Salem Keizer School District

Suicide Risk Assessment System

Addendum Level 1 Protocol - Student Interview

**Concepts to Emphasize:**

|  |  |
| --- | --- |
| **All people have emotional highs and lows** | **Crisis will pass in time** |
| **Problem solving is possible, one issue at a time** | **There is hope for the future** |
| **People care** | **They are not alone** |

**Step 1:**

**DIRECTIONS FOR CASE MANAGERS:**

**This interview ideally is to be conducted by a school counselor as an additional contact to the initial Level 1 Assessment Protocol. However, in the case of a counselor not being readily available, an administrator *should* conduct the interview. Address the following questions through an interview or open-ended inquiry with the student or students of concern (who is/are in a situation regarding suicidal ideation or behavior). Do NOT ask the student to read and complete the questions by themselves.**

**Address the student and describe the perceived concern regarding suicide that has been brought to your attention. Explain our obligation and responsibility to assess and provide support to all situations that may be dangerous for the student, other students, and/or staff.**

**Although the student can provide crucial information regarding intent, if the student is unwilling or denies intent, consider gathering information from other sources.**

**The following is an examination of current circumstances and as these circumstances change, so too does the risk potential. Therefore, review the results of this interview while being mindful of supervision, intervention, and the passage of time. Each question is a prompt for exploration of circumstances that may involve the escalation of suicidal ideation. The Addendum Level 1 Protocol-Student Interview is also the method of determining if there is a need to request a more extensive Level 2 Assessment by community mental health providers (Step 4). If consultation is needed regarding this process, please contact Ishawn Ealy, SRA Lead, at (503) 399-3642 extension 209311.**

**Student’s Name:**  **Student ID:** **Student DOB:**   **School:**   **Date:**

**Administrator/SRA Case Manager’s Name**:

**Person conducting the Interview**: **Position      Email Address:**

* Consult with Administrator. Name:       Date:       Time:
* Notify parent or guardian of imminent concerns. Parent/Guardian contacted.
* Name:       Date:       Time:
* Parent Contact Information:
* Summarize discussion with parent/guardian:

**Reason for Additional Level 1 Contact:**

**Is the risk to the student imminent?** [ ] No [ ]  Yes [ ]  N/A

* Do not leave student unattended at any time.
* **If Risk is imminent or anyone is in immediate danger, call law enforcement (911).**

**Step 2:**

An equity lens has been applied to the safety and support response process. The lens identified concerns regarding underserved and underrepresented populations that lack confidence in support systems and, thus, tend to underreport. Be sure to approach information sources with cultural sensitivity and explore all leads. Provide assurance that safety, inclusion, and connection are the focus. The lens also identified concerns for bias toward underserved populations and minority groups that may lead to overreaction or unnecessary discipline. Focus on facts and behavior unique to the situation. Avoid assumptions and/or personalizing language and behavior.

**INTERVIEW WITH THE STUDENT**: **Ask the following questions through conversation or direct inquiry.**

**\*Note: If the student references cutting or similar self-harm, explore circumstances. While this is a concerning behavior, it may or may not be a risk factor relevant to suicidal ideation.**

1. Students description of the problem (using student’s words)
2. Recently, have there been any concerning changes in how you are thinking or feeling? What has changed or happened since the last time we spoke?
3. In the past few weeks, have you been thinking about killing yourself? [ ]  No [ ]  Yes (If yes) Describe ideation using student’s words.
4. Are you having thoughts of killing yourself right now? [ ]  No [ ]  Yes
5. How often are you having suicidal ideations?
6. Have you been thinking about a plan on how you might die by suicide? (acquiring a weapon, medication, giving away belongings, saying goodbye, etc)?
7. Do you have access to any of these or other lethal means? [ ]  No [ ]  Yes
8. (**If there is no plan, ask**) If you were going to kill yourself, how would you do it?
9. (**\*If the student has a plan**) What about today? Do you or have you had any intention to carry out your plan? [ ]  No [ ]  Yes (If Yes, Why? When? Where?)
10. Have you had a suicide attempt? [ ]  No [ ]  Yes (If yes, what happened…how, when, and where?)
11. Have you ever had thoughts about hurting someone else? [ ]  No [ ]  Yes
	1. If so, are you having any of those thoughts now?
	2. If so, do you have a plan? Can you tell me about that?
	3. If so, do you intend to carry out your plan? [ ]  No [ ]  Yes

