

## Assessing for suicide risk

- Understand the story of how and why someone became suicidal (Freedenthal, 2017).
- Identify points of **prevention rather than prediction** (Pisani et al., 2016).
  - After the suicide risk assessment, the social worker, client and family or friends should know what stressors or conditions might exacerbate the current suicide risk and have a plan to prevent those from happening. This contrasts with the traditional view of the suicide risk assessment as a tool for predicting the near future.
- “How confident are you that you will be able to keep yourself from attempting suicide?” (Czyk, 2018)



## Levels of Suicide Risk

No risk

Low

Moderate

High



**Alex**  
*What is his level of risk?*

**Risk Status vs. Risk State**

- **risk status:** a person's risk compared to that of similar other people
- **risk state:** a person's risk compared to their own baseline

# Suicide Risk Assessment

1. Ideation
2. Intent
3. Plan
4. Strengths/Resources
5. Risk factors
6. Interpersonal distress
7. School/Work environment
8. Family environment
9. Presentation at time of assessment

**X. RISK ASSESSMENT**

1. **Low risk:** None or passing ideation that does not interfere with activities of daily living; reports no desire to die (i.e., intent), has no specific plan, exhibits few risk factors, and has identifiable protective factors.
2. **Moderate risk:** Reports frequent suicidal ideation with limited intensity and duration; has some specific plans to die by suicide but no reported intent. Demonstrates some risk factors but is able to identify reasons for living and other protective factors.
3. **High risk:** Reports frequent, intense, and enduring suicidal ideation. Reports specific plans, including choice of lethal methods and availability / accessibility of the method. Student presents with multiple risk factors and identifies few if any protective factors. If the student has written a suicide note, the student is immediately considered at high risk.

**XI. OVERALL RISK LEVEL SUMMARY**

Student meets criteria for **low / moderate / high** suicide risk based on the following information (If a student falls between levels, err on the side of caution and assume higher risk category):

- Current risk state (compared to prior or baseline, if known):
  
- Available resources at school, home, and in the community:
  
- Foreseeable changes that might increase or decrease risk:

© Terri A. Erbacher, Jonathan B. Singer & Scott Poland. *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*, 2nd Ed. Routledge, 2023. Permission to reproduce is granted to purchasers of this text.

## SiS: Suicide in Schools Model Youth Suicide Risk Assessment Form (SRA 2.0)

Student name \_\_\_\_\_ Date of assessment \_\_\_\_\_

Assessment completed  In Person  Virtually

Referral source (name / title): \_\_\_\_\_

Assessed by (name / title): \_\_\_\_\_

**\*Note: For all sections, please note online and offline content that indicates safety or suicide risk.**

Reason for referral and/or completing this form:

Student description of problem or event(s) that preceded this suicidal crisis (use student's words):

[If student reports thoughts of **harm to others**, please engage your school's threat assessment protocol.]



**I. IDEATION**

Does the student report thoughts of suicide?  Yes  No **If no, go to Section II**

Timeframe:      Past 24 hours  Yes  No  
                          Past week  Yes  No  
                          Past month  Yes  No  
                          Past year / lifetime  Yes  No  
                          Right now  Yes  No

When does the student first remember having thoughts of suicide?

Describe current ideation **in student's words**, including the precipitating event(s):

Has the student expressed suicidal thoughts to others **online and/or offline?**

**Frequency** (every minute / hourly / daily / weekly): \_\_\_\_\_

**Duration** (a few seconds / minutes / hours / days): \_\_\_\_\_

**Intensity** (not disruptive / completely disruptive): \_\_\_\_\_

**Location** (where are you when you have thoughts?): \_\_\_\_\_

What stops or interrupts the ideation? When and where is it **not** present?

How likely is it that they will tell someone about their suicidal thoughts?



**II. INTENT**

How much do they want to **live**?      not at all= 1 2 3 4 5 =a great deal

When is the student's desire to live stronger? What is different when they want to live?

How much do they want to **die**?      not at all= 1 2 3 4 5 =a great deal

Describe intent in student's words (when is desire to die stronger, how strong is the intent, etc.):

How confident are they that they **WILL NOT** attempt suicide in the future?

not at all= 1 2 3 4 5 =a great deal



**III. PLAN**

**Does the student report a plan?**  Yes  No plan  
 Specific  Vague  
 Imminent  Future

**Has the student written a suicide note (online/offline)?**  Yes  No

**How does the student envision dying?**  No method

firearm  hanging  suffocation  cutting  pills  jumping  other \_\_\_\_\_

Does the student have access to the means?  Yes  No  N/A

Does the student know how to use the means?  Yes  No  N/A

Where does the student envision dying? \_\_\_\_\_

When does the student envision dying? \_\_\_\_\_

Describe **current suicide plan** in the students own words including if they disclosed plan online/offline:



What would **make it more likely** that the student will follow through with the plan (**triggers**)?  
 Even if there is no current plan, what would make it more likely that the student will attempt suicide?

What could **reduce the likelihood** that the student will follow through with the plan?  
 Or, if no plan, what will reduce the likelihood of a suicide attempt?

**Has the student made a prior suicide attempt?**  Yes  No

How recently? \_\_\_\_\_ How many \_\_\_\_\_

For the most recent attempt: Did someone interrupt it?  Yes  No

Did the student stop themselves?  Yes  No

Did it result in injury and/or hospitalization?  Yes  No

Describe the **previous attempt** (method used, their response to the outcome, etc.)



