked documents in this toolkit are templates that LEAs can adapt and modify to meet the unique needs of their school communities.**



# Columbia-Suicide Severity Rating Scale

The Columbia Protocol, also known as the **Columbia-Suicide Severity Rating Scale (C-SSRS)**, supports suicide risk screenings through a series of simple, plain-language questions that anyone can ask. The answers help users identify whether someone is at risk for suicide, assess the severity and immediacy of that risk, and gauge the level of support that the person needs. It is evidence-based, free, and universally used for all ages and settings.

- C-SSRS Education Brochure provides an overview of utilizing the screener in an educational setting.
- Suicide Risk Screening in Schools and the Continuum of Care is a 70-minute recorded webinar that aligns with the intervention practices and resources in this toolkit, allowing any adult in a school setting to be trained in the C-SSRS.
- The SAFE-T Protocol with C-SSRS suicide risk assessment is a clinical framework used by mental health professionals to assess suicide risk and determine immediate interventions. A free training is available.

*Adapted from Columbia Lighthouse Project*

THE COLUMBIA LIGHTHOUSE PROJECT
IDENTIFY RISK. PREVENT SUICIDE.

**COLUMBIA-SUICIDE SEVERITY RATING SCALE**
*Screen with Triage Points for Schools*

| | Past month | |
|---|---|---|
| **Ask questions that are in bold and underlined.** | **YES** | **NO** |
| **Ask Questions 1 and 2** | | |
| 1) ***Have you wished you were dead or wished you could go to sleep and not wake up?*** | | |
| 2) ***Have you actually had any thoughts of killing yourself?*** | | |
| **If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.** | | |
| 3) ***Have you been thinking about how you might do this?*** 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.*" | | |
| 4) ***Have you had these thoughts and had some intention of acting on them?*** as opposed to "*I have the thoughts but I definitely will not do anything about them.*" | | |
| 5) ***Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?*** | | |
| 6) ***Have you ever done anything, started to do anything, or prepared to do anything to end your life?*** 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. | **Lifetime** | |
| **If YES, ask:** ***Was this within the past 3 months?*** | **Past 3 Months** | |

**Possible Response Protocol to C-SSRS Screening**

**If all answers are no, there is no current risk identified.*
Item 1 Behavioral Health Referral
Item 2 Behavioral Health Referral
Item 3 Behavioral Health Referral
Item 4 Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room
Item 5 Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room
Item 6 Behavioral Health Referral
Item 6 3 months ago or less: Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room

C-SSRS (English and Spanish)

C-SSRS Elementary Version for Ages 6-11 (English and Spanish)

