



Lampasas Independent School District

Suicide Crisis Protocol

A suicide risk assessment should be initiated immediately whenever a student talks about harming himself/herself, or if there is a concern that a student has thoughts about hurting himself/herself.

Do not leave the student unattended by an adult.

Do not allow the student to leave the building until this protocol is completed.

The Site Administrator/ Principal must be informed.

This Protocol will guide your evaluation, document your concerns and help you develop a student safety plan.

For further guidance, please contact:

**Dana Holcomb
Assistant Superintendent
512-556-6224**

**Karen E. Turner, M. Ed.
Director of Special Services
512-556-8213**



Lampasas Independent School District Suicide Crisis Protocol

Cover Sheet/Check List

Student Name_____	ID#_____	Grade_____
School_____	Principal_____	
Interviewer Signature/Title_____		
2 nd assessor Signature/Title_____		

Imminent Danger/High Level of Risk

- ___ Supervise student at all times
- ___ Notify campus admin/nursing
- ___ Parent notified of emergent situation
- ___ Parent must come to school or SRO will be contacted (911/CPS to be contacted as necessary)
- ___ Student released to care of parent for immediate medical intervention
- ___ Parent-student conference when student returns to school prior to re-entry.
- ___ Note follow-up documentation that will be needed: student safety plan, parent conference
- ___ Exchange of information with medical provider

Suicide Threat or Ideation/Moderate or Low Level of Risk

- ___ Supervise student at all times
- ___ Identify 2nd support person to assist with risk assessment (admin, school psychologist, nurse)
- ___ Complete risk assessment protocol
- ___ Parent must be contacted that day before student goes home.
- ___ Notify campus administration
- ___ Initiate student safety plan
- ___ Give medical release of information to parent
- ___ Copy risk assessment, student safety plan and give to parent
- ___ Require student to check in with staff person
- ___ ** Follow up as needed



Lampasas ISD Suicide Risk Assessment

SAMPLE Interview Questions

The following questions will guide your assessment. Use the questions and checklist below to assist you in assessing suicide risk and complete the Suicide Risk Assessment Checklist on the following page. Use your professional judgment and clinical skills to conduct an interview with the student.

These are sample questions which may be used.

Describe the incident of concern. What happened? What did the student say or do? What warning signs led to this referral?

Questions for Student Interview:

Beginning the Interview—*What warning signs initiated the referral?*

Someone has noticed _____ about you (e.g., an essay, a drawing, a statement). It concerned me and so I wanted to ask you about it. What were you meaning to say? What did you want to happen?

Assessing Current Feeling and Thinking—*What problems is the student experiencing?*

How are things going for you right now? Have you been feeling down or discouraged? What problems are getting you down right now? Has someone hurt you, or has someone hurt your feelings in some way? Do you feel like things can get better?

Assessing Suicidal Thinking and Behavior—*Is the student suicidal; do they have a plan; past behavior?*

Have you been thinking about hurting yourself or taking your own life? What happened to make you think about hurting or killing yourself? Do you know someone who's committed suicide? Has someone you care about died? Have you tried to hurt or kill yourself before? Have you thought about how to make yourself die? How are you planning to hurt yourself? (Ask about access to a means to inflict self-harm that matches how the student responds—medications, firearms, etc.). Do you have a timeframe for this plan?

Assessing Coping—*How does the student solve problems?*

What would it take to make things better? What would have to happen for things to work out? What have you tried to do to make things better?

Assessing Supports—*What strengths and supports does the student have?*

Can you talk to family and friends about how you're feeling? Who have you told about how you are feeling? Are they helping you? Would you be willing to talk to someone about how you're feeling (e.g., a therapist)?

CONFIDENTIAL

Suicide Screener

Campus: _____

Date: _____

Persons Contacted:

Parent/Guardian - Method of Contact (required)

- Phone
- Face-to-Face

- Campus Administrator Notified: _____

Outcome (check all that apply):

- APOWW *
- Resource List
- Safety Plan
- Parent/Guardian Transporting to Hospital*

- * District Administrator Notified: _____

Counselor/LSSP Completing Screener: _____

Counselor/LSSP Signature: _____ **Campus:** _____

If a translator has been utilized, they are acknowledging and agreeing to confidentiality of the student and the information provided.

