



Suicide Prevention, Intervention, Postvention  
**STEP BY STEP**

---

## **Section 3:**

# **Putting It All Together**

**An Example of Suicide Prevention,  
Intervention, and Postvention in  
Willamette Education Service District**



## Section 3: Putting It All Together

**Congratulations!** You've reviewed, identified, and prioritized the seven suicide prevention areas in your school. Or you have taken the time to review the Continuous Improvement Checklist and have ideas for moving forward to update and enhance your existing suicide prevention, intervention, and postvention initiatives. With your action items in hand, it's time to pull it all together.

**Let's list your priority areas here:**

---

---

---

---

---

---

In the following pages, you will find an example of how we **pull it all together** with A Guide to Youth Suicide Prevention, Intervention, and Postvention Procedures provided by Willamette Education Service District.

In this example,

- ▶ The Suicide Prevention Protocol provides simple steps for your school-based approach to suicide prevention for staff, students, and parents.
- ▶ The Suicide Intervention Protocol and flowchart is composed of warning signs for suicide, suicide risk screenings, suicidal risk and protective factors, and a safety plan worksheet. For younger students, suicide risk screenings are included for primary and secondary education.
- ▶ The Suicide Postvention Protocol discusses postvention goals, response, and risk identification strategies following a suicide in your school-based community.



**Willamette**  
EDUCATION SERVICE DISTRICT

### School Based Resource

**A Guide To Youth Suicide Prevention, Intervention,  
And Postvention Procedures**

**Utilized in the:  
Willamette Education Service District**

## Table of Contents

Purpose of Protocols  
and Procedures ..... 56

Quick Notes..... 56

Confidentiality ..... 57

Suicide Prevention Protocol ... 58

Suicide Risk and  
Protective Factors ..... 59

Suicide Intervention  
Protocol ..... 60

Suicide Intervention  
Flowchart ..... 61

Suicide Risk Assessment –  
Level 1 ..... 62

Safety Plan ..... 64

Suicide Postvention Protocol .. 72

Suicide Rapid Response ..... 75

## Purpose of Protocols and Procedures

Government leaders promote the adoption of suicide prevention protocols by local school districts to increase the safety of at-risk youth and the entire school community and to protect school personnel. This document is intended to help school staff understand their role and to provide accessible tools.

This document recognizes and builds on the skills and resources inherent in school systems. Schools are exceptionally resilient and resourceful organizations whose staff members may be called upon to deal with crises on any given day. Schools can be a source of support and stability for students and community members when a crisis occurs in their community. School Boards and school personnel may choose to implement additional supportive measures to fit the specific needs of an individual school community. The purpose of these guidelines is to assist school administrators in their planning.

## Quick Notes: What Schools Need To Know

- ▶ School staff are frequently considered the first line of contact with potentially suicidal students.
- ▶ Most school personnel are neither qualified nor expected to provide the in-depth assessment or counseling necessary for treating a suicidal student. They are responsible for taking reasonable and prudent actions to help at-risk students, such as notifying parents, making appropriate referrals, and securing outside assistance when needed.
- ▶ All school personnel need to know that protocols exist to refer at-risk students to trained professionals so that the burden of responsibility does not rest solely with the individual “on the scene.”
- ▶ **Research has shown talking about suicide, or asking someone if they are feeling suicidal, will not put the idea in their head or cause them to kill themselves.**
- ▶ School personnel, parents/guardians, and students need to be confident that help is available when they raise concerns regarding suicidal behavior. Students often know, but do not tell adults, about suicidal peers. Having supports in place may lessen this reluctance to speak up when students are concerned about a peer.
- ▶ Advanced planning is critical to providing an effective crisis response. Internal and external resources must be in place to address student issues and to normalize the learning environment for everyone.

## Confidentiality

### HIPAA and FERPA

School employees, with the exception of nurses and psychologists, who are bound by HIPAA, are bound by laws of The Family Education Rights and Privacy Act of 1974; commonly known as FERPA.

There are situations when confidentiality must NOT BE MAINTAINED; if at any time, a student has shared information that indicates the student is in imminent risk of harm/danger to self or others, that information MUST BE shared. The details regarding the student can be discussed with those who need to intervene to keep the student safe. This is in compliance with the spirit of FERPA and HIPAA known as “minimum necessary disclosure.”

### Request From Student To Withhold From Parents

The school suicide prevention contact person can say “I know that this is scary to you, and I care, but this is too big for me to handle alone.” If the student still doesn’t want to tell their parents, the staff suicide contact can address the fear by asking, “What is your biggest fear?” This helps reduce anxiety, and the student gains confidence to tell parents. It also increases the likelihood that the student will come to that school staff again if they need additional help.

### Exceptions for Parental Notification: Abuse or Neglect

Parents need to know about a student’s suicidal ideation unless a result of parental abuse or neglect is possible. The counselor or staff suicide contact person is in the best position to make the determination. The school staff will need to let the student know that other people would need to get involved on a need to know basis.