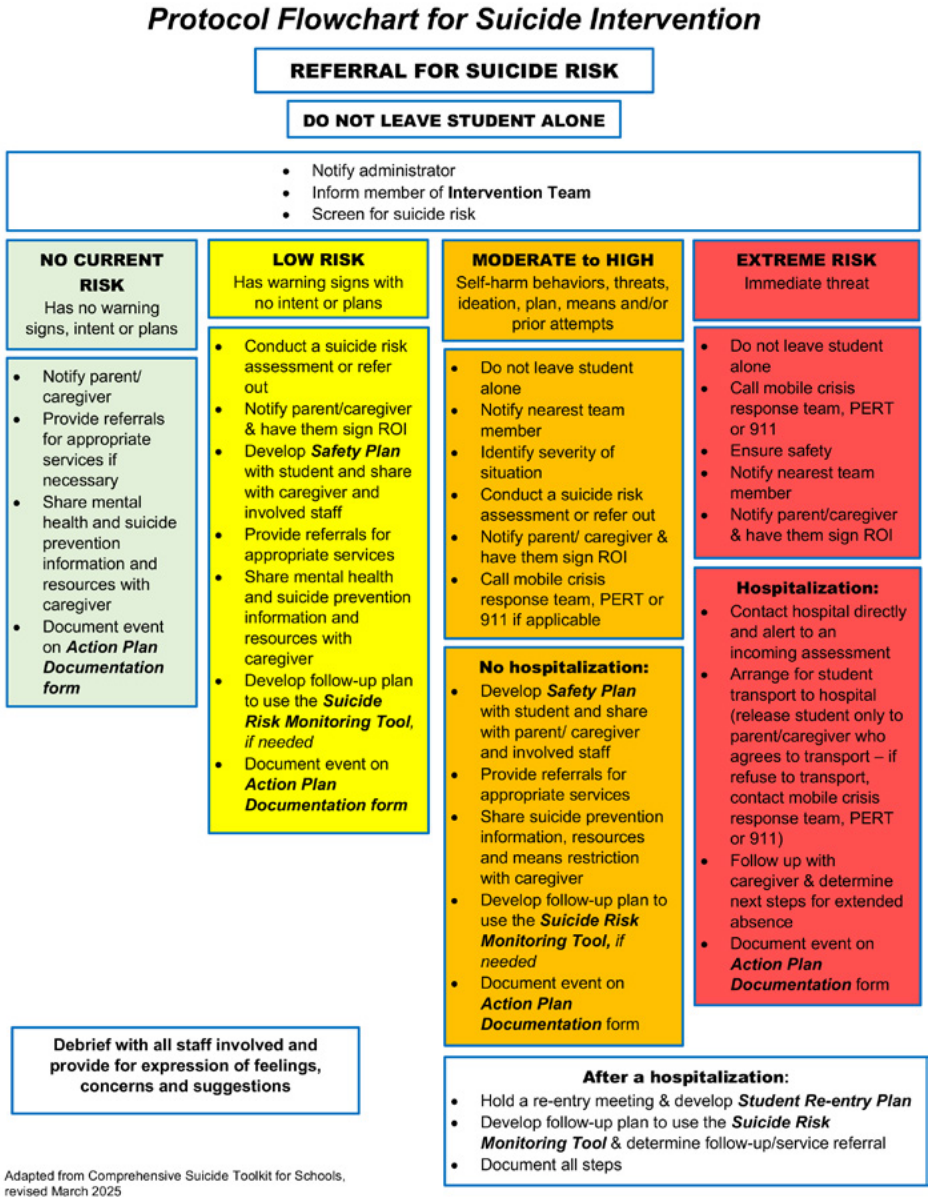
Suicide Risk Monitoring Tool

# Protocol Flowchart for Suicide Intervention

This customizable flowchart is adapted from the Comprehensive Suicide Toolkit for Schools-*HEARD Alliance 2018*. The protocol is determined by the following:

- **Role of person that initiates the concern**
- **Severity level of risk screening, which is color coded to align with the C-SSRS color coding**
- **Staffing and resources available in the schools**



***Protocol Flowchart for Suicide Intervention***

**REFERRAL FOR SUICIDE RISK**

**DO NOT LEAVE STUDENT ALONE**

- Notify administrator
- Inform member of **Intervention Team**
- Screen for suicide risk

**NO CURRENT RISK**
Has no warning signs, intent or plans

- Notify parent/ caregiver
- Provide referrals for appropriate services if necessary
- Share mental health and suicide prevention information and resources with caregiver
- Document event on ***Action Plan Documentation form***

**LOW RISK**
Has warning signs with no intent or plans

- Conduct a suicide risk assessment or refer out
- Notify parent/caregiver & have them sign ROI
- Develop ***Safety Plan*** with student and share with caregiver and involved staff
- Provide referrals for appropriate services
- Share mental health and suicide prevention information and resources with caregiver
- Develop follow-up plan to use the ***Suicide Risk Monitoring Tool****, if needed*
- Document event on ***Action Plan Documentation form***

**MODERATE to HIGH**
Self-harm behaviors, threats, ideation, plan, means and/or prior attempts

- Do not leave student alone
- Notify nearest team member
- Identify severity of situation
- Conduct a suicide risk assessment or refer out
- Notify parent/ caregiver & have them sign ROI
- Call mobile crisis response team, PERT or 911 if applicable

**No hospitalization:**

- Develop ***Safety Plan*** with student and share with parent/ caregiver and involved staff
- Provide referrals for appropriate services
- Share suicide prevention information, resources and means restriction with caregiver
- Develop follow-up plan to use the ***Suicide Risk Monitoring Tool,*** *if needed*
- Document event on ***Action Plan Documentation*** form

**EXTREME RISK**
Immediate threat

- Do not leave student alone
- Call mobile crisis response team, PERT or 911
- Ensure safety
- Notify nearest team member
- Notify parent/caregiver & have them sign ROI

**Hospitalization:**

- Contact hospital directly and alert to an incoming assessment
- Arrange for student transport to hospital (release student only to parent/caregiver who agrees to transport – if refuse to transport, contact mobile crisis response team, PERT or 911)
- Follow up with caregiver & determine next steps for extended absence
- Document event on ***Action Plan Documentation*** form

**Debrief with all staff involved and provide for expression of feelings, concerns and suggestions**

**After a hospitalization:**

- Hold a re-entry meeting & develop ***Student Re-entry Plan***
- Develop follow-up plan to use the ***Suicide Risk Monitoring Tool*** & determine follow-up/service referral
- Document all steps