Translator Signature: _____

NOTE:

If the answer to #1 on the screener is "yes" a parent/guardian must be contacted.

If the answer to any of the remaining questions, #2-7, is yes, then counselor/LSSP must either:

1. Require parent/guardian to pick student up from school, meet with both parent and student together, and provide parent with resource letter. ** Have parent sign letter, and make a copy for the student records.

2. Involve School Resource Officer to see if an APOWW is warranted. If APOWW is decided to be appropriate, confirm that law enforcement will inform parent as well.

3. Upon returning to school notify parent.guardian that a reentry meeting will be set to set a student safety plan. Document your follow-up.

Suicide Screener
Lampasas Independent School District

Ask Questions 1-3

		YES	NO
1.	Have you wished you were dead or would go to sleep and not wake up?		
2.	Have you actually had thoughts about killing yourself?		
3.	Has anything happened to contribute to these feelings? <ul style="list-style-type: none"> • Lifestyle Changes • Increased Stress • Feelings of Hopelessness • Recent Breakup • Feeling Isolated • Non-Suicidal Self-Harm • Substance / Drug Abuse • Other: _____ 		

If YES to #2 answer 4-8, if NO skip to #7-8.

		YES	NO
4.	Have you been thinking about how you would kill yourself? If yes, explain: _____		
5.	Have you had any intentions on these thoughts?		
6.	Have you started to work out, or have you worked out the details of how to kill yourself?		
	If Yes, Access to means? _____ Timeline: <ul style="list-style-type: none"> • Vague/In the future • Within 24 Hours/Immediate What is the plan: _____		
7.	Have you done anything, started to do anything or are you prepared to do anything to end your life?		
8.	Have these thoughts included anyone else? (Thoughts of harming someone else, or a suicide pact with others) If yes, who: _____ <i>If Yes, complete Harm to Others Assessment and contact Campus Safety Team immediately.</i>		

Additional Required Information

History:

Prior Outcries

- Yes *When and How many* _____
- No

Prior Hospitalization

- Yes *When/Where* _____
- No

Prior Attempts

- Yes *# of Attempts* _____
- No

Timeline of Attempts

- Within last year
- 1-2
- 3+
- N/A

Protective Factors:

- Identifies reasons for living
- Responsibility to family or others
- Supportive social network or family
- Fear of death or dying due to pain or suffering
- Belief that suicide is immoral / high spirituality
- Engaged in work or school
- Other: _____

Name of Parent Contacted: _____

Date/Time of Contact: _____ Phone Number: _____

NOTES:

Threat of Harm to Others

Intensity of Threat

- No threat
- Threat is vague and indirect
- Threat is concrete and specific

Plan Specifics

- No Plan
- Plan has some details, some outcomes left to chance
- Imminent lethality, threat is repeated with consistency

Timeline

- No threat or timeframe, vaguely in the future
- Within 24 hours
- Immediately

Details

- No details or vague
- Some specifics or details
- Well thought out / specific

Narrative:

