

INITIAL THREAT SCREENING FORM – SELF HARM/SUICIDE

(For use by qualified staff members **only**: school counselors, administrators, school psychologists, mental health clinicians, etc.)

Student: _____
Date of Birth: _____ **Grade:** _____
School: _____

Date: _____
Completed by: _____
Position/Title: _____

NOTE: This screening tool includes risk factors that have been shown through research and clinical experience to be related to teen depression and suicidality. However, **it is not a reliable and valid psychological test.** Rather, it is a first step in evaluation the potential for suicidality. This screening form is **not** a substitute for a comprehensive threat assessment; **it is designed to determine if a full assessment should be conducted.** It is important to remember that no single variable is a predictor for or against future suicidality.

Who reported the concern? Student Peer Staff Parent Other: _____

Witness(es) & information sources: _____

What are the primary concern(s) and reason(s) for the concern(s)? _____

Does the student have any current mental health diagnoses?: _____

Is the student taking any medications? No Yes - Type: _____

If yes, when were the current medications started? _____

REVIEW OF CRITICAL RISK FACTORS FOR DEPRESSION:

1. Has the student been experiencing any of these symptoms throughout the last 2 weeks? (check all that apply):

- | | |
|---|---|
| Sleep disturbance | Appetite disturbance |
| Interest loss (in things previously enjoyed) | Concentration problems (abnormal) |
| Guilt | Suicidal thoughts w/o a plan to carry out |
| Energy loss | Self-injurious behavior |
| Psycho-motor changes (restlessness or sluggishness) | Alcohol and/or drug use |

IF THE STUDENT IS EXPERIENCING ANY OF THESE SYMPTOMS, THEY MAY BE EXPERIENCING DEPRESSION: HAVE THEY BEEN EXPERIENCING THESE SYMPTOMS FOR LONGER THAN 2 WEEKS?

No - Wait and watch the student for signs of deterioration.

Yes - Monitoring of the student and/or a referral for counseling services may be necessary at this time.

~~CONTINUE WITH SCREENER TO DETERMINE SUICIDE RISK LEVEL~~

REVIEW OF CRITICAL RISK FACTORS FOR SUICIDE:

1. Has the student's behavior noticeably changed recently?: No Yes - Explain: _____

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2. Does the student report experiencing any emotional distress lately?: No Yes - Explain: _____

3. Does the student currently have a supportive social group (NOTE: THE STUDENT'S LEVEL OF POPULARITY DOES NOT MATTER HERE; HOW DO THEY FEEL ABOUT THEIR FRIENDSHIPS)? No Yes - Explain: _____

4. Does the student display irrational thought patterns?: No Yes - Explain: _____

*5. Does the student currently report feelings of despair, like hopelessness and/or helplessness about their situation?: No Yes - Explain: _____

QUESTIONS 1-5 INDICATE THE STUDENT IS AT-RISK FOR SUICIDE: IF "YES" BOXES ARE MARKED & THE STUDENT IS NOT RECEIVING COUNSELING SUPPORT SERVICES, THEY SHOULD BE SERIOUSLY CONSIDERED FOR A COUNSELING REFERRAL.

-CONTINUE WITH SCREENER TO DETERMINE SUICIDE RISK LEVEL AND IF CRISIS LINE RESPONSE IS NEEDED-

****6. Has the student made a prior attempt to commit suicide?: No Yes - When?: _____**

(THIS IS THE SINGLE-MOST RELIABLE INDICATOR THAT STUDENTS WILL RE-ATTEMPT SUICIDE)

- IF YES, do they display any depression risk factors (page 1) or do they have any "yes" responses to questions 1-5? No Yes - Referral for counseling is necessary if they do not have services

- CONTINUE SCREENER TO DETERMINE IF IMMEDIATE CRISIS LINE RESPONSE IS NEEDED -

****7. Is the student currently experiencing suicidal ideation? No Denies Yes**

- If yes (or denies), does the student have intent and/or a plan to act upon their suicidal ideation?

No - Continue with screener

Yes - Call Crisis Line and find out if the student has immediate access to the needed materials (e.g. razor blade, rope, gun, knife, pills, etc.); explain items and current locations:

****8. Does the student refuse to make a safety plan at this time?:**

N/A - There is no safety concern at this time

Yes - Call Crisis Line if you and/or the student doubt their ability to stay safe if left alone

No - Make safety plan with student if you did not need to call Crisis Line already (#7)

ACTIONS TAKEN:

Parent/Guardian notified - Date/Time:

Student met with regular counselor/therapist

Counseling referral made to:

Other - Explain:

Set up regular check-ins with student every

(frequency) with

(staff member)

Crisis Line was called - Responded to school? Yes No - Explain:

GLENN COUNTY CRISIS LINE #: 1-800-507-3530

**** IF STUDENT IS IN CRISIS/HAS ANSWERED "YES" TO ANY OF THE LAST 2 QUESTIONS, DO NOT LET THEM OUT OF YOUR SIGHT UNTIL CRISIS RESPONSE STAFF HAS ARRIVED AND/OR A SAFETY PLAN HAS BEEN MADE AND YOU ARE CERTAIN OF THEIR IMMEDIATE SAFETY WHILE UNSUPERVISED - IF STUDENT FLEES, CALL 911 IMMEDIATELY****