Adapted from Comprehensive Suicide Toolkit for Schools, revised March 2025

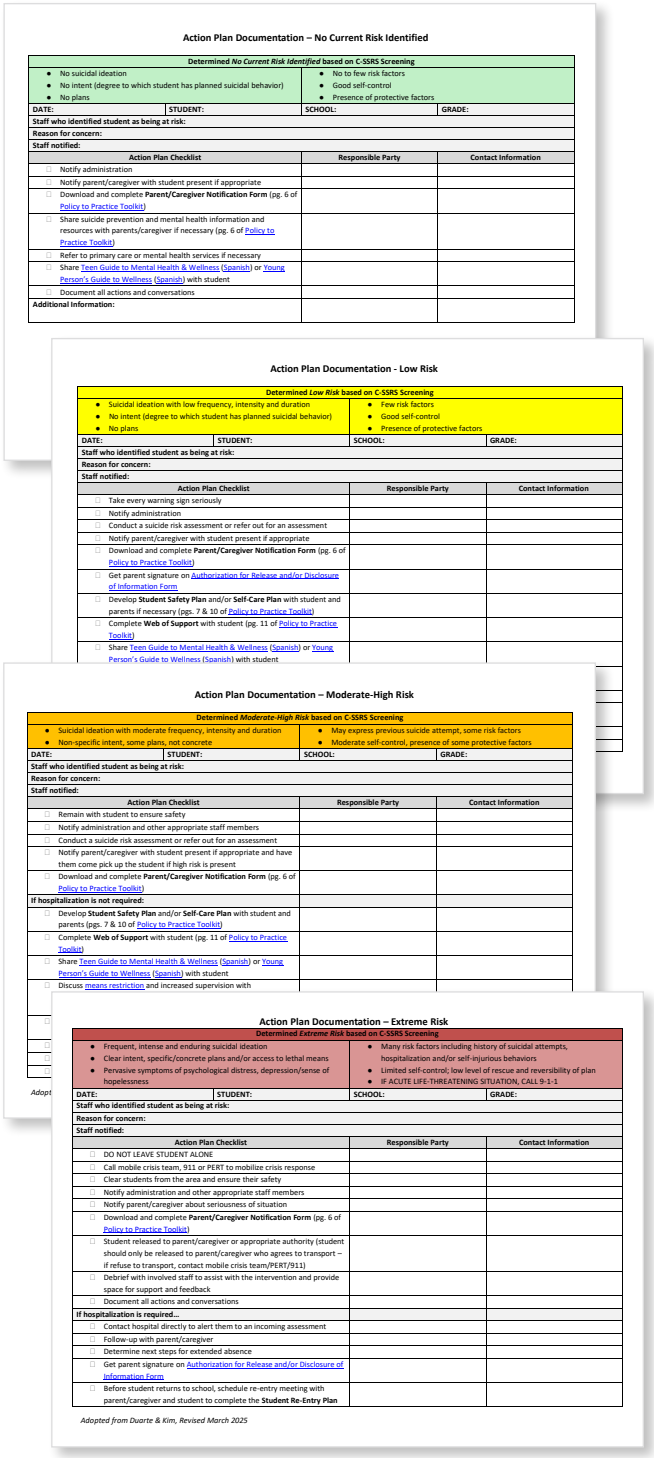
**Protocol Flowchart for Suicide Intervention**

# Action Plan Documentation

These customizable **action plan templates** were adapted from *Duarte & Kim*. They provide a step-by-step checklist to document and guide the intervention process based on the severity level of a screening.

They are color-coded to align with the **C-SSRS** and the **Protocol Flowchart**. Space for additional documentation is included.



**Action Plan Documentation – No Current Risk Identified**

| Determined *No Current Risk Identified* based on C-SSRS Screening | |
|---|---|
| • No suicidal ideation<br>• No intent (degree to which student has planned suicidal behavior)<br>• No plans | • No to few risk factors<br>• Good self-control<br>• Presence of protective factors |

| DATE: | STUDENT: | SCHOOL: | GRADE: |
|---|---|---|---|

**Staff who identified student as being at risk:**

**Reason for concern:**

**Staff notified:**

| Action Plan Checklist | Responsible Party | Contact Information |
|---|---|---|
| ☐ Notify administration | | |
| ☐ Notify parent/caregiver with student present if appropriate | | |
| ☐ Download and complete **Parent/Caregiver Notification Form** (pg. 6 of Policy to Practice Toolkit) | | |
| ☐ Share suicide prevention and mental health information and resources with parents/caregiver if necessary (pg. 6 of Policy to Practice Toolkit) | | |
| ☐ Refer to primary care or mental health services if necessary | | |
| ☐ Share Teen Guide to Mental Health & Wellness (Spanish) or Young Person's Guide to Wellness (Spanish) with student | | |
| ☐ Document all actions and conversations | | |
| **Additional Information:** | | |

**Action Plan Documentation - Low Risk**

| Determined *Low Risk* based on C-SSRS Screening | |
|---|---|
| • Suicidal ideation with low frequency, intensity and duration<br>• No intent (degree to which student has planned suicidal behavior)<br>• No plans | • Few risk factors<br>• Good self-control<br>• Presence of protective factors |

| DATE: | STUDENT: | SCHOOL: | GRADE: |
|---|---|---|---|

**Staff who identified student as being at risk:**

**Reason for concern:**

**Staff notified:**

| Action Plan Checklist | Responsible Party | Contact Information |
|---|---|---|
| ☐ Take every warning sign seriously | | |
| ☐ Notify administration | | |
| ☐ Conduct a suicide risk assessment or refer out for an assessment | | |
| ☐ Notify parent/caregiver with student present if appropriate | | |
| ☐ Download and complete **Parent/Caregiver Notification Form** (pg. 6 of Policy to Practice Toolkit) | | |
| ☐ Get parent signature on Authorization for Release and/or Disclosure of Information Form | | |
| ☐ Develop **Student Safety Plan** and/or **Self-Care Plan** with student and parents if necessary (pgs. 7 & 10 of Policy to Practice Toolkit) | | |
| ☐ Complete **Web of Support** with student (pg. 11 of Policy to Practice Toolkit) | | |
| ☐ Share Teen Guide to Mental Health & Wellness (Spanish) or Young Person's Guide to Wellness (Spanish) with student | | |