Campus/ Principal:_____ Time/Date Notified:_____



Assessor Interview Notes



Lampasas ISD Suicide Risk Assessment Checklist

Performance/Degree	RISK PRESENT	MEDIUM RISK	HIGH RISK
1. Suicide Plan a. Details	<input type="checkbox"/> vague	<input type="checkbox"/> some specifics	<input type="checkbox"/> well thought out, knows when, where, how
b. Availability of Means	<input type="checkbox"/> not available, will have to get	<input type="checkbox"/> available, have close by	<input type="checkbox"/> have in hand
c. Time	<input type="checkbox"/> no specific time or in future	<input type="checkbox"/> within a few hours	<input type="checkbox"/> immediately
d. Lethality of Method	<input type="checkbox"/> pills, slash wrists	<input type="checkbox"/> drugs and alcohol, car wreck, carbon monoxide	<input type="checkbox"/> drug, gun, hanging, jumping
e. Chance of 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
2. Previous Suicide Attempts	<input type="checkbox"/> none or one of low lethality	<input type="checkbox"/> multiple of low lethality or one of medium lethality, history of repeated threats	<input type="checkbox"/> one high lethality or multiple of moderate lethality
3. Stress	<input type="checkbox"/> no significant stress	<input type="checkbox"/> moderate reaction to loss and environmental changes	<input type="checkbox"/> severe reaction to loss or environmental changes
4. Symptoms a. Changes in Behavior/Coping	<input type="checkbox"/> daily activities continue as usual	<input type="checkbox"/> some daily activities disrupted; disturbance in eating, sleeping, school work	<input type="checkbox"/> gross disturbances in daily functioning
b. Depression	<input type="checkbox"/> mild, feels slightly down	<input type="checkbox"/> moderate, some moodiness, sadness, irritability, loneliness and decrease of energy	<input type="checkbox"/> overwhelmed with hopelessness, sadness and feels worthless
5. Resources	<input type="checkbox"/> help available; significant others concerned and willing to help	<input type="checkbox"/> family and friends available but unwilling to consistently help	<input type="checkbox"/> family and friends not available or are hostile, exhausted, injurious
6. Communication Aspects	<input type="checkbox"/> very indirect or nonverbal expression of internalized suicidal goal	<input type="checkbox"/> inter-personalized suicidal goal ("They'll be sorry – I'll show them")	<input type="checkbox"/> direct expression of feelings and suicidal intent
7. Life Style	<input type="checkbox"/> stable relationships, personality and school performance	<input type="checkbox"/> recent acting out behavior and substance abuse, acute suicidal behavior in stable personality	<input type="checkbox"/> suicidal behavior is unstable personality, emotional disturbance, repeated difficulty with peers, family and teachers
8. Medical Status	<input type="checkbox"/> no significant problems	<input type="checkbox"/> acute but short term or psychosomatic illness	<input type="checkbox"/> chronic debilitating or acute catastrophic illness
Sub-totals	(A) _____ x 1 = _____	(B) _____ x 2 = _____	(C) _____ x 3 = _____

Total Score: (A + B + C) / 3 = _____

<u>Level</u>	<u>Score</u>
Low	1-6
Medium	7-10
High	11-13

IMPORTANT NOTE: The completion of this assessment worksheet indicates that a concern exists for a possible suicide attempt. Even if the assessment indicates a low risk, there is a risk present.



Analyze all available data and categorize the potential risk to the student. Each assessor should initial the box beside their perceived level of risk. In the event two assessors do not agree, follow the protocol for the highest level of risk.

- ☐ **High Level of Risk**- Parent/Guardian must come in. Call 911 or CPS if needed.
Information suggests high risk potential. The student is in significant distress. There is clear suicidal thinking and warning signs are present. The student's coping skills and social supports are limited or
- ☐ compromised. There may be a situation that is difficult to resolve. The student appears to be in imminent danger of inflicting self-harm or committing suicide. There is a need for immediate parent involvement, intervention and possibly hospitalization.
- ☐ **Moderate Level of Risk**- Parent must be contacted. Student may return to class.
Information suggests medium risk potential. The student is in distress. There is suicidal thinking but the student does not seem intent on harming himself/herself. The problem situation can be resolved and
- ☐ the student appears able to use some coping skills. The student's suicidal thinking is concerning but they are not expressing a clear intent to harm herself/himself. The student is open and responsive to support, or already has sufficient support. There is a need for parent involvement.
- ☐ **Low Level of Risk**- Parent must be contacted. Student may return to class.
The student appears to be at a low risk for harming himself/herself based on information provided at this time. The student is in distress but has positive supports. The student's concerns and needs may be
- ☐ readily addressed. The student does not appear serious about harming himself/herself nor have they thought seriously about a means to do so. Communication with parents and relevant staff is warranted.

Assessor Name/Title

Date/Time

Assessor Name/Title

Date/Time

Copy to parent, original with district.



Lampasas Independent School District

PARENT/GUARDIAN EMERGENCY CONFERENCE NOTICE

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Parent/Guardian Names: _____

I have been informed that my child has been expressing suicidal thoughts. School staff members are concerned and want to support my child. I understand that I have a part in keeping my child safe. I have been advised to take the following steps:
(Please initial in agreement)

_____ **In case of emergency, I should:**
Call 911

_____ **I will provide supervision for my child at all times and safety proof my home.**

_____ **I will not allow my child to be left alone at this time or allow them access to weapons, drugs or medications.**

_____ **I have been advised that I should seek psychological/psychiatric assistance for my child today.**

_____ **I have been provided a list of emergency contacts and telephone numbers. I may obtain the advised psychological/psychiatric assistance through my child's current provider, a mental health agency, a hospital, or private practitioners. I may also seek help from the following:**

