

Full Suicidal Risk Screening Tool

School Resources to Support Military-Connected Students is a project by the Clearinghouse for Military Family Readiness an applied research center at The Pennsylvania State University and is funded by the Department of Defense Education Activity Grant number HE1254-19-0009.

For more information click on the links below:

<https://schoolresources.militaryfamilies.psu.edu/>

<https://militaryfamilies.psu.edu/>

<https://www.psu.edu/>

<https://dodeagrants.org/>

Our goal is to provide school personnel with free, evidence-based resources to support military-connected students. This training is part of our Suicide Prevention series.

Important Reminders

Before starting this training, please read the items below carefully and check the box in front of each item to indicate your understanding.

- The following content discusses suicide and may be upsetting to some individuals.
- Follow all district, local, state, and federal regulations. This training is **NOT** intended to replace or override existing procedures or laws.

Introduction

What is the purpose of this training?

If an initial evaluation has been completed and it is suspected that the student is experiencing suicidal ideation, a more thorough suicide risk screening should be conducted to determine the student's risk for suicide. This should be conducted immediately by the designated trained professional in the school. The student should be isolated in a safe, secure environment and supervised at all times until the assessment can take place.

Additional trainings are available to help you respond after the screening is conducted.

Click the link below to visit the module directory to identify other trainings that may be helpful.

<https://schoolresources.militaryfamilies.psu.edu/modules/>

Objective

The goal of this training is to increase your confidence in your ability to:

Conduct a suicidal risk screening on a student that is experiencing suicidal ideation.

How confident are you in your ability to do this now?

Please click on the link below to submit your response.

https://pennstate.qualtrics.com/jfe/form/SV_6Gp3iBHLvhcTluR?modulenumber=suicide17

Verify that you have completed each of the tasks below before proceeding with this training.

Answered the survey question in the link.

Clicked the arrow underneath the survey question to submit your response.

Recorded the ID number provided after you submitted your answer to the survey question. You will need it to complete the survey at the end of this training.

Research

What is most important for me to know?

Risk assessments are necessary, and algorithms are helpful in providing guidance, but they are not an exact science. The relevant risk and protective factors are constantly changing for students—underscoring the importance of frequent progress monitoring.



In addition, one factor may be of higher personal importance or weight to a particular student. For instance, the importance of social relationships may be of higher importance to a student in middle school compared to her younger brother in elementary school.

Finally, there can be a difference of perspective and attributed significance between what the person is experiencing and what the observer/screener sees.

Below is the suicide risk screening tool that will be referenced in this series of trainings.

You will be able to download a fillable, auto-scoring PDF version of the suicide risk screening tool later in this training.

	Lower Risk	Moderate Risk	Higher Risk
Plans			
A. Details	<input type="checkbox"/> Vague.	<input type="checkbox"/> Some specifics.	<input type="checkbox"/> Well thought out.
B. How prepared	<input type="checkbox"/> Means not available.	<input type="checkbox"/> Has means close by.	<input type="checkbox"/> Has means in hand.
C. How soon	<input type="checkbox"/> No specific time.	<input type="checkbox"/> Within a few days or hours.	<input type="checkbox"/> Immediately.

D. How (Lethality)	___ Pills, slash wrists.	___ Drugs/alcohol, car wreck.	___ Gun, hanging, jumping.
E. Intervention	___ Others present most of the time.	___ Others available if called upon.	___ No one nearby, isolated.
Negative Emotions			
A. Tolerance	___ Pain is bearable.	___ Pain is almost unbearable.	___ Pain is unbearable.
B. Desperation	___ Wants pain to stop, but not desperate.	___ Becoming desperate for relief.	___ Desperate for relief from pain.
C. Coping	___ Identifies ways to stop pain.	___ Limited ways to cope with pain.	___ Will do anything to stop pain.
Resources			
A. Availability	___ Help readily available.	___ Few family and friends are available.	___ Family and friends are not available.
B. Support	___ Include wide range of options.	___ Supports are perceived to be limited.	___ No supports are perceived to be available.
Prior Suicidal Behavior			
A. Self	___ No prior suicidal behavior.	___ Previous low lethality attempt; history of threats.	___ An attempt of high lethality, or multiple attempts.
B. Significant Others	___ No suicidal behaviors.	___ Have recently attempted suicide.	___ Have recently committed suicide.
Mental/medical Health			
A. M/H diagnosis	___ No mental health diagnosis.	___ Diagnosis present and receiving treatment.	___ Diagnosis present and not receiving treatment.