**Action Plan Documentation – Moderate-High Risk**

| Determined *Moderate-High Risk* based on C-SSRS Screening | |
|---|---|
| • Suicidal ideation with moderate frequency, intensity and duration<br>• Non-specific intent, some plans, not concrete | • May express previous suicide attempt, some risk factors<br>• Moderate self-control, presence of some protective factors |

| DATE: | STUDENT: | SCHOOL: | GRADE: |
|---|---|---|---|

**Staff who identified student as being at risk:**

**Reason for concern:**

**Staff notified:**

| Action Plan Checklist | Responsible Party | Contact Information |
|---|---|---|
| ☐ Remain with student to ensure safety | | |
| ☐ Notify administration and other appropriate staff members | | |
| ☐ Conduct a suicide risk assessment or refer out for an assessment | | |
| ☐ Notify parent/caregiver with student present if appropriate and have them come pick up the student if high risk is present | | |
| ☐ Download and complete **Parent/Caregiver Notification Form** (pg. 6 of Policy to Practice Toolkit) | | |
| **If hospitalization is not required:** | | |
| ☐ Develop **Student Safety Plan** and/or **Self-Care Plan** with student and parents (pgs. 7 & 10 of Policy to Practice Toolkit) | | |
| ☐ Complete **Web of Support** with student (pg. 11 of Policy to Practice Toolkit) | | |
| ☐ Share Teen Guide to Mental Health & Wellness (Spanish) or Young Person's Guide to Wellness (Spanish) with student | | |
| ☐ Discuss means restriction and increased supervision with | | |

*Adopt*

**Action Plan Documentation – Extreme Risk**

| Determined *Extreme Risk* based on C-SSRS Screening | |
|---|---|
| • Frequent, intense and enduring suicidal ideation<br>• Clear intent, specific/concrete plans and/or access to lethal means<br>• Pervasive symptoms of psychological distress, depression/sense of hopelessness | • Many risk factors including history of suicidal attempts, hospitalization and/or self-injurious behaviors<br>• Limited self-control; low level of rescue and reversibility of plan<br>• IF ACUTE LIFE-THREATENING SITUATION, CALL 9-1-1 |

| DATE: | STUDENT: | SCHOOL: | GRADE: |
|---|---|---|---|

**Staff who identified student as being at risk:**

**Reason for concern:**

**Staff notified:**

| Action Plan Checklist | Responsible Party | Contact Information |
|---|---|---|
| ☐ DO NOT LEAVE STUDENT ALONE | | |
| ☐ Call mobile crisis team, 911 or PERT to mobilize crisis response | | |
| ☐ Clear students from the area and ensure their safety | | |
| ☐ Notify administration and other appropriate staff members | | |
| ☐ Notify parent/caregiver about seriousness of situation | | |
| ☐ Download and complete **Parent/Caregiver Notification Form** (pg. 6 of Policy to Practice Toolkit) | | |
| ☐ Student released to parent/caregiver or appropriate authority (student should only be released to parent/caregiver who agrees to transport – if refuse to transport, contact mobile crisis team/PERT/911) | | |
| ☐ Debrief with involved staff to assist with the intervention and provide space for support and feedback | | |
| ☐ Document all actions and conversations | | |
| **If hospitalization is required…** | | |
| ☐ Contact hospital directly to alert them to an incoming assessment | | |
| ☐ Follow-up with parent/caregiver | | |
| ☐ Determine next steps for extended absence | | |
| ☐ Get parent signature on Authorization for Release and/or Disclosure of Information Form | | |
| ☐ Before student returns to school, schedule re-entry meeting with parent/caregiver and student to complete the **Student Re-Entry Plan** | | |

*Adopted from Duarte & Kim, Revised March 2025*

**Action Plan Documentation**

# Parent Information and Resources

The fillable **Parent Contact Acknowledgment Form** adapted from *2009 Maine Youth Suicide Prevention Program* is used to notify the parent/guardian (if appropriate) that a suicide risk screening has been completed and asks them to follow up with the student's continuing care.

Parent Contact Acknowledgement Form

Spanish version



## Links to Parent Information and Resources

The following resources are to ensure parents/guardians are equipped with the information and resources needed to keep their child safe.

- **Suicide Prevention Resource for Parents Brochure (Spanish)**

  *This brochure, created by Each Mind Matters, includes key questions parents/guardians can ask to identify warning signs, know what to do, and learn about resources.*

- **Preventing Youth Suicide: Tips for Parents and Educators (Spanish)**

  *This infographic, created by NASP, is for parents/guardians and teachers who are in a key position to identify warning signs and get youth the help they need.*

- **Suicidal Thinking and Threats: Helping Handout for Home**

  *This handout is to prepare parents/guardians to respond to youth who have thoughts of ending their life.*

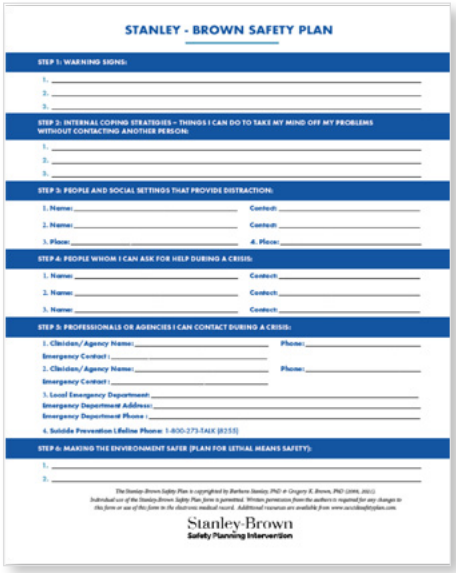
- **Means Safety: Striving to Keep a Loved One Safe from Suicide**

  *This website provides strategies and a checklist to keep youth safe during a crisis.*

# Student Safety Plans

The **Student Safety Plan** can be used in conjunction with the **Action Plan Documentation** forms. It should be done with the student and parent/guardian and written in the student's own words.