If a student makes a statement such as “My dad/mom would kill me” as a reason to refuse, the school staff can ask questions to determine if parental abuse or neglect is involved. If there is no indication that abuse or neglect is involved, compassionately disclose that the parent needs to be involved.

# Suicide Prevention Protocol

**A large part of suicide prevention is ensuring all members of our community are properly trained in suicide awareness and prevention. The following are the Willamette ESD recommendations for a school-based approach to suicide prevention for staff, students, and parents.**

## Staff:

All staff should receive training (or a refresher) once a year on the policies, procedures, and best practices for intervening with students and/or staff at risk for suicide. RECOMMENDATION: All staff to receive gatekeeper training (i.e. QPR) once a year. Review prevention, intervention, and postvention protocols.

Specific staff members receive specialized training to intervene, assess, and refer students at risk for suicide. This training should be a best practice and specific to suicide, such as the internationally known ASIST: Applied Suicide Intervention Skills Training. RECOMMENDATION: Identify at least two staff members to be ASIST trained and be the “go-to” people within the school. All staff should know who the “go-to” people are within the school and are familiar with the intervention protocol.

Identify two staff members to be ASIST trained:

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

## Students:

Students should receive information about suicide and suicide prevention in health class. The purpose of this curriculum is to teach students how to access help at their school for themselves, their peers, or others in the community.

## Parents:

Provide parents with informational materials to help them identify whether their child or another person is at risk for suicide. Information should include how to access school and community resources to support students or others in their community that may be at risk for suicide.

### REMEMBER

YouthLine can provide FREE classroom lessons on a variety of topics related to mental health and wellness. See page 46 & 50 for more information. YouthLine also provides complimentary materials for mental wellness and suicide prevention. See page 85-86.

# Suicidal Behavior Risk + Protective Factors

## Risk Factors

- Current plan to kill self
- Current suicidal ideation
- Access to means to kill self
- Previous suicide attempts
- Family history of suicide
- Exposure to suicide by others
- Recent discharge from psychiatric hospitalization
- History of mental health challenges
- Current drug/alcohol use
- Sense of hopelessness
- Self-hatred or Self-loathing
- Self-harm or self-injurious behavior
- Current psychological/emotional pain
- Loss (relationship, work, financial)
- Relationship issues (friends/family/school)
- Feeling isolated/alone
- Current/past trauma
- Bullying
- Discrimination and lived experience with oppression
- Generational trauma
- Chronic pain/physical health problems
- Impulsive or aggressive behavior
- Unwilling to seek help

## Protective Factors

- Engaged in effective physical and/or mental healthcare
- Feeling connected to others (family, friends, school, at least one trusted adult)
- Positive problem-solving skills
- Healthy coping skills
- Restricted access to means to kill self
- Stable living environment
- Willing to access support/help
- Positive self esteem
- Resiliency
- High frustration tolerance
- Emotional regulation
- Cultural and/or religious beliefs that discourage suicide
- Successful at school
- Has responsibility for others
- Financial stability
- Future planning
- Acceptance of identity (family, peers, school)

**KEEP IN MIND:** Youth with many protective factors in place can still struggle with thoughts of suicide. Alternatively, youth with multiple risk factors many NOT experience suicidal ideation. It is important to not make assumptions about whether someone is experiencing suicidal ideation; look for invitations young people offer in search of support.

**For more information about how traumatic experiences can impact your students,** refer to the Adverse Childhood Experiences (ACEs) study via The Center for Disease Control and Prevention (CDC). [www.cdc.gov/violenceprevention/aces/about.html](http://www.cdc.gov/violenceprevention/aces/about.html)

# Suicide Intervention Protocol

## Warning Signs for Suicide

Many signs of suicide are similar to the signs of depression. However, keep in mind that depression is a risk factor for suicide, not a cause. Usually these signs last for a period of two weeks or longer, but many youth behave impulsively and may choose suicide as a solution to their problems quickly, especially if they have access to firearms or other lethal means.

## Warning signs that indicate an immediate danger or threat:

- ▶ Someone who has already taken action to kill themselves.
- ▶ Someone threatening to hurt or kill themselves.
- ▶ Someone looking for ways to kill themselves – seeking access to pills, weapons, or other means.
- ▶ Someone talking, joking, or writing about death, dying, or suicide.

If a suicidal attempt, gesture, or ideation occurs or is recognized, report it to the school counselor or school administrator. If there is imminent danger, call 911. A Suicide Risk Screening: Level 1 is performed by a trained school staff member. The screener will do the following:

- ▶ Interview student using Suicide Risk Screening Level 1 screening form (see pg 62).
- ▶ Complete a Student Safety Plan, if needed (see pg 64).
- ▶ Contact parent/guardian to inform and obtain further information.
- ▶ Determine need for a Suicide Risk Screening: Level 2 based on level of concern and noted risk factors.
- ▶ Consult with another trained screener prior to making a decision regarding a Level 2.
- ▶ Inform administrator of screening results.

