

A.S.K Suicide Intervention Protocol

*Nationally the average rate of suicide per 100,000 people is 14, in Colorado it is 20.3 and in Mesa County it is 29.7 and these rates continue to climb. According to the Journal of Mental Health Counseling, suicide intervention should include the following steps: 1. Assess Lethality 2. Establish Rapport 3. Listen 4. Manage Feelings 5. Explore Alternatives 6. Implement Behavioral Strategies 7. Follow up. The following protocol and tools address each of these areas and are used by Colorado Mesa University whenever a suicide risk is present. It is designed to follow national best practices of suicide intervention. This protocol should be used for all students that are or have expressed suicide ideation, have made a previous suicide attempt, or are at risk for suicide. Research shows that staying connected, active outreach and being involved with services can significantly reduce the risk of suicide for these individuals.*

*All students at risk for suicide will meet with the Director of Diversity, Advocacy and Health (DAH) to develop a “Wellness Plan” and will follow up with these students to assure they are engaged, connected and are compliant with services and supports to assure their safety. “Safety Plans” and/or “Safe for Now Plans” are an important suicide intervention tools but cannot be substituted for or take the place of “Wellness Plans.” Safety plans assure students are “safe for now” that can be developed by anyone and will be a part of the “Wellness Plan.” These “Wellness Plans” are individualized, based on each student needs, and will be used to help support students who are at risk of suicide.*

# Suicide Screens:

A suicide screening should be initiated **immediately** whenever a person is at risk for suicide, has expressed suicide ideations, has made a previous suicide attempts, and or has thoughts about hurting themselves. Do not leave the person unattended. Do not allow the person to leave your office or setting until this protocol is completed and they student has complete a suicide screen. Initial “Suicide Screens” and “Safe for Now Plans” can be completed by ANYONE on campus and needed to be submitted as a “Report It” on the “Student of Concern” reporting form. Please follow up to connect the student with a professional who will provide a “Suicide Assessment” Please follow the protocol outlined below.

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* 1. Flow Chart
	2. Suicide Protocol
		1. A.S.K. Risk Assessment (open to all faculty/staff)
		2. If it’s a positive suicide screen; developed a “Safe for Now” plan please contact Student Services @ 970-248-1366
		3. If the suicide screen identifies a student at Medium Risk (greater than > a score of 2) then contact National Suicide Prevention Life Line @ 1(800) 273-TALK (8255) or the State Crisis Number @ 1-844-493-TALK or call 911
	3. “Safe for Now” plans and Student “Wellness Plans”
	4. Follow up Risk and Suicide Assessments are to be completed by trained professionals

Refer Students to Student Services

Student Presents-

**Medium Level of Concern**

Student Presents-

**High Level of Concern**

Student Presents-

**Low Level of Concern**

Refer student to

Student Services

Student Presents -

**High Level of Risk**

Student presents with thoughts of suicide in a classroom, office, residence hall, etc

Notify Supervisor and develop a student “safe-for-now” plan; complete

the “Report It” SOC form

Notify Supervisor and call crisis services or 911; complete the “Report It” SOC form

Director of DAH will develop a “Wellness Plan”

**Suicide Protocol Flow Chart**

Keep student “safe for now”; and referral to follow services

**MAVS ASK Suicide Screening Tool**

**A**pproach**\*S**peak up**\*K**now your resources

Invitations to **Approach:**

**Verbal invitations:**

* + “I just want out.”
	+ “Pretty soon you won’t have to worry about me.”

**Behavioral invitations:**

* + Drastic change in behavior
	+ Withdrawing
	+ Depression

**Speak Up:**

 YES NO

1

0

1. Are you thinking about suicide?........................................................................

*“Sometime people think about suicide, are you?*

1. Do you think about death and dying?................................................................

.5

0

If yes: “*Tell me about that?”*

If no: *“Do you ever think about suicide?...............................................*

1

0

If yes, “*How often? Last time?”*

1

0

1. Have you ever attempted suicide?......................................................................

If yes, “*When? How?”*

1. Have you thought about ways to Suicide?.........................................................

1

0

If yes, “*How?”*

0

1. Have you had someone close to you Suicide?....................................................

.5

If yes, “*When? Who?”*

0

1. Do you have any plans to Suicide?....................................................................

4

If Yes, (**Call 911 or crisis and stay with them)** *“How?”*

**\*\*\* All students with greater than > a Low Risk need to be evaluated by a qualified professional. All students with greater than > a Medium Risk 911 or crisis need to be called and stay with the student. All at risk students need to have a Wellness Contract completed. \*\*\***