This safety plan was adapted from *Safety Plan Template ©2008, 2021 Barbara Stanley and Gregory K. Brown* and it has six steps that include a list of internal coping strategies, sources of supports and a list of resources that the student can use in a crisis.


STANLEY - BROWN SAFETY PLAN

STEP 1: WARNING SIGNS:

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

STEP 3: PEOPLE AND SOCIAL SETTINGS THAT PROVIDE DISTRACTION:

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

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

4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

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

Stanley-Brown
Safety Planning Intervention

[Student Safety Plan (English & Spanish)]

Social Work Tech adapted the work of *Barbara Stanley and Gregory K. Brown's (2008)* **Student Safety Plan** and modified it to include contemporary language and future-oriented talk by listing the students' reasons for living.


Your Name 's Safety Plan on Today's Date

Step 1: My Warning Signs of a Crisis

Step 2: Activities I Can Do By Myself to Try to Take my Mind off of Things

THINGS I LIKE TO DO, COPING SKILLS, OR THINGS I'M GOOD AT:

Step 3: Taking My Mind off of Things

PEOPLE WHO CAN DISTRACT ME: PLACES I CAN GO TO:

Step 4: People I Can Call for Help

NAME OF PERSON:
RELATIONSHIP:
CONTACT INFO:

Step 5: Ways That Supportive People Can Help Me Stay Safe

Step 6: I Can Call These Very Important Phone Numbers To Stay Safe!

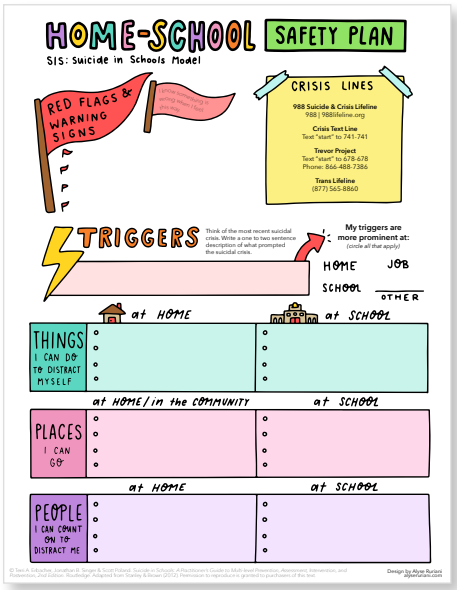
WHO:
CONTACT INFO:
WHEN:

I'M GOING TO USE MY PLAN BECAUSE THESE ARE MY REASONS TO LIVE

Safety Plan | Adapted by Social Work Tech (2021) from an original work by Barbara Stanley, Gregory K. Brown (2008)

[Social Work Tech Safety Plan 2021 (English & Spanish)]

This colorfully illustrated **Home-School Safety Plan** from *Suicide in Schools* includes space for identifying distractors and support in school and at home. It is recommended to use the student's words when developing the safety plan. This version may be visually appealing for younger students.


HOME-SCHOOL SAFETY PLAN

SIS: Suicide in Schools Model

RED FLAGS & WARNING SIGNS

CRISIS LINES

988 Suicide & Crisis Lifeline
988 | 988lifeline.org

Crisis Text Line
Text "start" to 741-741

Trevor Project
Text "start" to 678-678
Phone: 866-488-7386

Trans Lifeline
(877) 565-8860

TRIGGERS

Think of the most recent suicidal crisis. Write a one to two sentence description of what prompted the suicidal crisis.

My triggers are more prominent at: (circle all that apply)

HOME JOB SCHOOL OTHER

at HOME at SCHOOL

THINGS I CAN DO TO DISTRACT MYSELF

at HOME/in the COMMUNITY at SCHOOL

PLACES I CAN GO

at HOME at SCHOOL

PEOPLE I CAN COUNT ON TO DISTRACT ME

[Home-School Safety Plan]

# Student Re-Entry Plan

When a student re-enters the school after a suicide attempt or hospitalization, it is critical that the student is monitored by parents/guardians, mental health professionals, and designated school professionals.

The customizable **Student Re-Entry Checklist** template outlines best-practice procedures to ensure staff provide a supportive and caring environment and monitor for continuing risk. The checklist includes:

- **Re-entry school meeting guidelines**
- **Student accommodations**
- **Assignment accommodations**
- **Classroom accommodations**
- **Testing accommodations**