B. M/H behavior	___ Minimal disruption of activities of daily living; mild emotionality, loneliness, and/or decrease of energy.	___ Moderate disturbance in eating, sleeping, and/or school-work; moodiness, sadness, irritability, loneliness, and/or decrease of energy.	___ Significant disturbances in daily functioning; overwhelmed with hopelessness, sadness, and feelings of helplessness.
C. Medical diagnosis	___ No significant medical problems.	___ Acute, but short-term, or psychosomatic illness.	___ Chronic debilitating or acute catastrophic illness.
D. Social behaviors	___ Stable relationships, personality, and school performance.	___ Recent acting-out behavior and/or substance abuse; in an otherwise stable personality.	___ Chronic difficulties with peers, family, and teachers; and/or substance abuse.

Stress

A. Current Levels	___ No significant stress.	___ Moderate losses or environmental changes.	___ Severe losses or environmental changes.
B. Bullying Victim	___ No prior incidents of being bullied.	___ At least 1 bullying incident in the past year.	___ Multiple (2+) bullying incidents in the past year.
Total Number of Checks (N=18)			

	Lower Risk	Moderate Risk	Higher Risk
Total Number of Checks (N=18)			
Multiplied by:	1	2	3
Weighted Scores			
Total Weighted score			
Divided by:	3		
Final Risk Assessment Score*			
Risk Level*	Lower (6 to 9)	Moderate (10-13)	High (14 - 18)

Scoring for Suicide Risk Screening:

1. Multiply total checks in the “lower” column by one.
2. Multiply total checks in the “moderate” column by two.
3. Multiply total checks in the “higher” column by three.
4. Add these three weighted scores.
5. Divide the total of the weighted scores by three.
6. Final risk assessment:
 - 1) lower = scores of 6 to 9
 - 2) moderate = scores of 10 to 13
 - 3) higher = scores of 14 to 18

***Note: The total score is not norm referenced but is to be used as a guide in consideration with other factors and data gathered.**

Application

How might this look in my professional practice?

Remember that the goal of this training is to increase your confidence in your ability to:

Conduct an initial evaluation of a student who may be experiencing suicidal ideation to determine if a full risk assessment should be conducted.

Below is a vignette that will provide you with practice using the suicidal risk screening tool. Read the vignette and use the suicidal screening tool to evaluate the student and answer the question that follows the vignette. At the conclusion of this lesson you will be provided with a tool to use in your professional practice.

Two middle school students were worried about their friend, Joe, and stated they were afraid he may hurt himself. They said about two weeks ago they saw cut marks on his arms, and that last Thursday he was trying to choke himself with his jacket. Joe came freely to the examiner's office. He admitted to feeling depressed since his girlfriend broke up with him two weeks ago, and that he will be moving back to the states this June. He stated that he tried to kill himself three times in the past week by placing a belt around his neck and pulling it until he could no longer breathe. He explained, "All I feel is just pain. I don't care if I die tomorrow or not." He reported a history of suicidal ideation and attempts that started about a year ago. Joe was diagnosed with depression approximately six months ago. Currently, he is not taking any medication or seeing a counselor. He also shared that he engages in self-harm by cutting his forearms with pencils or scissors. On a scale of 1 to 10, he indicated his emotional pain level stays around 8 and he feels “stressed out” almost all the time. He reported some sleep disturbances and withdrawal from his friends. His friends reported, "We try to help him, but he refuses to talk with us. We are really worried about him."

Screeener Tool

	Lower Risk	Moderate Risk	Higher Risk
Plans			
A. Details	___ Vague.	___ Some specifics.	___ Well thought out.
B. How prepared	___ Means not available.	___ Has means close by.	___ Has means in hand.
C. How soon	___ No specific time.	___ Within a few days or hours.	___ Immediately.
D. How (Lethality)	___ Pills, slash wrists.	___ Drugs/ alcohol, car wreck.	___ Gun, hanging, jumping.