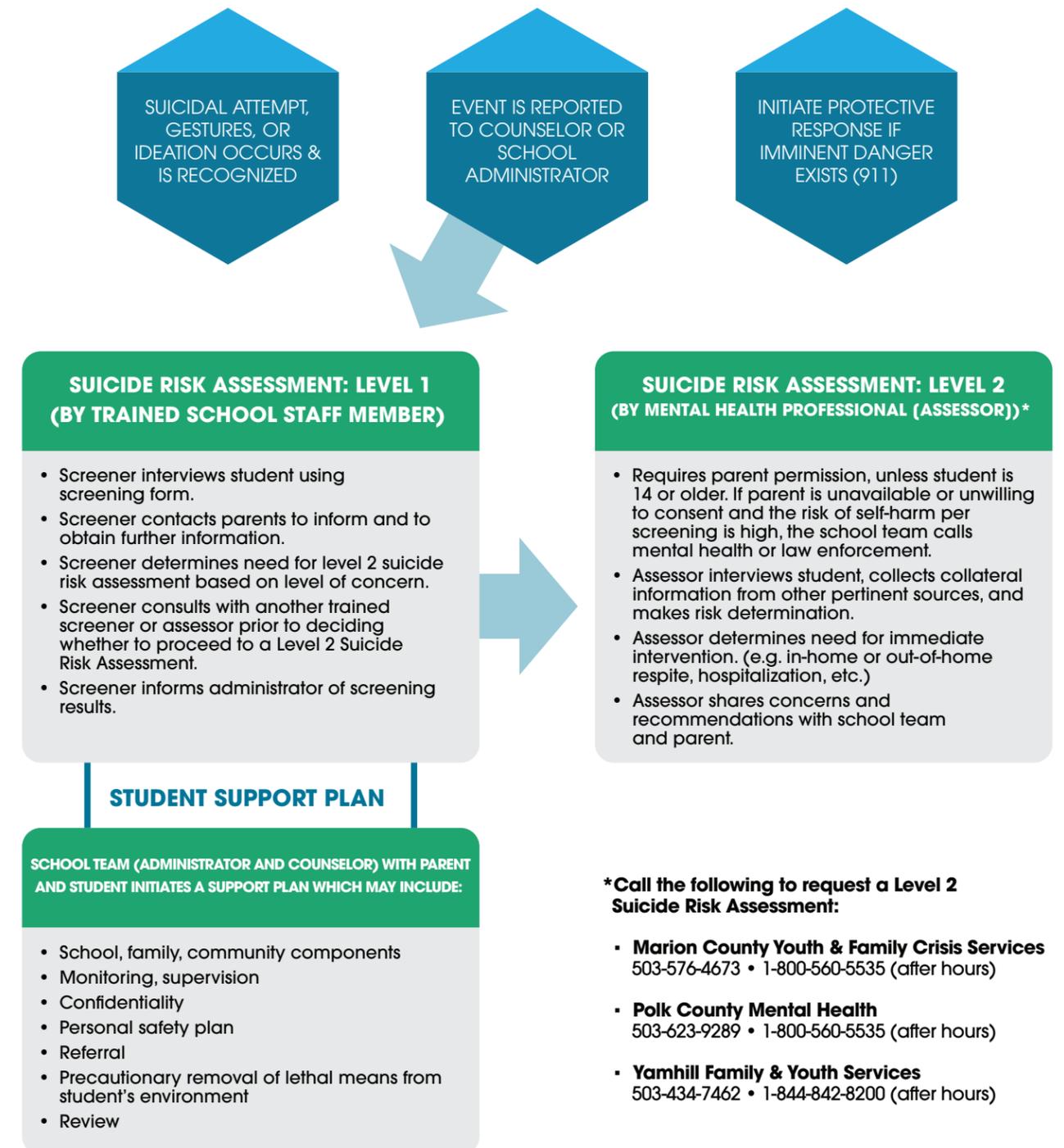
See the following School Based Suicide Intervention Process flowchart for additional information.

## Recommended Resources:

- ▶ **988 LIFELINE**  
Call or Text 988 [www.988lifeline.org](http://www.988lifeline.org)
- ▶ **YOUTHLINE**  
1-877-968-8491 | Text teen2teen to 839863 | [www.theyouthline.org](http://www.theyouthline.org)

**For emergencies or imminent danger to self or others: Call 911.**

# School-Based Suicide Intervention Process for Marion, Polk and Yamhill Counties



Use the following example verbatim or adapt as needed.