Student District Info/Logo **Student Re-Entry Checklist**

| Meeting Date: | Follow-up Date: | School Liaison: |
|---|---|---|

| Completed | Action Items |
|---|---|
| ☐ | Obtain Parent/Guardian Authorization for Release/Exchange of Information<br>• Obtain releases of information from the parent so the mental health provider can talk to school counselor or designated staff. |
| ☐ | Physician/Mental Health Professional:<br>• Name:<br>• Contact Number: |
| ☐ | Have a parent/guardian accompany the student for re-entry meeting:<br>• Parent/Guardian re-entry meeting with administrator, counselor, student (if appropriate), and additional staff as needed.<br>• Plan together what information the student wants shared and with whom.<br>• Reassure the student and family that sharing information with school personnel will be done on a need-to-know basis.<br>• Treat the student's return to school as you would have had the student been out sick for a few days. Let the student know you are glad they are back. |
| ☐ | Develop a safety plan with student and parent/guardian if not already completed with medical staff (e.g. Stanley-Brown Safety Plan or Social Work Tech Safety Plan):<br>• It is important that staff and teachers who have direct contact with the student be a part of their safety plan.<br>• Ask student how school staff can best support them.<br>• Refer to and update the student's safety plan as needed.<br>• Complete the Web of Support or other relationship map with the student to ensure they have a safety net of three caring relationships.<br>• Provide relevant skill-building and coping strategy resources (e.g. Teen Guide to Mental Health & Wellness, Spanish Teen Guide, Young Person's Guide to Wellness). |
| ☐ | Notify student's teachers as appropriate using the Treat with Care Memo. |
| ☐ | Health Technician notified of return and transition instructions if medications are needed:<br>• HT Initials: |
| ☐ | Identify school staff member/s to check in with student on a _____ basis (frequency to be determined by team and updated as needed):<br>• Staff Name/s:<br>• Start date:<br>• End date: |
| ☐ | Identified school staff will check in with parent/guardian on the following date:<br>• Staff Name:<br>• Date:<br>• Ongoing Frequency: |
| Comments: | |

**Testing Accommodations**

*Medical Staff: mark all suggested accommodations*

*School Staff: mark final accommodations determined during re-entry meeting*

| Completed | Action Items |
|---|---|
| ☐ | Exams in alternate format (e.g. multiple-choice, essay, presentation, portfolio) |
| ☐ | Use of assistive computer software (e.g. optical character recognition) |
| ☐ | Extended time for test-taking |
| ☐ | Exam in a separate, quiet, and distraction-free place |
| Comments: | |

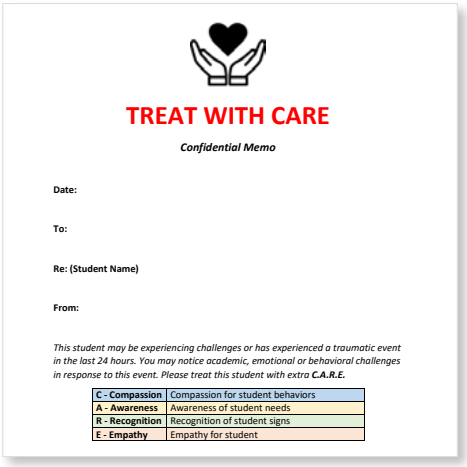
| | |
|---|---|
| Parent/Guardian Signature: | |
| School Staff Signature: | |
| Administrator Signature: | |

Student Re-Entry Checklist

# Treat With Care Memo

This confidential memo can be sent to notify appropriate school staff (eg. teachers, custodians) that a student may be experiencing challenges or has experienced a traumatic event and should be treated with extra care. The intent of the memo is for school staff to:

- **Serve as silent observers**
- **Practice compassion and empathy**
- **Increase awareness of student's needs**



**TREAT WITH CARE**

***Confidential Memo***

**Date:**

**To:**

**Re: (Student Name)**

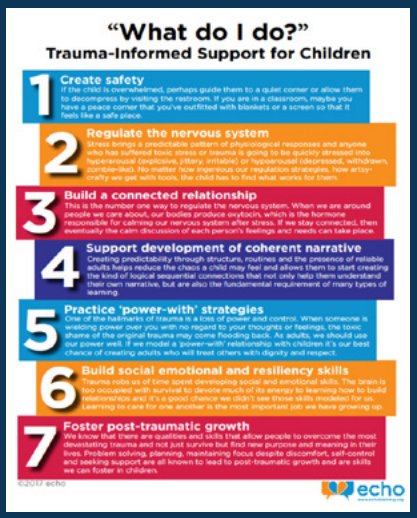
**From:**

*This student may be experiencing challenges or has experienced a traumatic event in the last 24 hours. You may notice academic, emotional or behavioral challenges in response to this event. Please treat this student with extra* ***C.A.R.E.***

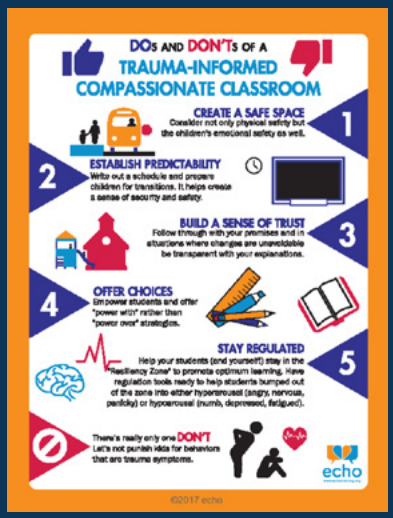
| | |
|---|---|
| **C - Compassion** | Compassion for student behaviors |
| **A - Awareness** | Awareness of student needs |
| **R - Recognition** | Recognition of student signs |
| **E - Empathy** | Empathy for student |

