

# School-Appropriate Response and Screening Practices

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8/10/2023




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At the time of this presentation, Tom Coderre served as acting SAMHSA Assistant Secretary. The opinions expressed herein are the views of Erin Briley and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

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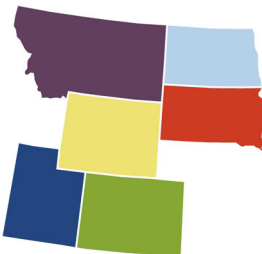
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## The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).



We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).

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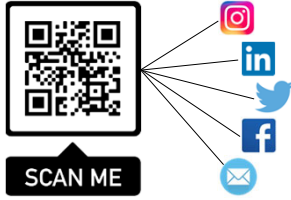
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### Evaluation Information

The MHTTC is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.

At the end of today's training please take a moment to complete a **brief** survey about today's training.



<https://ttc-gpra.org/P?s=333112>

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The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED AND HOPEFUL

INCLUSIVE AND ACCEPTING OF DIVERSE CULTURES, GENDERS, PERSPECTIVES, AND EXPERIENCES

HEALING-CENTERED AND TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS PARTICIPATING IN THEIR OWN JOURNEYS

PERSON-FIRST AND FREE OF LABELS

NON-JUDGMENTAL AND AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR AND UNDERSTANDABLE

CONSISTENT WITH OUR ACTIONS, POLICIES, AND PRODUCTS

Adapted from: [https://mhttc.org/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide\\_2019M\\_01\\_20190805-Web.pdf](https://mhttc.org/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019M_01_20190805-Web.pdf)

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This in-service is not intended to replace advanced training in suicide response and risk assessment. Please refer to resources at the end of this training for programs

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**Data and Demographics**

- ▶ Suicide is the second leading cause of death for youth ages 10-24 in 2019 (19.7%)<sup>6</sup>
- ▶ Rates increased 61.7% between 2009-2018<sup>6</sup>
- ▶ For each suicide death among young people, there may be as many as 100–200 attempts (McIntosh, 2010)<sup>12</sup>
- ▶ Attempts (11% vs 6.6%), ideation, planning higher for females vs males<sup>6</sup>

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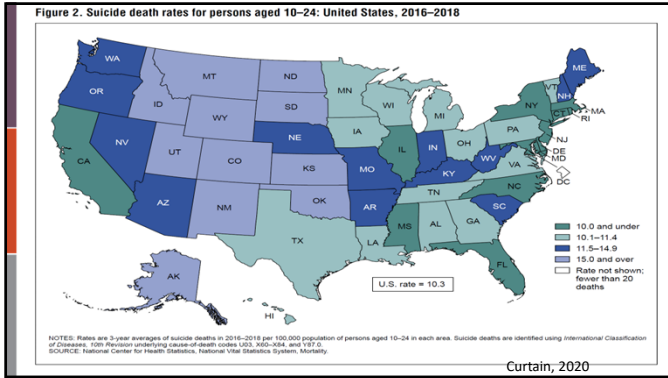
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### When is a Screener Used?

- **Suicide Screening:** A standardized instrument or protocol to identify suicide risk. Can be done universally or selectively.
  - Conducted when:*
    1. Student inform of attempt, thoughts, or plans
    2. Peer or staff learn of an attempt
    3. Staff believes student is at risk
- **Suicide Assessment:** A comprehensive evaluation done by a clinician to confirm risk, estimate immediate danger, and determine the course of treatment

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### Basic Guidelines

**Defer to your school's crisis protocol!**

1. Refer to staff trained to recognize & respond (E.g., School Counselors, School/Clinical Psych., School Social Workers)
2. If unable to locate, alert administration and determine if crisis team needs to be called to assess for imminence. If yes, call crisis and parents
3. In emergencies, alert administration, call 9-1-1, and parents
4. Ensure school staff are aware of referral/response protocol and basic guidelines

<https://counselingcompact.org/>

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## How to Identify Risk<sup>12,14</sup>