## Suicide Risk Assessment - Level 1

Date: \_\_\_\_\_  
Time: \_\_\_\_\_

### 1. IDENTIFYING INFORMATION

Name: \_\_\_\_\_ ID: \_\_\_\_\_ School: \_\_\_\_\_ DOB: \_\_\_\_\_  
Age: \_\_\_\_\_ IEP/504? \_\_\_\_\_ Medicine/Health information: \_\_\_\_\_  
Address: \_\_\_\_\_  
Parent/Guardian #1 name/phone # (s): \_\_\_\_\_  
Parent/Guardian #2 name/phone # (s): \_\_\_\_\_  
Screener's name: \_\_\_\_\_ Position: \_\_\_\_\_  
Contact Info: \_\_\_\_\_

### 2. REFERRAL INFORMATION

Who reported concern:  Self  Peer  Staff  Parent/Guardian  Other  
When was concern disclosed: \_\_\_\_\_ Contact information (if applicable): \_\_\_\_\_  
What information did this person share that raised concern about suicide risk? \_\_\_\_\_

### 3. WARNING SIGNS/RISK FACTORS

- |   |  |
|---|--|
| <input type="radio"/> Expressions of wanting to die, of being gone, or of death in any manner in their: | <input type="radio"/> Recent personal or family loss or change (i.e., suicide, death, divorce) |
| <input type="radio"/> Writing   | <input type="radio"/> Recent changes in appetite, behavior, sleep                              |
| <input type="radio"/> Verbal  | <input type="radio"/> Family problems  |
| <input type="radio"/> Drawing   | <input type="radio"/> Giving away possessions  |
| <input type="radio"/> Social Media  | <input type="radio"/> Current/past trauma (domestic/relational/sexual abuse)                   |
| <input type="radio"/> Withdrawal from others  | <input type="radio"/> Crisis within the last 2 weeks   |
| <input type="radio"/> Preoccupation with death  | <input type="radio"/> Stresses from: gender ID, sexual orientation, ethnicity                  |
| <input type="radio"/> Feelings of hopelessness/self-hate  | <input type="radio"/> Engages in high risk behavior  |
| <input type="radio"/> Substance Abuse   | <input type="radio"/> Exposure and/or access to weapons, violent video games                   |
| <input type="radio"/> Current psychological/emotional pain  | <input type="radio"/> Unmet basic needs  |
| <input type="radio"/> Discipline problems   | <input type="radio"/> Mental Health concerns   |
| <input type="radio"/> Conflict with others (friends/family)   | <input type="radio"/> Self-Injury (see NSSI Assessment & Protocol)                             |
| <input type="radio"/> Experiencing bullying or being a bully  | <input type="radio"/> Other signs: _____   |

### 4. COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS) – Fill out and attach separate screening form

LOW RISK  MEDIUM RISK  HIGH RISK

### 5. PROTECTIVE FACTORS

- |  |   |
|--|---|
| <input type="radio"/> Engaged in effective health and/or MH care | <input type="radio"/> Emotional regulation                                      |
| <input type="radio"/> Positive problem solving skills            | <input type="radio"/> Cultural and/or religious beliefs that discourage suicide |
| <input type="radio"/> Positive coping skills                     | <input type="radio"/> Does well in school                                       |
| <input type="radio"/> Restricted access to means to kill self    | <input type="radio"/> Feels well connected to others (family, school, friends)  |
| <input type="radio"/> Stable living environment                  | <input type="radio"/> Has responsibility for others                             |
| <input type="radio"/> Willing to access support/help             |   |
| <input type="radio"/> Positive self esteem                       |   |
| <input type="radio"/> Resiliency                                 |   |
| <input type="radio"/> High frustration tolerance                 |   |

### 6. PARENT/GUARDIAN CONTACT

Name of parent/guardian contacted: \_\_\_\_\_ Date contacted: \_\_\_\_\_

<input type="radio"/> Left a Voicemail Date: _____ Time: _____	<input type="radio"/> Parent/Guardian Answered Was the parent/guardian aware of the student's suicidal thoughts/plans? Yes <input type="radio"/> No <input type="radio"/> Parent/Guardian's perception of threat _____ _____ _____
<input type="radio"/> Parent/Guardian Called Back Date: _____ Time: _____	Parent Action Plan – <input type="radio"/> Will transport child to a mental health evaluator (i.e. hospital, County Mental Health, private therapist) <input type="radio"/> Mental Health evaluation appointment date: _____  <input type="radio"/> Needs additional support <input type="radio"/> Other: _____
Additional Notes: _____	

### 7. CONSULTED WITH administrator (recommended) and/or another trained professional

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

### 8. POTENTIAL SCHOOL ACTION PLANS

- Determined if Student Coping Plan was needed
  - Limited risk factors; Student Coping Plan not needed
  - Filled out a Student Coping Plan. One copy given to student, original placed in Confidential file and/or CUM file
- Provided student and family with resource materials and phone numbers
- Parent/guardian contacted
- Released back to class after Limited or NO risk factors noted
- Released back to class after parent (and/or Agency) contacted and follow up plan established
- Released to parent/guardian
- Called 911. Contact name/date/time: \_\_\_\_\_
- Parent/guardian took student to hospital
- Parent/guardian scheduled mental health evaluation appointment - Notes: \_\_\_\_\_
- School Counselor/School Psychologist/School Nurse follow up scheduled - Date/Time: \_\_\_\_\_

- Limited risk factors noted. NO FURTHER FOLLOW-UP NEEDED.
- Several risk factors noted but no imminent danger. Completed Student Coping Plan with student. Will follow up with student on  
Date/time: \_\_\_\_\_
- Several risk factors noted and referred for a Suicide Risk Assessment - Level 2 with a crisis worker from the county  
(Contact date/time/name): \_\_\_\_\_

WESD/12.9.19/Suicide Risk Assessment Level 1

Use the following example verbatim or adapt as needed.