Lampasas MHMR
Central County Services
254-554-9900
Crisis Hotline 800-888-4036

AdventHealth Central Texas
254-526-7523
2201 South Clear Creek Road
Killeen, TX 76549

Georgetown Behavioral Hospital
512-819-1154
3101 S. Austin Ave.
Georgetown, TX 78626

National Suicide Hotline
800-273-8255

_____ **I understand that the school district is not responsible for the provision of payment of these services. The school district is alerting me to this critical situation just as they would inform me of any health issue concerning my child which might need immediate treatment.**

_____ **I will share with the school the names of other professionals helping my child.**
Sign a release of information form so that school staff and other professionals may share information to benefit my child.

Parent Signature

School Staff Signature

Date

Date

Copy to parent, original with district



Lampasas Independent School District

Student Safety Plan

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

I have expressed thoughts about hurting myself. School staff members are concerned and want to support me. I understand that I have a part in keeping myself safe, and I am making this agreement to stay safe. I, _____, agree that I will not try to hurt myself or

attempt suicide. If I think about hurting myself, I will help myself in the following ways:

☐

Get help from an adult immediately:

At school I will talk to:

1. _____, or
2. _____, or
3. _____

Outside of school, I will talk to:

1. _____, or
2. _____, or
3. _____

Call 911 or a Crisis Hotline that is open 24 hours per day:

- Central Texas Youth Services, 1-800-421-8336
- MHMR of Lampasas County, 1-800-888-4036
- National Youth Crisis Hotline, 1-800-448-4663
- National Suicide Prevention Lifeline 1-800-273-8255
- Hopeline Network, 1-800-784-2433
- Hotline to Help, 512-472-4357
- Crisis/Suicide Prevention, 1-800-841-1255

☐

If I cannot reach anyone, I will call 911 to get help for myself.

☐

Not take any alcohol or drugs

☐

I could also do this: _____

☐

I need help with: _____

Student Signature / Date

School Staff Signature / Date

Copy to student, parent, original with district



Lampasas Independent School District

Inability to Contact Parents and/or Refusal to Participate in Student Crisis Situation Potential Suicide Risk

Under the Texas Family Code 32.004, a minor can consent to services when suicide is an issue. The law restricts services only when court ordered.

In the event that a parent / legal guardian specifically refuses to participate in or respond to the concerns of school personnel, the school will take the following actions:

- ☐ Document all contact with the legal guardian/parent and/or emergency contacts.
Include times of calls and responses:

- ☐ Require the legal guardian to pick the student up from school immediately (specify within one hour) and to assume responsibility for the student's supervision and care.
- ☐ Maintain contact with campus administration
- ☐ Monitor the student while waiting for the legal guardian and/or emergency contacts.
- ☐ Consider contacting CPS for their recommendation 512-556-8269:

Name of CPS Contact: _____

CPS Recommendations: _____

- ☐ Administration/Nursing staff to assess if student needs to be taken for emergency medical treatment.



**Lampasas Independent School
District
Student Health
Services
Authorization for Disclosure of Confidential Information**

Student Name:	DOB:
School:	

We are asking that you authorize the persons or agencies named below to disclose to each other confidential information regarding the above named student to assist in meeting the student's health needs while at school.

_____	AND	_____
Name and Position of School Staff		
Address: _____		

Fax: _____		
Phone: _____		

Records to be Released/Disclosed	Purpose of Release/Disclosure
Written records pertaining to the student's health to include copies of physician's notes, lab results, and plan of care.	To develop and maintain an Student Safety Plan to provide care while the child is at school.
I allow verbal communication between these two entities to assist in the care of my child.	To assist in the management of an acute or chronic health condition.
Other: _____	To manage an emergency situation
	To assist in parent/student education of a health related topic

I have been fully informed in my native language or other mode of communication and understand the school's request for authorization, as described above. This information will be disclosed upon receipt of my written consent.

I understand that my consent is voluntary and may be revoked at any time. However, I understand that revocation is not retroactive (i.e., it does not negate an action that has occurred after the consent was given and before the consent was revoked.)

I give my permission for the identified records to be released/disclosed to the above named person(s)/agency (ies).