1. Identify risk factors; especially those that can be reduced
2. Identify warning signs
3. Identify and mobilize protective factors
  - ▶ Is there anything that could stop them? E.g., younger siblings, pets, religious beliefs, ...
  - \*\* Note: This information is helpful for safety planning later\*\*

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## 1. Identify Risk Factors <sup>12,14</sup>

Individual	Behaviors	Family	Environmental
<ul style="list-style-type: none"> <li>-Previous attempts</li> <li>-Marginalized pops.</li> <li>-Mental Health</li> <li>-Impulsiveness</li> <li>-Poor prob. solving</li> <li>-Poor coping</li> <li>-Low stress tolerance</li> <li>-Social alienation/ isolation</li> <li>-Perception of being a burden</li> <li>-Loss</li> <li>-Hx of abuse, bullied</li> </ul>	<ul style="list-style-type: none"> <li>-Risky behaviors</li> <li>- Substance use</li> <li>-Self-Injurious</li> <li>-Delinquency</li> <li>-Aggression</li> <li>-Risky sexual behavior</li> </ul>	<ul style="list-style-type: none"> <li>-Family suicidal hx</li> <li>-Parental MH</li> <li>-Family stress/ dysfunction</li> <li>-Stressful life events</li> <li>-lack of social/family support</li> <li>-Death</li> <li>-Family financial difficulty</li> <li>-Under/overprotective parenting</li> </ul>	<ul style="list-style-type: none"> <li>-Exposure to suicidal behavior of others</li> <li>-Neg. social/emotional school environment</li> <li>-Expression/acts of hostility</li> <li>-Lack of respect &amp; fair treatment</li> <li>-Lack of safety/security at school</li> <li>-Access to lethal means</li> <li>-Exposure to stigma, discrimination</li> <li>-Limited access to MH care</li> </ul>

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## 2. Identify Warning Signs<sup>12,14</sup>

General <sup>5,6</sup>	Acute <sup>5,6</sup>
<ul style="list-style-type: none"> <li>▶ Reckless or engages in risky activities</li> <li>▶ Increased alcohol/drug use</li> <li>▶ Feeling trapped, like there's no way out</li> <li>▶ Anxiety, agitation, dramatic mood changes</li> <li>▶ Hopeless about the future*; severe or overwhelming emotional pain or distress*</li> <li>▶ Rage, uncontrolled anger, seeking revenge or recent increased agitation or irritability*</li> <li>▶ Unable to sleep or sleeping all the time*</li> <li>▶ Withdrawal/changes in social connections*</li> <li>▶ Anger out of character or context*</li> </ul>	<ul style="list-style-type: none"> <li>▶ Threatening to hurt or kill self or talking about wanting to die (sometimes this is seen as verbal clues)</li> <li>▶ Looking for ways to kill self by seeking access to lethal items</li> <li>▶ Talking or writing about death, dying, or suicide*. Artwork? - Is there a detailed plan for attempt (how, where, when)?</li> </ul>

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**Warning Signs for Youth (<25 yrs) <sup>12</sup>**  
 The risk for Suicide increases if the warning sign is:

- ▶ New and/or
- ▶ Has increased, and
- ▶ Possibly related to an anticipated or actual painful event, loss, or change

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**3. Identify Protective Factors <sup>12,14</sup>**

Individual	Social	School
<ul style="list-style-type: none"> <li>▶ Emotional well-being/intelligence</li> <li>▶ Adaptability, resilience, internal control of environment</li> <li>▶ Strong problem-solving, coping, conflict resolution skills</li> <li>▶ Frequent, vigorous exercise or participation in sports</li> <li>▶ Spiritual faith. Cultural beliefs affirming life</li> <li>▶ Frustration tolerance and emotional regulation</li> </ul>	<ul style="list-style-type: none"> <li>▶ <b>Connections.</b> Close supportive bonds with family, caring adults, peers; positive therapeutic relationships; responsibility to others</li> <li>▶ Parental involvement, pro-social norms, support for school</li> </ul>	<ul style="list-style-type: none"> <li>▶ Positive school experiences- safe and respectful climate</li> <li>▶ Adequate or better academic achievement</li> <li>▶ <b>Connectedness</b> to school. Part of a close school community</li> </ul>