Student Name: \_\_\_\_\_  
 Screener Name: \_\_\_\_\_  
 Date: \_\_\_\_\_

### STUDENT COPING PLAN

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date of Plan: \_\_\_\_\_

Warning signs that I am not safe:

- 1.
- 2.
- 3.

Things I can do to keep myself safe (in the case that I was thinking about suicide):

- 1.
- 2.
- 3.

An adult I can talk to at home when I feel it would be better if I were not alive:

An adult I can talk to at school when I feel it would be better if I were not alive:

My plan to reduce or stop use of alcohol/drugs:

- 1.
- 2.
- 3.

Identify reasons for living:

- 1.
- 2.
- 3.

I can call any of the numbers below for 24 Hour Crisis Support.

**988 Lifeline** Call or Text 988, Chat 988lifeline.org  
**YouthLine** Call 1-877-968-8491, Text "teen2teen" to 839863, Chat theyouthline.org

**Marion County Crisis Line:** (503) 576-4673, 1-800-560-5535 (after hours)  
**Polk County Crisis Line:** (503) 623-9289 (weekdays 8am-5pm), 1-800-560-5535 (after hours)  
**Yamhill Crisis Line:** 1-844-842-8200

My follow-up appointment is: \_\_\_\_\_ with \_\_\_\_\_  
 (date) @ (time) (name)

### COLUMBIA-SUICIDE SEVERITY RATING SCALE Screening Version – Since Last Contact – for Schools

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Since Last Contact	
	YES	NO
Ask questions that are bold and <u>underlined</u>		
Ask Questions 1 and 2		
1) <b><u>Have you wished you were dead or wished you could go to sleep and not wake up?</u></b>		
2) <b><u>Have you actually had any thoughts of killing yourself?</u></b>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6		
3) <b><u>Have you been thinking about how you might do this?</u></b> 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) <b><u>Have you had these thoughts and had some intention of acting on them?</u></b> As opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <b><u>Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?</u></b>		
6) <b><u>Have you done anything, started to do anything, or prepared to do anything to end your life?</u></b> 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.		

Possible Response Protocol to C-SSRS Screening

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 Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room

For inquiries and training information contact: Kelly Posner, Ph.D.  
 New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; [posnerk@nyspi.columbia.edu](mailto:posnerk@nyspi.columbia.edu)  
 © 2008 The Research Foundation for Mental Hygiene, Inc.

# Means Restriction

Often multiple strategies are used to address youth suicide. One important component of comprehensive suicide prevention is means reduction, which is understanding how a person might attempt and minimizing access to the “how” to help minimize risk.

Research shows that access to means among youth often comes from a parent or family member in the form of firearms, medication, alcohol, or other drugs.

Consider the following information when assessing students for suicidality.

## Firearms (most common means in lethal attempts):

- ▶ Are firearms in the home?
  - ▶ How quickly can student access firearms?
    - ▶ Ex. From the 2024 Oregon Student Health Survey:
      - ▶ If you wanted to get some, how easy would it be for you to get: A loaded gun without a parent or other adult’s permission?
        - ▶ Very easy
        - ▶ Sort of easy
        - ▶ Sort of hard
        - ▶ Very hard
        - ▶ Don’t know/Not sure/Prefer not to answer
  - ▶ 18.9% of 11th graders in 2024 indicated it would be Very Easy or Sort of Easy to obtain a loaded gun without a parent or other adult’s permission.
- ▶ Recommend parents/guardians/families store firearms outside the home OR securely using a gun lock or safe.
- ▶ Practice motivational interviewing around keeping young person safe and any concerns around restricting firearm access. Keep conversation centered on safety, not framing as taking away firearm(s).