E. Intervention	<input type="checkbox"/> Others present most of the time.	<input type="checkbox"/> Others available if called upon.	<input type="checkbox"/> No one nearby, isolated.
Negative Emotions			
A. Tolerance	<input type="checkbox"/> Pain is bearable.	<input type="checkbox"/> Pain is almost unbearable.	<input type="checkbox"/> Pain is unbearable.
B. Desperation	<input type="checkbox"/> Wants pain to stop, but not desperate.	<input type="checkbox"/> Becoming desperate for relief.	<input type="checkbox"/> Desperate for relief from pain.
C. Coping	<input type="checkbox"/> Identifies ways to stop pain.	<input type="checkbox"/> Limited ways to cope with pain.	<input type="checkbox"/> Will do anything to stop pain.
Resources			
A. Availability	<input type="checkbox"/> Help readily available.	<input type="checkbox"/> Few family and friends are available.	<input type="checkbox"/> Family and friends are not available.
B. Support	<input type="checkbox"/> Include wide range of options.	<input type="checkbox"/> Supports are perceived to be limited.	<input type="checkbox"/> No supports are perceived to be available.
Prior Suicidal Behavior			
A. Self	<input type="checkbox"/> No prior suicidal behavior.	<input type="checkbox"/> Previous low lethality attempt; history of threats.	<input type="checkbox"/> An attempt of high lethality, or multiple attempts.
B. Significant Others	<input type="checkbox"/> No suicidal behaviors.	<input type="checkbox"/> Have recently attempted suicide.	<input type="checkbox"/> Have recently committed suicide.
Mental/medical Health			
A. M/H diagnosis	<input type="checkbox"/> No mental health diagnosis.	<input type="checkbox"/> Diagnosis present and receiving treatment.	<input type="checkbox"/> Diagnosis present and not receiving treatment.
B. M/H behavior	<input type="checkbox"/> Minimal disruption of activities of daily living; mild emotionality, loneliness, and/or decrease of energy.	<input type="checkbox"/> Moderate disturbance in eating, sleeping, and/or school-work; moodiness, sadness, irritability, loneliness, and/or decrease of energy.	<input type="checkbox"/> Significant disturbances in daily functioning; overwhelmed with hopelessness, sadness, and feelings of helplessness.
C. Medical diagnosis	<input type="checkbox"/> No significant medical problems.	<input type="checkbox"/> Acute, but short-term, or psychosomatic illness.	<input type="checkbox"/> Chronic debilitating or acute catastrophic illness.
D. Social behaviors	<input type="checkbox"/> Stable relationships, personality, and school performance.	<input type="checkbox"/> Recent acting-out behavior and/or substance abuse; in an otherwise stable personality.	<input type="checkbox"/> Chronic difficulties with peers, family, and teachers; and/or substance abuse.
Stress			

A. Current Levels	<input type="checkbox"/> No significant stress.	<input type="checkbox"/> Moderate losses or environmental changes.	<input type="checkbox"/> Severe losses or environmental changes.
B. Bullying Victim	<input type="checkbox"/> No prior incidents of being bullied.	<input type="checkbox"/> At least 1 bullying incident in the past year.	<input type="checkbox"/> Multiple (2+) bullying incidents in the past year.
Total Number of Checks (N=18)			

	Lower Risk	Moderate Risk	Higher Risk
Total Number of Checks (N=18)			
Multiplied by:	1	2	3
Weighted Scores			
Total Weighted score			
Divided by:	3		
Final Risk Assessment Score*			
Risk Level*	Lower (6 to 9)	Moderate (10-13)	High (14 - 18)

Based on the vignette, what is Joe's risk level?

- A. Low
- B. Moderate
- C. High

Correct Answer: Moderate

You can compare the screener you completed for Joe with the answers below.

Joe's Screener

	Lower Risk	Moderate Risk	Higher Risk
Plans			
A. Details	<input type="checkbox"/> Vague.	<input checked="" type="checkbox"/> Some specifics.	<input type="checkbox"/> Well thought out.
B. How prepared	<input type="checkbox"/> Means not available.	<input checked="" type="checkbox"/> Has means close by.	<input type="checkbox"/> Has means in hand.
C. How soon	<input type="checkbox"/> No specific time.	<input checked="" type="checkbox"/> Within a few days or hours.	<input type="checkbox"/> Immediately.
D. How (Lethality)	<input type="checkbox"/> Pills, slash wrists.	<input type="checkbox"/> Drugs/alcohol, car wreck.	<input checked="" type="checkbox"/> Gun, hanging, jumping.