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**4. Conduct Suicide Inquiry: Ideation<sup>12,14</sup>**  
**a) Ideation.** How long have they been thinking about suicide

- ▶ Be direct, caring, non-judgmental, and non-confrontational
- ▶ Be developmentally appropriate
- ▶ Be specific. Avoid vague terminology like “hurt”

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#### 4. Conduct Suicide Inquiry: Ideation<sup>12,14</sup>

- ▶ Prompt Questions to assess ideation:
  - "Sometimes, people in (specify situation) lose hope. I'm wondering if you may have lost hope too?"
  - "With this much stress in your life, have you thought of hurting yourself?"
  - "Have you ever thought about killing yourself?"

Frequency, Duration, Intensity(in last 48 hours, past month, & worst ever)

- "How often do you have thoughts of suicide? How long do they last? How strong are they? **What's the worst they've ever been?**"
- "When did you begin having suicidal thoughts?" **Did anything trigger these thoughts?**"
- "**When was the last time** you had suicidal thoughts? **Have you had thoughts of suicide within the last 48 hours/past month?**"

▶ End inquiry if no evidence of ideation AND you have no suspicion of minimization or untruthfulness

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#### 4. Conduct Suicide Inquiry: Plan, Access, Intent<sup>8,10</sup>

**b) Plan.** Is there a plan? How would they do it if they could? Get specifics.

**c) Access.** Are there means to carry through?

**d) Intent.** Have they made plans to follow through? If imminent (within next 24-48 hours, obtain immediate assistance or emergency response. Send to ER)

- Note: Asking about intent to kill oneself is not correlated with suicidality

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#### What to Explore in a Risk Assessment<sup>12,14</sup>

4. Determine risk level and if crisis team should be contacted.

\* Always err on the side of caution

\* If unsure, seek consult or contact crisis team ASAP!

5. Do not leave alone

6. Document, document, document!

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### Levels of Risk<sup>13</sup>

Risk Level	Risk/Protective Factor	Suicidality	Possible Interventions
High	Psychiatric disorders with severe symptoms or acute precipitating event; protective factors not relevant	Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal.	* <b>Contact crisis team*</b> Take suicide precautions
Moderate	Multiple risk factors, few protective factors	Suicidal ideation with plan, but no intent	Contact crisis team dependent on risk factors. Develop crisis plan. Provide resources.
Low	Modifiable risk factors, strong protective factors	Thoughts of death, no plan, intent, or behavior	Outpatient referral, symptom reduction, Provide resources.

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### Problems with Levels of Risk

- ▶ Suicidality is dynamic.
  - Many factors (personal events, availability of resources, etc.) can influence level of severity at any point in time.
- ▶ Other factors should be explored when determining severity of risk:<sup>7</sup>
  - a) patient's current available and accessible resources;
  - b) foreseeable changes (events and stressors) which can influence risk;
  - c) compare current risk state to their baseline or worst-point state

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### Positive Screen- Next Steps: High Risk

- ▶ **Don't leave alone**, even for a minute. Call for back-up
- ▶ **Remove dangerous objects** from immediate area. **Restrict access to lethal means.**
- ▶ Notify administrator/guardians. Ask guardians to come to school
- ▶ Contact crisis team, designated DH/staff, or 911 if necessary
- ▶ Release only to parent or crisis responder. Provide crisis/emergency and local resources.
- ▶ Arrange for makeup work or work extensions without penalty
- ▶ **Document** assessment results, who contacted, action plan

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### Positive Screen- Next Steps: Moderate Risk

- ▶ **Keep safe and don't leave alone. Remove dangerous objects.**
- ▶ Notify administrator and contact guardians. Contact crisis team if necessary.
- ▶ Release only to parent or crisis responder
- ▶ Provide crisis/emergency and local resources.
- ▶ Create safety plan for home and school
- ▶ If student left school for crisis, implement re-entry procedures and complete school safety plan
- ▶ **Document assessment results, who contacted, plan of action**

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### Positive Screen- Next Steps: Low Risk