## Medications (most common means for non-fatal attempts):

- ▶ Are medications in the home or available?
  - ▶ Ex. From the 2024 Oregon Student Health Survey:
    - ▶ If you wanted to get some, how easy would it be for you to get: Prescription drugs not prescribed to you?
      - ▶ Very easy
      - ▶ Sort of easy
      - ▶ Sort of hard
      - ▶ Very hard
      - ▶ Don’t know/Not sure/Prefer not to answer

# Means Restriction (continued)

- ▶ 21.8% of 11th graders in 2024 indicated it would be Very Easy or Sort of Easy to obtain prescription drugs not prescribed to them.
- ▶ Have parent/guardian/family lock up medications except rescue meds (inhaler, EpiPen).
- ▶ Recommend disposal of expired/unnecessary meds.
  - ▶ [Drug take back locations \(by ZIP\)](#)

## Firearm safety resources:

- ▶ CALM Online Training: <https://sprc.org/resources/calm-counseling-on-access-to-lethal-means/>
- ▶ Means Matter: <https://means-matter.hsph.harvard.edu/>

## Note:

**THE FOLLOWING FORMS ARE ANOTHER EXAMPLE OF SUICIDE RISK SCREENING DOCUMENTATION PROVIDED BY THE SALEM-KEIZER SCHOOL DISTRICT. KEEP IN MIND THAT THESE FORMS ARE FOR INFORMATION ONLY AND SHOULD ONLY BE FILLED OUT BY A TRAINED PROFESSIONAL. PLEASE REFER BACK TO PAGE 62 FOR AN APPROPRIATE IN-SCHOOL SUICIDE INTERVENTION PROCESS THAT UTILIZES BOTH LEVEL ONE AND LEVEL TWO SCREENING FORMS.**

**Salem Keizer School District  
Suicide Risk Assessment System  
Secondary 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 to initiate the 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 that poses a threat to themselves). Do NOT ask the student to read and complete the questions by themselves.

Address the student and describe the perceived threat of self-harm that has been brought to your attention. Explain our obligation and responsibility to investigate and assess 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 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 203358.

An equity lens has been applied to the threat 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 of the assessment and management of the situation. The lens also identified concerns for bias toward underserved populations and minority groups that may lead to overreaction or unnecessary discipline. Review the assessment and intervention process by focusing on facts and behavior unique to the situation. Avoid assumptions and/or personalizing language and behavior.

Student's Name: \_\_\_\_\_ Student ID: \_\_\_\_\_ Student DOB: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator / Case Manager's Name: \_\_\_\_\_

Person conducting the Interview: \_\_\_\_\_ Position: \_\_\_\_\_ Email Address: \_\_\_\_\_

Reason for Level 1: \_\_\_\_\_

**Step 2:**

**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. Tell me how things are going for you. How is school? Home? Friends? \_\_\_\_\_
2. Are there people or things that are stressing you or harming you (bullying, harassment, family issues, a sense of loss or failure, pregnancy, gang issues, school work, threats to you)?  Yes  No  
\_\_\_\_\_
3. Do you have anyone you trust (education staff, relative, adult within the community) and can you talk with about things in your life?  Yes  No \_\_\_\_\_
4. What are some good things going on in your life? What makes you happy (reasons for living)? Are you involved in sports, clubs, recreational activities, art, music, church, scouts, etc.? \_\_\_\_\_
5. What are your plans for your future? Do you see yourself as an adult?  
\_\_\_\_\_
6. Have you noticed any recent changes such as difficulty sleeping, changes in your appetite, withdrawing from your friends or families or lacking interest in your preferred activities?  Yes  No  
\_\_\_\_\_
7. Have you ever used drugs or alcohol?  Yes  No Are you currently using drug and/or alcohol use?  
 Yes  No \_\_\_\_\_
8. Have you ever had thoughts about wishing you were dead or could go to sleep and not wake up?  Yes  No  
\_\_\_\_\_
  - a. Have you had any actual thoughts of about killing yourself in the past few weeks?  Yes  No \_\_\_\_\_
  - b. Have you ever done anything, started to do anything, or prepared to do anything to end your life?  Yes (If yes, can you tell me about that?)  No \_\_\_\_\_
  - c. If so, was this within the past 3 months?  Yes  No If yes, When? \_\_\_\_\_
  - d. Are you having thoughts of killing yourself right now?  Yes  No \_\_\_\_\_
  - e. Have you been thinking about how you might do this? (acquiring a weapon, medication, giving away belongings, saying goodbye, etc)? Do you have access to any of these or other lethal means?  Yes  No \_\_\_\_\_
  - f. **(\*If the student has a plan)** What about today? Do you or have you had any intention to carry out your plan?  Yes  No \_\_\_\_\_
  - g. If so, when? \_\_\_\_\_
9. Have you ever had thoughts about hurting someone else?  Yes  No  
\_\_\_\_\_
  - a. If so, are you having any of those thoughts now? \_\_\_\_\_
  - b. If so, do you have a plan? Can you tell me about that? \_\_\_\_\_
  - c. **(\*If the student has a plan)** Do you intend to carry out your plan?  Yes  No \_\_\_\_\_