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Resources			
A. Availability	<input type="checkbox"/> Help readily available.	<input checked="" type="checkbox"/> Few family and friends are available.	<input type="checkbox"/> Family and friends are not available.
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A. M/H diagnosis	<input type="checkbox"/> No mental health diagnosis.	<input type="checkbox"/> Diagnosis present and receiving treatment.	<input checked="" type="checkbox"/> Diagnosis present and not receiving treatment.
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Stress			

A. Current Levels	<input type="checkbox"/> No significant stress.	<input type="checkbox"/> Moderate losses or environmental changes.	<input checked="" type="checkbox"/> Severe losses or environmental changes.
B. Bullying Victim	<input checked="" type="checkbox"/> No prior incidents of being bullied.	<input type="checkbox"/> At least 1 bullying incident in the past year.	<input type="checkbox"/> Multiple (2+) bullying incidents in the past year.
Total Number of Checks (N=18)	3	8	7

Joe's Score

	Lower Risk	Moderate Risk	Higher Risk
Total Number of Checks (N=18)	3	8	7
Multiplied by:	1	2	3
Weighted Scores	3	16	21
Total Weighted score	40		
Divided by:	3		
Final Risk Assessment Score*	13.33		
Risk Level*	Lower (6 to 9)	Moderate (10-13)	High (14 - 18)

Implementation

How can I effectively implement this content in my professional practice?

Please review the considerations below regarding potential implementation strategies, barriers to implementation, and collaboration strategies related to this content. This will help you coordinate the next steps as you begin to incorporate the information presented in this training into your professional practice.

This information can also be found on a handout that you will be able to download at the end of this training.

Implementation Strategies

- Designated personnel should be trained in the use of a structured interview (such as the one presented).
- Continued practice on a regular basis (minimum annually) among professionals who conduct the assessment.
- Redundancy in every building should be established so that the risk of not having a trained individual who can administer an assessment is minimized.
- Teachers, staff, and other personnel should know who to contact when they are concerned about a student.

Overcoming Barriers to Implementation

- Ongoing reminders via email, announcements in regular meetings, and regular training regarding procedures for managing students at-risk for suicide.
- Securing support from administrators, parents, school board, and other community stakeholders.

Collaboration Strategies

- Regular “casings” or “staffing” meetings among school personnel to discuss concerns about students (no less than once monthly).
- Clearly delineated crisis communication procedures.
- Designation of a person who is the primary care coordinator (point of contact) regarding students who are identified as at-risk.

Resources

Are there any resources available to help me implement this content?

Click on the link below to download a tool that you can use to implement this content in your professional practice.

<https://documentcloud.adobe.com/link/track?uri=urn:aaid:scds:US:de544800-dbbd-431f-8c78-9262f69a38fa>

Feedback

How can I help improve this training?

The objective of this training was to increase your confidence in your ability to:

Conduct a suicidal risk screening on a student that is experiencing suicidal ideation.

Answer the questions in the link below to let us know how well this training increased your confidence in your ability to accomplish this objective. Once you have answered all of the questions, click the blue arrow button underneath to submit your responses.

https://pennstate.qualtrics.com/jfe/form/SV_d771mLr9ZgW3kyx?modulenumber=suicide17

Verify that you have completed each of the tasks below.

- Answered all of the survey questions above. You may have to scroll to see all of the questions.
- Clicked the arrow underneath the last survey question to submit your responses.

Additional Readings

Where can I learn more about this content?

The following resources were used to create this training. If you would like more information about the information presented in this training, we encourage you to start here.

Erbacher, T. A., Singer, J. B., & Poland, S. (2015). School-based practice in action. Suicide in schools: A practitioner's guide to multi-level prevention, assessment, intervention, and postvention. Routledge/Taylor & Francis Group.

Thank You!

Thank you for taking the time to complete this training. If you have any questions or comments, please email us at schoolresources@psu.edu.

Proceed to the next training

Click on the link below to move on to the next training titled *Suicidal Risk Screening Outcomes*. In this training, you will increase your confidence in your ability to respond appropriately to the possible outcomes on the suicide risk screening tool.

https://learning.militaryfamilies.psu.edu/school-resources/modules/suicide_18-suicidal-risk-screening-outcomes_201022/

Return to the module directory

Click on this button to return to the module directory.

<https://schoolresources.militaryfamilies.psu.edu/modules/>