- ▶ Contact parent/guardians. Notify administrator/BH team (later)
- ▶ Create safety plan
- ▶ Provide crisis/emergency and local resources
- ▶ **Document assessment results, who contacted, action plan**

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### Parent Notification<sup>12</sup>

- ▶ **Notify as soon as student** identified as at-risk & request to come to school (immediately for high risk). Review **potential lethal means at home** and need to temporarily remove them.
- ▶ **For low/moderate risk (hospitalization not required), provide national/community behavioral health resources. Consider making appointments with parents.**
- ▶ **If student is danger of self-harm and parent refuses to seek services, a report of negligence to child protective services may be mandated**
- ▶ If imminent risk is related to parental abuse, notify protective services
- ▶ **Follow-up in a few days** to see if outside provider has been secured. If not, discuss why and offer help
- ▶ **Document every contact**

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## FERPA<sup>10</sup>

▶ FERPA allows us to disclose student information without consent, to appropriate parties if that information is necessary to protect the health and safety of the student.

▶ If we have a student that is suicidal or expressed suicidal thoughts, then school officials may interpret this as a significant threat to health or safety

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## Screening Tools

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“Research shows that a brief screening tool can identify individuals at risk for suicide more reliably than leaving the identification up to a clinician’s personal judgment or by asking about suicidal thoughts using vague or softened language.”<sup>7</sup>

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## Suicide Screener Tools

- ▶ Columbia-Suicide Severity Rating Scale (C-SSRS)
- ▶ SAFE-T (can access through Suicide Safe phone app)
- ▶ Yes, you can screen remotely!




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## Columbia-Suicide Severity Rating Scale<sup>4</sup>

- ▶ Brief screener (4-6 questions) for ideation severity within last month and behaviors within last 3 months
- ▶ Combine results with clinical judgement to determine risk level and clinical decisions about care
- ▶ Population: Ages 6+; special populations in different settings; young children/cognitively impaired
- ▶ Administration Requirements: Any professional or self-report.
- ▶ Additional: Evidence-supported. Includes follow-up screener.
- ▶ Endorsed by: SAMHSA, NIH, DOD, National Action Alliance for Suicide Prevention, Zero Suicide Initiative.
- ▶ Cost: Free

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## C-SSRS<sup>4</sup>

COLUMBIA-SUICIDE SEVERITY RATING SCALE		Past month	
Screening Questions - Revised		YES	NO
Ask questions that are <b>bolded and underlined</b> .			
Ask Questions 1 and 2			
1) <b>Have you wished you were dead or wished you could go to sleep and not wake up?</b>			
2) <b>Have you actually had any thoughts of killing yourself?</b>			
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.			
3) <b>Have you been thinking about how you might do this?</b> <small>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."</small>			
4) <b>Have you had these thoughts and had some intention of acting on them?</b> <small>As opposed to "I have the thoughts but I definitely will not do anything about them."</small>			
5) <b>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</b>			
6) <b>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</b> <small>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.</small>	YES	NO	
If YES, ask: <b>Was this within the past three months?</b>			

Low Risk  
 Moderate Risk  
 High Risk

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### SAFE-T<sup>13</sup>

► Description: Interview-format to gather information related to suicide risk

► Explores: 1) Ideation within last 48 hours, past month, and worst ever; 2) Plan (timing, location, lethality, availability, preparatory acts); 3) Behaviors (past and aborted attempts, rehearsals versus non-suicidal self-injurious actions); 4) Intent

► Additional: Mobile App available. Endorsed by SAMHSA, SPRC

► Cost: Free




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### Reentry




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### Reentry Considerations<sup>2</sup>

► Reentry meetings prior to return to school

► Purpose:

- Determine steps needed to ensure readiness to return to school
- Determine what's needed for a successful transition
- Plan for the first day/first several weeks back to school
- Create school safety plan; include supervisory & monitoring needs

► Recommended Team: Administrator, school-based BH staff, parent, student (as appropriate), private behavioral health providers (obtain input if can't attend)

► Pre-Reentry: Assign BH staff as school liaison/POC to obtain input from outside providers