Signature of Parent/Guardian, Surrogate Parent or Adult Student	Date
Signature of Interpreter, if used	Date



Lampasas Independent School District

School Reentry for a Student Who Has Attempted Suicide or Made Serious Suicidal Threats

Efforts to respond to suicide attempts and other traumas should be focused on making the student's return to school a comfortable one. Because families exposed to a suicide attempt or serious suicidal threat experience considerable guilt and fear. They are more likely to disclose information if they know the school has a helpful, nonthreatening manner of dealing with suicide.

Because a student who attempted/threatened suicide often is at greater risk for a suicide in the months following the crisis, it is extremely important to closely monitor his or her reentry into school and to maintain close contact with parents and mental health professionals working with that student.

Assuming the student will be absent after a suicide attempt/serious threat and possibly hospitalized in a treatment facility, LISD will follow these steps:

- ☐ Obtain a written release of information for signed by the parents. This makes it possible for confidential information to be shared between school personnel and treatment providers. (This is part of the suicide protocol)

- ☐ Ask returning student and parents if they have special requests about what is said/done by school.

- ☐ Instruct teachers to provide the students with assignments, if appropriate.
 - Sensitivity to workload stress and overwhelm is requested, and teacher support is appreciated. E.g., extensions, averaging assignments, decreased assignment length, extra 1-on-1 instruction, etc. Be sure to receive administrator approval prior to making any accommodations.

- ☐ Once the student returns to school, a school counselor, school nurse, administrator and/or LSSP will meet with the student and parent prior to allowing student to return to classes.

- ☐ School counselor, administration or LSSP should maintain regular contact (once or twice per day for a week??) with the student. If the student has a previous, positive relationship with a trusted staff member, provide support to that staff member in maintaining ongoing contact with the student.

- ☐ The school should maintain contact with the parents to provide progress reports and other appropriate information, and be kept informed of any changes in the aftercare plan.

- ☐ Consider referral to Special Education or 504 Services if appropriate.



Local Counseling Resources

Solid Rock Counseling Center Inc.
502 S. Walnut St. Lampasas, TX 76550
512-556-5300

Counseling For All
Walden White, LPC
402 E. Ave. J, Lampasas, TX 76550
512-734-1572

Central Counties Services-Lampasas MHMR
1305 S. Key Ave, Suite 203, Lampasas, TX 76550
512-556-6962
24-hour Crisis Hotline 800-888-4036
www.centralcountiesservices.org

Central Texas Council on Alcoholism and Drug Abuse
4520 E. Ctrl TX Expressway, Killeen, TX 76543
254-690-4455
www.ctcada.org

Holistic Healthcare & Guidance Counseling
1507 S. Key Ave. Ste A, Lampasas, TX 76550
512-556-0400

Phoenix Center
119 Ave. G, Marble Falls, TX 78654
830-637-7848
www.phoenixcentertexas.org
*Provides sliding fee services for children and parents.

Hill Country Children's Advocacy Center
(Support services for family violence, sexual assault and child abuse) *Free
512-756-2607
www.hccac.org

STARRY Counseling *Free
2027 S. 61st St. Temple, TX 76504
254-773-5802

www.starry.org

Highland Lakes Family Crisis Center

(Support services for family violence, sexual assault and child abuse) *Free

830-693-5600

www.hlfcc.org

Heart of Hope Counseling Center

711 S Water St., Burnet, TX 78611

830-613-6526

www.heartofhopetx.com

Cari Foote, MA, LPC, LMFT & Associates, PLLC

606 Ave J, Marble Falls, TX 78654

830-693-0530

<http://professionalcounseling.us/>

Central Texas Youth Services, Emergency Shelter and 24-hour Crisis Care: 800-421-8336

Crisis/Suicide Prevention: 800-841-1255

Hopeline Network: 800-784-2433

Advent Hospital in Killeen: 254-526-7523

Rollins Brook Hospital Emergency Services: 512-556-3682

Cedar Crest Hospital in Belton: 877-220-8379

River Crest Hospital in San Angelo: 800-777-5722

Ocean's Behavioral Hospital of Abilene: 325-691-0030

Lampasas Mental Health Clinic 512-556-6962

Killeen Children's Mental Health Clinic 254-554-9900

Copperas Cove Training Center 254-547-5914

Temple Children's Mental Health 254-298-7000

Note: Being listed above does not constitute an endorsement or recommendation of these agencies. Additional resources may be found in your local phone book.