**(\*If yes to any of Question #4, consider initiating a Level 1 student threat assessment)**

1. Are you currently using drug and/or alcohol use?[ ]  No [ ]  Yes [ ]  N/A
	1. Have you ever used drugs or alcohol? [ ]  No [ ]  Yes [ ]  N/A
2. Are you willing to work on a plan to keep you safe? [ ] No [ ]  Yes [ ]  N/A
3. Are you willing to talk to a mental health worker about these feelings that you are having? [ ] No [ ]  Yes

1. What makes you happy/ what are your reasons for living?
2. Is there anything else I should know?

**Step 3:**

1. What is the interviewer’s relationship with the student: [ ]  difficult [ ]  neutral [ ]  positive relationship with this student?
2. In your opinion, was the student: [ ]  guarded [ ]  defensive [ ]  communicative in a manner that appeared open and honest?
3. Were any responses based on stereotypes or assumptions rather than actual observation and factual information regarding behavior? [ ]  No [ ]  Yes **Explanation:**
4. Are there any behaviors that could be appropriate within the student’s culture? [ ]  No [ ]  Yes

**Explanation:**

1. Is there a current Student Safety and Support Plan? [ ]  No [ ]  Yes

**If yes**, is the school team making revisions and updates to the plan? [ ]  No [ ]  Yes

**If no**, is the school team currently completing the Student Safety and Support Plan? [ ]  No [ ]  Yes (Consider all options available to inhibit or decrease potential suicide. If Yes, proceed to Student Safety and Support Plan for a partial list of options that are available within the district.)

**Explanation:**

1. *Is the school team currently requesting a Level 2 Suicide Risk Assessment?*

 [ ]  No [ ]  Yes (Level 2 Assessments require parent permission, unless student is 14 or older. If the parent is unavailable to consent and the risk is imminent, school team contacts mental health and/or law enforcement (depending on situation). If parent is unwilling to consent and the risk is imminent, also consider a mandatory report to DHS.)

**Explanation:**

*If yes, see Step 4 for Level 2 Suicide Risk Assessment referral process.*

1. **While awaiting the Level 2 assessment, supervise student at all times.**
2. **Contact your Administrator regarding the need to request a Level 2 assessment.**
3. **To begin process, immediately contact:**

**Marion County - Email Student Interview to Marion County Youth and Family Crisis Services via secure email at** **SCHOOLYFCS@co.marion.or.us** **and contact Youth and Family Crisis Services via phone at: (503) 576-4673**

**Polk County – Email Student Interview to Polk County Mental Health Services via secure email to** **akin.doug@co.polk.or.us** **and contact Polk County Mental Health Services at : (503) 623-9289**

1. **Contact SRA Liaison to inform a Level 2 request has been submitted.**

**Step 4: TO REQUEST A LEVEL 2 ASSESSMENT:**

**INFORMATION NEEDED FOR DISPATCHING A LEVEL 2**

**Step 5: To be completed after Level 2 request is made:**

1. **Date of Level 2 request:       Time:       Agency:       Name of Initial Contact:**
2. **Estimated Time of Arrival:       Name of the Screener:**
3. **Was a Level 2 Suicide Risk Assessment completed? [ ]  Yes [ ]  No**

**If yes, Date:       Time:       Agency:**

**If no, explain the circumstances:**

1. As needed, consult with Ishawn Ealy, SRA Lead at 503-399-3642 extension 203358. Date:       Time:
2. **As needed, consult with another trained professional. Name:       Date:       Time:**