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## Reentry Considerations

### ▶ Transitions from hospital settings:

- ❖ Attend treatment planning meetings & hospital discharge conferences, if possible
- ❖ Seek consultation to ensure readiness to return, continuity of services, & information to develop safety planning
- ❖ Provide school assignments that can be accomplished while in treatment
- ❖ Ask student, parents, treatment team what student needs for a successful transition
- ❖ Find out what can/can't be shared with school team

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## Reentry Considerations<sup>2</sup>

### ▶ Academic Supports

- Classwork: makeup work/work extensions without penalty.
- Future work: adjust deadlines/reduce academic expectations<sup>4</sup>
- Other: accommodations/modifications to reduce stress, tutoring to assist with missed instructional time, reduced school day

### ▶ Behavioral Health Supports

- Daily check-ins & check-outs with school BH staff for first few weeks
- Temporary increase of counseling supports (consider min. weekly for 2 months)
- Be aware of student's warning signs
- Use this time to address ongoing concerns (social or academic)
- Temporary check-ins with caregivers at agreed upon intervals
- Determine supports if student is not in school (e.g., phone check-ins)

### ▶ Safety Supports:

- Alternative lunch/recess spaces
- Determine other supervisory & monitoring needs
- Determine plan of support when student is away from school

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## Reentry Considerations<sup>2</sup>

### ▶ Social Supports:

- Buddy system
- Peer helper group
- Recess/Lunch options

### ▶ Behavioral & Attendance

- Determine appropriate limits & consequences
- Daily attendance reports
- Sign in/sign outs for each class & collected daily

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## Informing Teachers and Confidentiality<sup>1,10</sup>

### DO's:

- ✓ inform student is returning after a medically-related absence & accommodations needed<sup>1,2,10</sup>
  - Only share information necessary to preserve safety (e.g., related to their treatment and support needs)
- ✓ share that depression and suicide are areas of concern<sup>10</sup>
- ✓ educate about warning signs so they can refer if needed<sup>12</sup>
- ✓ advise that if there are concerns regarding suicidal behavior, that they should accompany student to the school BH staff for immediate attention<sup>4</sup>

### DON'Ts:

- ✗ share clinical information on details related to suicidal behavior (e.g., details of MH diagnoses or possible contributing factors)<sup>1,2,10</sup>
- ✗ have general classroom discussions. They violate confidentiality<sup>1,2,10</sup>

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## Safety Planning

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### Patient Safety Plan Template

**Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Step 2: Internal coping strategies - things I can do to take my mind off my problems without contacting another person (relaxation techniques, physical activity):**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Step 3: People and social settings that provide distractions:**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Phone \_\_\_\_\_

**Step 4: People whom I can ask for help:**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Phone \_\_\_\_\_

**Step 5: Professionals or agencies I can contact during a crisis:**

1. Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Clinician pager or emergency contact # \_\_\_\_\_
2. Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Clinician pager or emergency contact # \_\_\_\_\_
3. Local Urgent Care services  
Urgent Care services address \_\_\_\_\_  
Urgent Care services phone \_\_\_\_\_
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

**Step 6: Making the environment safe:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

<https://www.sprc.org/resources-patient-safety-plan-template>

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## Safety Planning

▶ What a safety plan is:

- ✓ brief plan developed *collaboratively* with student/family to reduce suicide risk
- ✓ Serves as a reference point and support if thoughts of suicide occur

▶ What safety planning is not:

- × Political or moral discussion
- × Discussion of permanent removal of means

▶ Special notes:

- Create safety plan after crisis, when person isn't experiencing intense suicidal thoughts and when they can think clearly.

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## Safety Plan Components<sup>14</sup>

1. Identify warning signs/cues and triggers of potential crises. What are triggering stressors (events, thoughts, moods, body signals, etc.)? E.g., anniversaries, losses,...
  - Encourage to implement the plan once they're aware of their warning signs
  - Use the student's own words
2. Identify internal coping strategies. What can they use on their own without contacting anyone? E.g., relaxation techniques, exercise, funny movies, painting, journaling
3. Distracting from the crisis. What can be done to distract from their feelings or thoughts? Identify specific people or social settings that provide distractions from suicidal thoughts.