**4 - 6**

**High Risk**

**Know** your resources:

 **2 ½ - 3 ½**

**Medium Risk**

 **< 2**

**Low Risk**

**National Suicide Prevention Lifeline………………………….....1(800) 273-TALK (8255)**

**Colorado Crisis Number……………..………………………………….….1 (844) 493-TALK or**

**CMU Student Services Office (Albers Hall)…………………………….…1 (970) 248-1366**

This screening tool was adopted form the following two evidenced based instruments

SBQ-R Suicide Behaviors Questionnaire-Revised <http://www.integration.samhsa.gov/images/res/SBQ.pdf>

ASQ Suicide Screening Questions <http://www.nimh.nih.gov/news/science-news/ask-suicide-screening-questions-asq.shtml>

**“Safe For Now” Planning**

## Step 1: Keep the Person Safe

* Do not leave the person alone & notify your superior or Student Services

### If there is substantial danger call 911

### Defined as the person has already taken action, or is ready to act on their suicide plan (Someone has taken or plans on taking pills, using a weapon, or has overdosed, etc.)

**Step 2: Identifying Risks and Warning Signs**

These risks can include personal situations, thoughts, images, thinking styles, mood, or behavior. Help the student identify and be mindful about these risks.

* *What situations can increase your thoughts of suicide?*
* *When do your thoughts about suicide increase? Decrease?*

**Step 3: Develop Effective Coping Strategies**

Have students list activities that they could employ to deal with these risks. Such activities function as a way to help their suicide ideation from escalating. Effective activities vary from person to person and can include skills that have worked for them in the past.

* *What things have worked for you in past when you had thoughts of suicide?*
* *What can you do if you have thoughts about suicide again?*

**Step 4: Use Support Systems**

Students should identify key supports in their environment that may help with their thoughts about suicide. This may be friends or family members, healthy social settings or professional supports.

* *Who can you go to if you have thoughts about suicide?*
* *Where can you go that would decrease your thoughts about suicide?*

**Step 5: Reducing Access to Lethal Means**

The risks for suicide are amplified when individuals have access to readily available lethal methods. Even if no specific plan is identified, a key component in a safety plan involves eliminating or limiting access to any potential lethal means. Action needed may include safely storing medication, implementing gun safety procedures, or restricting access to knives or other lethal means.

* *What can you do to keep your environment and surroundings safe?*
* *What steps can you take to limit you access to suicide means?*

**Step 6: Professional Follow up**

Students need to be instructed to contact the Director of Diversity, Advocacy, and Health to develop a “Wellness Plan”. They should also be encouraged to follow up with mentoring and professional counseling services.

* *Who can you see for therapy?*
* *Where can you go to get professional help?*

(DATE)

From: (YOUR NAME)

(YOUR TITLE)

Colorado Mesa University

For: (STUDENT NAME and 700#)

Subject: WELLNESS PLAN

This wellness plan is to assure your safety and success at CMU related to concerns about the level of risks associated with (CURRENT ISSUES). You are agreeing to the following conditions to assure that your ongoing safety and future success:

Sample Wellness Plan

1. Schedule and keep all appointments with (SUPPORTS & RESOURCES).
2. Schedule, keep all therapy appointments with (THERAPIST) at (PLACE), follow all recommendations and get updates as needed.
3. Schedule and keep all prescriber appointments with (PERSCRIBER), follow all recommendations, take medications as prescribed and get updates as needed.
4. Comply with all aspects of your safety plan, call the crisis life and inform the University of any additional risk factors.

By signing this, you willingly agree to the terms of this wellness plan and will notify all parties, and providers involved of any safety concerns or risk factors. This wellness plan can be updated at any time and must be reviewed every semester by the next registration date. Refusal to comply with the terms of this wellness plan may require additional steps to assure that your safety and wellbeing can be address while here at CMU. If you have any questions or concerns about this “Wellness Plan” please notify the person completing this below.

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Students Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(YOUR NAME) Date

(YOUR TITLE)

(YOUR NUMBER)