Treat With Care Memo

These supplemental infographic tips sheets can be sent to teachers along with the Treat with Care Memo. They include "**What do I do?**", a step-by-step guide to a trauma-informed response, and "**Dos and Don'ts of a Trauma-Informed Classroom.**"




What do I do? Trauma-Informed Support for Children




Trauma-Informed Compassionate Classroom

# Student Self-Care Plan

This tool, adapted from *Social Work Tech,* was designed for students to develop a balanced self-care plan to promote wellness and reduce vulnerability to exhaustion and hopelessness. Here is the Student Self-Care Plan with an example plan and a blank plan that include:

1. **Mind:** Pleasurable activities that promote a sense of accomplishment
2. **Body:** Basic physical needs such as sleep, exercise, healthy eating, and hydration
3. **Spirit:** Social connection, meditation, prayer or gratitude practice









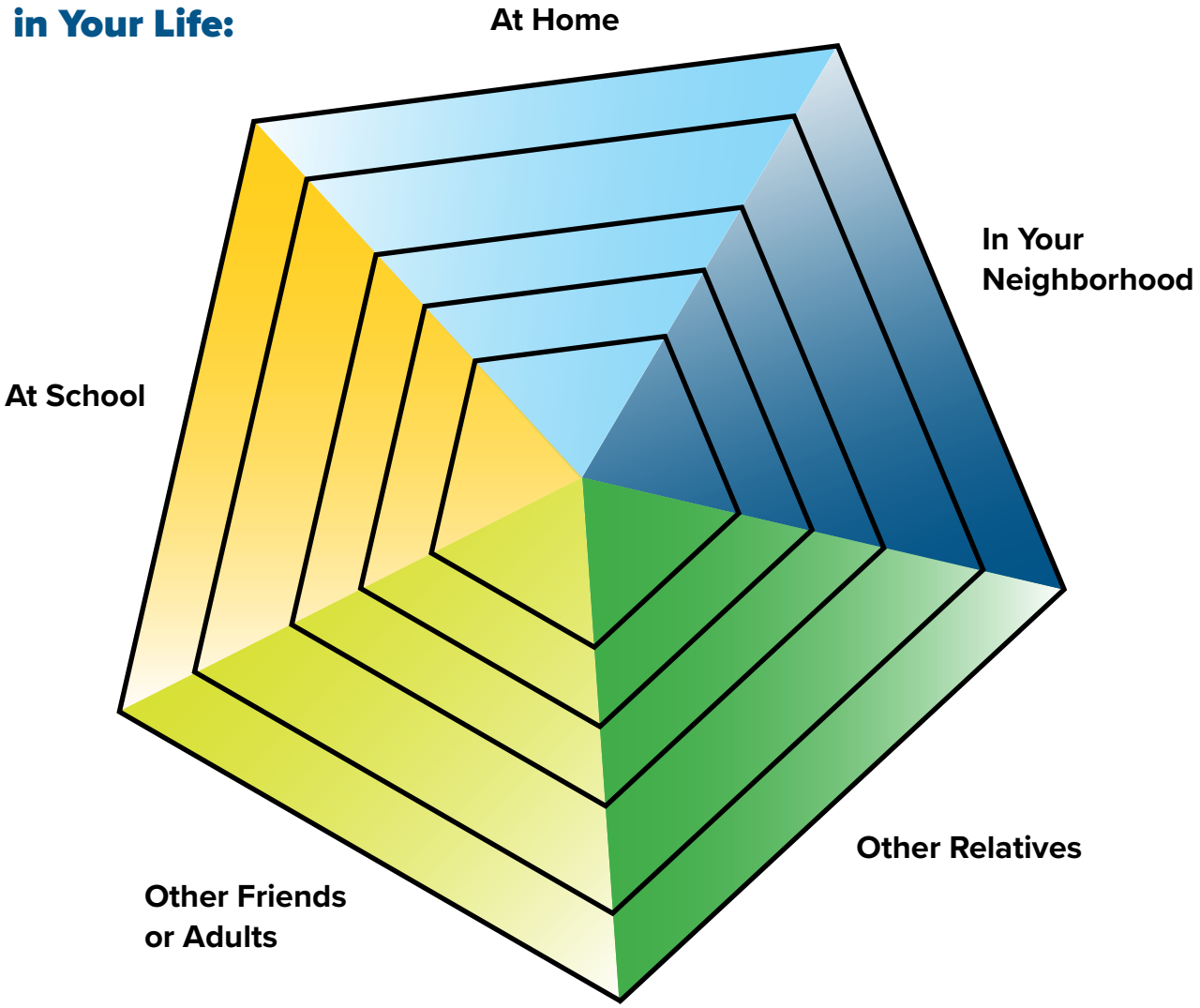

Student Self-Care Plan Spanish version

# Web of Support

Protective factors such as positive relationships at home, school, and in the community are essential to creating webs of support.

Below is a relationship mapping tool adapted from *Fallin 2001* that is intended to be completed with the student to identify caring adults or peers that can be a part of their **Web of Support** and included in their safety and self-care plans.