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## Safety Plan Components<sup>14</sup>

4. Identify supports – family, peers, supportive adults, etc. the student can talk with to help resolve a crisis. List contact information!
5. Identify emergency/crisis numbers and local behavioral health resources to contact during a crisis
6. Identify how to keep the environment safe. Reduce access to lethal means. Do they need to give their medication to an adult to hold?
7. List important reasons to live or how/why they're still alive\*\*

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### After Safety Plan Development<sup>14</sup>

1. Assess the likelihood the safety plan will be used and problem solve to identify barriers to using the plan
2. Discuss where the student will keep the plan and how to locate it during a crisis
3. Ensure the format is appropriate to the individual needs of your student
4. Review periodically. Consider this plan as a working document.

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### Safety Plan Apps

1. Suicide Safety Plan App  
- Designed for users at risk to produce customizable safety plans
2. Suicide Safe (SAMHSA) App  
- Designed for BH providers to integrate suicide prevention strategies & assess risk



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### Postvention



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## Postvention Considerations<sup>1</sup>

### *Follow your district's crisis response plan!*

1. Get facts before speaking to students to avoid sharing false information. Do not label death a suicide until officially classified. Honor parents wishes if they refuse to permit disclosure. Follow school policy.
2. Share information. It's important staff notification (preferably in-person) occurs before students (in small groups, like homeroom). Standardized response.
3. Mobilize School/District Crisis Response Team (CRT) and assess the situation. Triage for Contagion
  - Identify who's more likely to be affected (emotional vs physical proximity)
  - Identify those showing behavioral changes
  - CRT should review for suicide warning signs & refer those with increased risk

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## Postvention Considerations<sup>1</sup>

4. Initiate Support Services
  - Provide additional school supports to identified (individual/group counseling)
  - Continually assess to see who requires long-term supports (outside supports)
  - Provide community resources (CRT)
5. Monitor Social Media

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## Memorials<sup>3</sup>

- Refer to your school policy on memorials or create one
- Treat all deaths the same way. Avoid permanent memorials for all.
- Avoid acts of highlighting or glamorizing the death such as schoolwide assemblies, which may increase contagion
- Leave spontaneous memorials in place until after the funeral
- Choose temporary, nonrenewable, or "living" (e.g., monetary donation to charity or research, purchase of a suicide prevention program for students) memorials

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## Cultural Sensitivity<sup>1</sup>

- Culture may impact the way others view & respond to suicide and/or death
- Be sensitive to the beliefs and customs of other cultures
- Be sensitive to how others may need to respond to death before those outside of their family or community can provide supports
- Engage with respected member of student's culture to be your liaison
- Have interpreters/translators for language differences

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## Resources



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## 24/7 National Crisis Support Lines

1. Crisis Text Line  
Text HOME to 741-741
2. Trevor Lifeline (For LGBTQ Youth)  
1-866-488-7386
3. Trans Lifeline  
1-877-565-8860 or translifeline.org
4. Nationwide Mental Health Crisis and Suicide Prevention Number  
9-8-8
5. **Crisis Text Line:** Text HOME to 741741
6. **Montana MHA Warmline:** 877-688-3377

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### General Resources

1. National Center for the Prevention of Youth Suicide – [preventyouthsuicide.org](http://preventyouthsuicide.org)
2. National Institute of Mental Health – [www.nimh.nih.gov](http://www.nimh.nih.gov)
3. Rural Health Information (RHI) Hub - <https://www.ruralhealthinfo.org/toolkits/suicide>
4. Substance Abuse and Mental Health Services Administration- [www.samhsa.gov](http://www.samhsa.gov)
5. Suicide Prevention Resource Center – <http://www.sprc.org>
6. Zero Suicide – [zerosuicide.edc.org](http://zerosuicide.edc.org)
7. Center for Practice Innovations at Columbia Psychiatry New York State Psychiatric Institute. <https://www.practiceinnovations.org/initiatives/suicide-prevention/overview>