**(\*If yes to any of Question #9, consider initiating a Level 1 student threat assessment)**
10. Are you willing to work on a plan to keep you safe?  Yes  No  N/A
11. Are you willing to talk to a mental health worker about these feelings that you are having?  Yes  No  
\_\_\_\_\_
12. 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. Is the risk to the student imminent?  Yes  No
  - Do not leave student unattended at any time.
  - If Risk is imminent or anyone is in immediate danger, call law enforcement (911).
  - Consult with Administrator. Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
  - Notify parent or guardian of imminent concerns. Parent/Guardian contacted. Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
  - As needed, consult with Ishawn Ealy, SRA Lead at 503-399-3642 extension 203358. Date: \_\_\_\_\_ Time: \_\_\_\_\_
  - As needed, consult with another trained professional. Name: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_
4. Were any responses based on stereotypes or assumptions rather than actual observation and factual information regarding behavior?  Yes  No \_\_\_\_\_
5. Are there concerning behaviors that could be appropriate within the student's culture?  Yes  No  
**Explanation:** \_\_\_\_\_
6. Is the school team currently completing the Student Safety and Support Plan?  Yes  No (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:** \_\_\_\_\_
7. **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.**

**Step 4: TO REQUEST A LEVEL 2 ASSESSMENT:  
INFORMATION NEEDED FOR DISPATCHING A LEVEL 2**

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](mailto: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](mailto:akin.doug@co.polk.or.us) and contact Polk County Mental Health Services at : **(503) 623-9289**

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

**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:** \_\_\_\_\_

# Suicide Postvention Protocol

Schools must be prepared to act and provide postvention support and action in the event of a suicide attempt or death by suicide. Suicide Postvention has been defined as “the provision of crisis intervention, support, and assistance for those affected by a suicide” (American Association of Suicidology). Postvention strategies after a suicide attempt or death by suicide are very important. Schools should be aware that youth and others associated with the event are vulnerable to suicide contagion or, in other words, are at increased risk for suicide. Families and communities can be especially sensitive after a suicide event.

The school’s primary responsibility in these cases is to respond to the suicide attempt or death in a manner which appropriately supports students and the school community impacted. This includes having a system in place to work with the multitude of groups that may eventually be involved, such as students, staff and faculty, parents/guardians, community, media, law enforcement, etc.

## Postvention Goals:

- ▶ Support the grieving process.
- ▶ Prevent suicide contagion.
- ▶ Reestablish healthy school climate.
- ▶ Provide long-term monitoring.
- ▶ Integrate and strengthen protective factors. (i.e., community, positive coping skills, resiliency, etc.)

## How do we reach these goals?

- ▶ Do not glorify or romanticize the suicide. Treat it sensitively when speaking about the event, particularly with the media.
- ▶ Address all deaths in a similar manner. For example, having one approach for a student who dies in a car accident and a different approach for a student who dies by suicide reinforces the stigma surrounding suicide.
- ▶ Research and identify the resources available in your community.

## RESOURCES:

- ▶ School based: \_\_\_\_\_
- ▶ Community: \_\_\_\_\_
- ▶ County Supports: \_\_\_\_\_
- ▶ Grief Support: \_\_\_\_\_
- ▶ Friends and Family: \_\_\_\_\_

[Senate Bill 561 \(2015\)](#) requires that Local Mental Health Authorities (LMHAs) work with community partners to respond to a death by suicide of any community member age 24 or younger. In most counties, the SB 561 coordinator (often called the Postvention Response Lead) works within the county mental health system. Contact information for local Postvention Response Leads can be found [here](#). If you are having difficulty finding out who your local LMHA is, contact Shanda Hochstetler, Suicide Intervention/Prevention Coordinator at the Oregon Health Authority, at [Shanda.Hochstetler@oha.oregon.gov](mailto:Shanda.Hochstetler@oha.oregon.gov).

# Suicide Postvention Protocol (continued)

Generally, postvention response includes, but is not limited to, the following actions:

- ▶ Verify the suicide attempt or death.
- ▶ Estimate level of response resources required.
- ▶ Determine what and how information is to be shared (do NOT release information in a large assembly or over the intercom).
- ▶ Mobilize the Crisis Response Team.  
If your school has a Crisis Response Team, how are they contacted?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- ▶ Inform faculty and staff.
- ▶ Identify at-risk students and staff (see “risk identification strategies” on pg 74).
- ▶ Refresh faculty and staff on prevention protocols and be responsive to signs of risk. Be aware that persons may still be traumatized months after the event.
- ▶ Who is your trained school staff member that initiates this response?:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Key Points To Emphasize To Students, Parents, Media:

- ▶ Prevention (warning signs, risk factors).
- ▶ Survivors are not responsible for the death.
- ▶ Mental illness etiology.
- ▶ Normalize anger.
- ▶ Encourage alternatives.
- ▶ Help is available.

## CAUTIONS:

- ▶ Avoid romanticizing or glorifying event or vilifying victim.
- ▶ Do not provide excessive details or describe the event as courageous or rational.
- ▶ Do not eulogize victim or conduct school-based memorial services.
- ▶ Address loss but avoid school disruption as best as possible.