## Important People in Your Life:



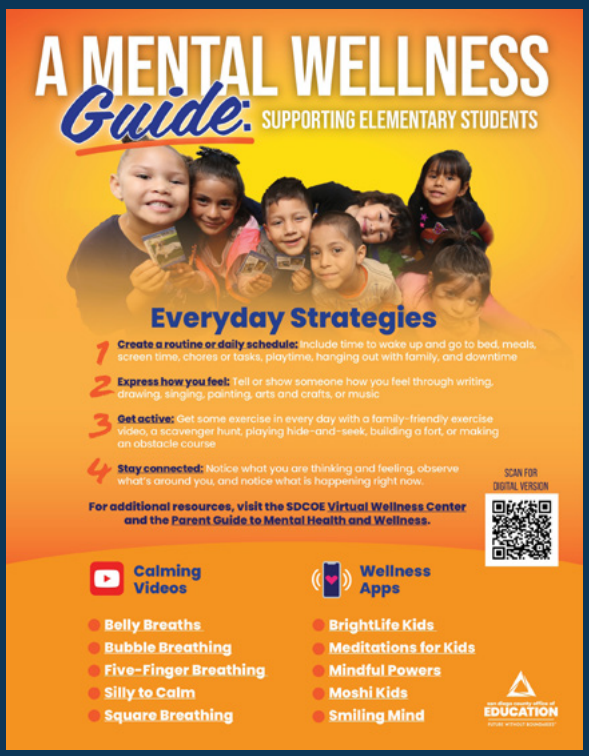

Web of Support
(English & Spanish)

# Student Information and Resources

**A Mental Wellness Guide: Supporting Elementary Students** and the **Teen Guide to Mental Health and Wellness** were created by SDCOE's Student Wellness and School Culture department. They provide information, tools, and resources to support students and their friends and peers. The Elementary Guide includes videos, apps, and strategies for wellness. The Teen Guide is offered in English and Spanish and includes:

- Hotlines and warmlines
- Free apps for teens on wellness and self-care
- Resources to increase mental wellbeing

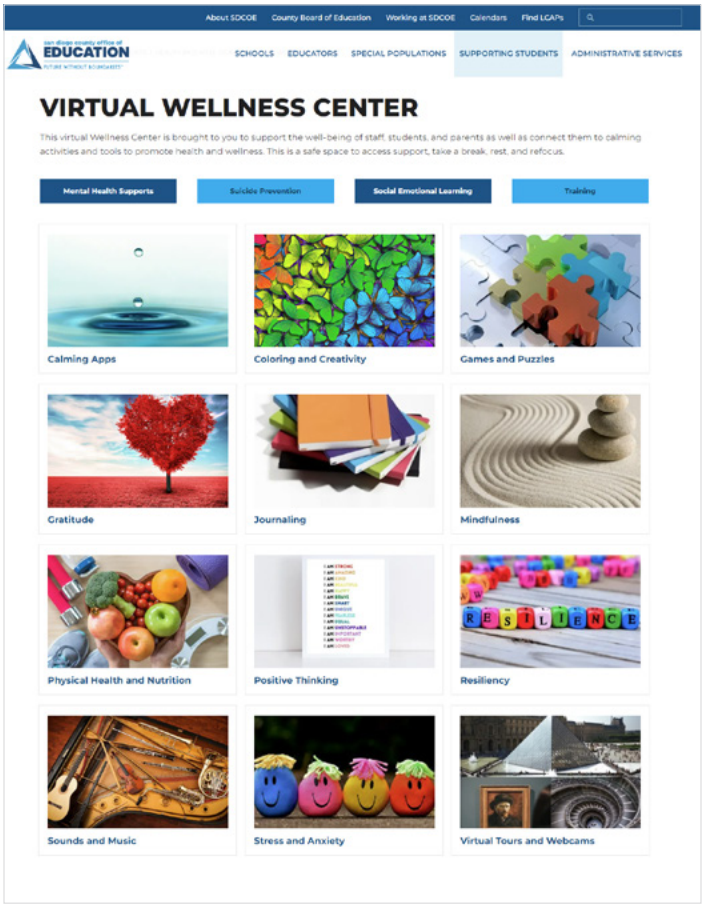



Teen Guide to Mental Health and Wellness (Spanish version)

A Mental Wellness Guide: Supporting Elementary Students (Spanish Version)

# Student Information and Resources




The SDCOE Virtual Wellness Center was created to support the wellbeing of students and adults as well as connect them to calming activities and tools to promote health and wellness. This is a safe space to take a break, rest, and refocus.

## Suicide Prevention Apps

**A Friend Asks**

Includes warning signs and how to help yourself or a friend

**My Coping Plan**

Offers coping strategies and includes reminders to use the plan when feeling upset

**Safety Plan**

Offers a customizable safety plan that highlights reasons for living

**Suicide Safety Plan**

Build a customizable safety plan the includes warning signs, coping strategies, and people to reach out to



**For additional resources on suicide prevention, intervention, and postvention, visit the San Diego County Office of Education's Suicide Prevention website.**

SDCOE Suicide Prevention Resources

**For an example of aligning comprehensive suicide intervention practices with the CYBHI Fee Schedule, see SDCOE's Suicide Risk Screening & Continuum of Care Crosswalk for PPS School Counselors and Social Workers.**

***Note:*** *This material is not intended to provide medical advice and is not a substitute for professional advice, diagnosis or treatment.*