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### Foundational In-Service Trainings

1. Kognito At-Risk for High School Educators – 1-hour, online, interactive gatekeeper training program that teaches how to identify signs of psychological distress; approach students to discuss concerns; and make referrals to school support services. <https://highschool.kognito.com>
2. Mental Health First Aid - 8-hour course that builds mental health literacy, and helps to identify, understand, and respond to signs of mental illness. <https://www.mentalhealthfirstaid.org>
3. SafeTALK Curriculum– a 4-hour workshop that teaches how to prevent suicide by recognizing signs, engaging someone, and connecting them to an intervention resource for further support <https://www.livingworks.net>
4. Question, Persuade, Refer (QPR)- evidence-based gatekeeper training program that teaches individuals the warning signs of a suicide crisis and how to respond. <https://qprinstitute.com/>

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### Advanced Training in Risk Assessment

1. Applied Suicide Intervention Skills Training (ASIST)  
A workshop designed for caregivers of individuals at risk of suicide. <http://www.livingworks.net/programs/asist>
2. Assessing and Managing Suicide Risk (AMSR)  
A one-day workshop focusing on core competencies to assessing and managing suicide risk. <http://www.sprc.org/training-events/amsr> or [amsr@edc.org](mailto:amsr@edc.org).
3. Recognizing and Managing Suicide Risk (RRSR)
4. QPRT Suicide Risk Assessment and Risk Management Training Program
5. Zero Suicide  
<http://zerosuicide.sprc.org/resources/suicide-care-training-options>

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## Creating a District/School Mental Health Emergency Response Plan

1. American Foundation for Suicide Prevention, American School Counselor Association, National Association of School Psychologists & The Trevor Project (2019). Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources (2nd ed.). New York: American Foundation for Suicide Prevention-  
[https://www.thetrevorproject.org/wp-content/uploads/2019/09/Model\\_School\\_Policy\\_Booklet.pdf](https://www.thetrevorproject.org/wp-content/uploads/2019/09/Model_School_Policy_Booklet.pdf)
2. American Foundation for Suicide Prevention, & Suicide Prevention Resource Center. (2018). *After a suicide: A toolkit for schools* (2nd ed.). Waltham, MA: Education Development Center. Retrieved from <https://afsp.org/after-a-suicide-a-toolkit-for-schools>
3. Cowan, K. C., Vaillancourt, K., Rossen, E., & Pollitt, K. (2013). A framework for safe and successful schools [Brief]. Bethesda, MD: National Association of School Psychologists. - <http://www.nasponline.org/SCHOOLSAFETYFRAMEWORK>
4. Substance Abuse and Mental Health Services Administration (2012). *Preventing Suicide: A Toolkit for High Schools*. - <https://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/5M12-4669>

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## Safety Plans

1. Suicide Prevention Resource Center. Safety Planning Guide: A quick guide for clinicians. <http://www.sprc.org/resources-programs/safety-planning-guide-quick-guide-clinicians>
2. Suicide Prevention Resource Center. Patient safety plan template. <http://www.sprc.org/resources-programs/patient-safety-plan-template>
3. Safety Plan App (Android & Apple)
4. Virtual Hope Box App (Android & Apple)

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## Supports During COVID-19

- MHTTC. Mental Health Resources for K-12 Educators during COVID-19-  
<https://mhttcnetwork.org/centers/mountain-plains-mhttc/product/mental-health-resources-k-12-educators-during-covid-19>
- MHTTC. Mental Health Resources for Parents and Caregivers during COVID-19 - <https://mhttcnetwork.org/centers/mountain-plains-mhttc/product/mental-health-resources-parents-and-caregivers-during-covid-19>
- National Association of School Psychologists. COVID-19 Family and Educator Resources. <https://www.nasponline.org/resources-and-publications/resources-and-podcasts/covid-19-resource-center/family-and-educator-resources>