## SAFE REPORTING:

THE WAY THAT MEDIA OUTLETS, REPORTERS, AND OTHERS CAN SAFELY SHARE NEWS THAT SOMEONE HAS DIED BY SUICIDE. SAFE REPORTING CAN HELP REDUCE THE RISK OF SUICIDE CONTAGION AND/OR CLUSTER IN A COMMUNITY. EXAMPLES OF SAFE REPORTING PRACTICES INCLUDE: NOT SHARING THE MEANS OF DEATH, AVOIDING SENSATIONALIZING THE DEATH, AND INCLUDING RESOURCES FOR COMMUNITY MEMBERS TO GET HELP IF NEEDED.

LEARN MORE:

[HTTPS://AFSP.ORG/ETHICALREPORTING/](https://afsp.org/ethicalreporting/)

# Suicide Postvention Protocol (continued)

## Recommended Resources:

**After A Suicide:  
A Toolkit for Schools**  
[www.afsp.org](http://www.afsp.org)

**Suicide Prevention  
Resource Center**  
[www.sprc.org](http://www.sprc.org)

**American Foundation  
for Suicide Prevention**  
[www.afsp.org](http://www.afsp.org)

**Suicide Rapid Response**  
[SuicideRapidResponse@  
linesforlife.org](mailto:SuicideRapidResponse@linesforlife.org)

To speak with a counselor or  
schedule an appointment:

---

---

---

---

---

---

---

**For Emergencies: 911**  
**Local Emergency Department**

---

---

## Risk Identification Strategies:

- ▶ **IDENTIFY** students/staff that may have witnessed the suicide or its aftermath, have had a personal connection/relationship with the attempt survivor or the deceased, who have previously demonstrated suicidal behavior, have a mental illness, have a history of familial suicide, or who have experienced a recent loss.
- ▶ **MONITOR** student absentees in the days following a suicide attempt or completion. Groups that may be at higher risk include those who have a history of being bullied, who are LGBTQ+, who are isolated from the larger community, and those who have weak levels of social/familial support.
- ▶ **NOTIFY** parents of highly affected students, provide recommendations for community-based mental health services, hold evening meetings for parents, provide information on community-based funeral services/memorials, and collaborate with media, law enforcement, and community agencies.

## THEMES OF RESPONSIBLE POSTVENTION:

- ▶ Grief is normal.
- ▶ Help is available.
- ▶ Youth and young adults are resilient.
- ▶ Healthy coping skills can be learned.
- ▶ Suicide loss survivors are not responsible for the death.
- ▶ Suicide is preventable.

# Suicide Rapid Response Program

## Program Summary

The Suicide Rapid Response Postvention Program is a collaborative effort between the Oregon Health Authority and Lines for Life. The program's purpose is to help communities heal after a loss to suicide and to limit further losses to suicide in the community. The Rapid Response program offers support and services to school-based communities that have been impacted by a loss to suicide of youth ages 24 or younger.

## Reporting

Throughout the Suicide Rapid Response process, reporting is critical. Your local Community Mental Health Program (CMHP) holds the primary responsibility to report deaths by suicide to the Oregon Health Authority. Community-based surveys and evaluations take place after the Rapid Response has completed in order to strengthen future responses. As awareness grows for the Rapid Response Program, this reporting process will become a standard procedure for local health authorities and systems.

## CMHPs

The Suicide Rapid Response will involve coordination and collaboration with the local Community Mental Health Program (CMHP). They have a responsibility to report deaths by suicide to the Oregon Health Authority.

Not sure who your local CMHP is or how to contact them?

Email [SuicideRapidResponse@linesforlife.org](mailto:SuicideRapidResponse@linesforlife.org)

- ▶ Name: \_\_\_\_\_
- ▶ Phone number: \_\_\_\_\_
- ▶ Email: \_\_\_\_\_



## References for Section 3

Original content and design of this guide is a result of a partnership between The Oregon Health Authority and the Deschutes County Children and Families Commission and Health Services. Changes have been made by the Willamette Education Service District with the permission of the Deschutes County Prevention Coordinator.

This guide can be applied to any school district seeking to pro-actively address suicide. For the original document, please call Deschutes County at 541-330-4632. Special thanks to the Marion & Polk County Suicide Intervention Task Force (2008) for it's creation of the Screener's Handbook, in which some content has been applied in this guide. Additional thanks to Salem-Keizer school district for the creation of safety assessment documentation for safety and risk management.

Information for this guide was derived from the following sources:

The Trevor Project. (2019, September). Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources. 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)

Cairn Guidance. (2017, December). Developing Comprehensive Suicide Prevention, Intervention and Postvention Protocols: A Toolkit for Oregon Schools. Retrieved from <https://www.oregon.gov/oha/PH/PREVENTIONWELLNESS/SAFELIVING/SUICIDEPREVENTION/Documents/Oregon-School-Suicide-Protocol-Toolkit.pdf>

American Foundation for Suicide Prevention. (2018). After a Suicide: A Toolkit for Schools. Retrieved from <https://afsp.org/after-a-suicide-a-toolkit-for-schools/>