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2. American Foundation for Suicide Prevention, American School Counselor Association, National Association of School Psychologists & The Trevor Project (2019). Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources (2nd ed.). New York: American Foundation for Suicide Prevention. Retrieved from [https://www.thetrevorproject.org/wp-content/uploads/2019/09/Model\\_School\\_Policy\\_Booklet.pdf](https://www.thetrevorproject.org/wp-content/uploads/2019/09/Model_School_Policy_Booklet.pdf)
3. Center for Practice Innovations of Columbia Psychiatry. New York State Psychiatric Institute (n.d.). *Telehealth Tips: Managing Suicidal Clients During the COVID-19 Pandemic*. <http://zerosuicide.edc.org/resources/telehealth-tips-managing-suicidal-clients-during-covid-19-pandemic>
4. The Columbia Lighthouse Project (2016). Columbia-Suicide Severity Scale (C-SSRS). <http://cssrs.columbia.edu>
5. Curtain, S.C. (2020). *State Suicide Rates Among Adolescents and Young Adults Aged 10-24: United States, 2000-2018*. National Vital Statistics Reports, 69 (11). Hyattsville, MD: National Center for Health Statistics.
6. Ivey-Stephenson, A.Z., Demissie, Z., Crosby, A.E., et al. (2020). *Suicidal Ideation and Behaviors Among High School Students – Youth Risk Behavior Survey, United States, 2019*. Morbidity and Mortality Weekly Report, Suppl. 2020 Aug 21; 69 (1): 47-55. DOI: 10.15585/mmwr.su6901a6. PMID: 32817610; PMCID: PMC7440198.
7. The Joint Commission (2016). Detecting and treating suicide ideation in all settings. Sentinel Event Alert, (56). Retrieved from [http://www.jointcommission.org/assets/1/18/SEA\\_56\\_Suicide.pdf](http://www.jointcommission.org/assets/1/18/SEA_56_Suicide.pdf)

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9. National Center for Injury Prevention and Control (U.S.). Division of Violence Prevention (2015). *Suicide: Facts at a glance, 2015*. <https://stacks.cdc.gov/view/cdc/34181>
10. Poland, S., & Ivey, C. (2021). Florida School Toolkit for K-12 Educators to Prevent Suicide. NSU College of Psychology: Fort Lauderdale, FL. Retrieved from <https://www.nova.edu/publications/florida-toolkit/2021/florida-school-toolkit-educators-to-prevent-suicide/2/>
11. Sheffall, A.H., Asti, L., Horowitz, L.M., Felts, A., Fontanella, C.A., Campo, J.V., & Bridge, J.A. (2016). *Suicide in Elementary School-Aged Children and Adolescents*. Pediatrics, Volume 138, Issue 4, DOI: <https://doi.org/10.1542/peds.2016-0436>
12. Substance Abuse and Mental Health Services Administration (2012). *Preventing Suicide: A Toolkit for High Schools*. <https://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669>
13. Substance Abuse and Mental Health Services Administration (2009). SAFE-T: Suicide Assessment Five-Step Evaluation and Triage for Clinicians. [https://store.samhsa.gov/product/SAFE-T-Pocket-Card-Suicide-Assessment-Five-Step-Evaluation-and-Triage-for-Clinicians/sma09-4432?referer=from\\_search\\_result](https://store.samhsa.gov/product/SAFE-T-Pocket-Card-Suicide-Assessment-Five-Step-Evaluation-and-Triage-for-Clinicians/sma09-4432?referer=from_search_result)
14. Western Interstate Commission for Higher Education Mental Health Program (WICHE MHP) & Suicide Prevention Resource Center (SPRC). (2017). *Suicide prevention toolkit for primary care practices. A guide for primary care providers and medical practice managers (Rev. ed.)*. Boulder, Colorado: WICHE MHP & SPRC. <http://www.sprc.org/resources-programs/suicide-prevention-toolkit-rural-primary-care>

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## Evaluation Information

The MHTTC is funded through SAMHSA to provide this training. As part of receiving this funding we are required to submit data related to the quality of this event.

At the end of today's training please take a moment to complete a **brief** survey about today's training.



Trainer: Erin Briley  
[Ebriley@wiche.edu](mailto:Ebriley@wiche.edu)

<https://ttc-gpra.org/P?s=333112>

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