**IV. STRENGTHS AND RESOURCES**

What are the student's **reasons for living**?

What **family member** or **adult** does the student identify as a support?

What **friends / peers** does the student identify as supports (online or offline)

Which **school staff** does the student identify as a support?

What is the student good at / likes to do / enjoys doing? What does the student look forward to doing?



**V. RISK FACTORS** (Y = Yes, applies. N = No, does not apply. U = Unable to assess)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Prior suicide attempt   | <input type="checkbox"/> Gun in the home            | <input type="checkbox"/> Chronic illness     |
| <input type="checkbox"/> Failing a grade / repeating a grade   | <input type="checkbox"/> Dissatisfied with grades   | <input type="checkbox"/> Conflict with staff |
| <input type="checkbox"/> Suspended from school   | <input type="checkbox"/> Disciplinary crisis        | <input type="checkbox"/> Conduct disorder    |
| <input type="checkbox"/> Recent humiliation in front of peers  | <input type="checkbox"/> Socially isolated          | <input type="checkbox"/> Anxiety             |
| <input type="checkbox"/> <b>Treated unfairly/victimized due to (circle): ethnicity, perceived gender identity, or sexual orientation</b> |   |  |
| <input type="checkbox"/> Recent (suicide) death of friend / family   | <input type="checkbox"/> TBI/concussion             | <input type="checkbox"/> ADHD                |
| <input type="checkbox"/> Victim/witness intimate partner violence  | <input type="checkbox"/> Sexual abuse               | <input type="checkbox"/> Physical abuse      |
| <input type="checkbox"/> Family relationship problems / conflict   | <input type="checkbox"/> Neglect                    | <input type="checkbox"/> Eating disorder     |
| <input type="checkbox"/> Sleep disturbance / insomnia  | <input type="checkbox"/> Victim of (cyber) bullying | <input type="checkbox"/> Substance use       |
| <input type="checkbox"/> Depression / bipolar depression   | <input type="checkbox"/> Perpetrator of (cyber)     | <input type="checkbox"/> PTSD                |
| <input type="checkbox"/> Perceived burden to others  | <input type="checkbox"/> bullying                   | <input type="checkbox"/> Legal involvement   |
| <input type="checkbox"/> Non-suicidal self-injury (e.g., cutting)  | <input type="checkbox"/> Other _____                |  |





## LGBTQIA+

- Are there times when your parents say or do things that suggest they reject you because you are [sexual orientation and/or gender identity], such as telling you
  - + to “tone down” how you look or behave;
  - + that you’re just going through a phase;
  - + refusing to call you by your name or use your pronouns;
  - + or preventing you from seeing your LGBTQ friends?

<https://lgbtqfamilyacceptance.org/>  
<https://www.instagram.com/famacceptproj/>



## LGBTQIA+

- Are there times when your parents say or do things that suggest they reject you because you are [sexual orientation and/or gender identity], such as telling you
  - + to “tone down” how you look or behave;
  - + that you’re just going through a phase;
  - + refusing to call you by your name or use your pronouns;
  - + or preventing you from seeing your LGBTQ friends?

<https://lgbtqfamilyacceptance.org/>  
<https://www.instagram.com/famacceptproj/>



**VI. INTERPERSONAL DISTRESS**

How hopeless do they feel? not at all= 1  2  3  4  5  =a great deal

How much of a burden on others do they feel? not at all= 1  2  3  4  5  =a great deal

How depressed, sad, or down do they feel? not at all= 1  2  3  4  5  =a great deal

How disconnected do they feel from others? not at all= 1  2  3  4  5  =a great deal

Write down their biggest trigger/stressor \_\_\_\_\_

How much of a trigger/stressor is it right now? not at all= 1  2  3  4  5  =a great deal



**VII. ASSESSMENT OF SCHOOL ENVIRONMENT**

School staff interviewed \_\_\_\_\_

Documents reviewed \_\_\_\_\_

Recent changes in **schoolwork**?  Yes  No  
Describe:

Recent changes in **emotions/mood**?  Yes  No  
Describe:

Recent changes in **thoughts/cognitions**?  Yes  No  
Describe:

Recent changes in **behaviors** (discipline)?  Yes  No  
Describe:

Changes in **appearance**?  Yes  No  
Describe:

Changes in **peer interaction**?  Yes  No  
Describe:

Any **socio-environmental stressors**? (e.g., due to race/ethnicity, sexual or gender identity, academic testing or activities such as significant sports loss or upsetting assemblies, classroom presentations, school disruptions or teacher changes, pandemic, etc.)  Yes  No  
Describe:

Any comments indicating suicidal ideation, self-destruction or death?  Yes  No  
Describe:





**VIII. INFORMATION FROM PARENT(S)/GUARDIAN(S)**

Parent/guardian interviewed \_\_\_\_\_

**Has your child ever mentioned having thoughts of suicide or dying?** Yes  No

1. If so, when and how often? Please let us know if they have ever received counseling or psychiatric supports (including hospitalization) for emotional or behavioral concerns, including suicidal thoughts or behaviors. Describe:
2. How likely do you think it is that they would act on these thoughts? Please describe:
3. Can you think of anything that has been very **stressful** for your child lately, such as the loss of a family member, change in family structure (e.g., parent moves in or out), adjusting to living in the USA, or conflict between your child and a family member? Please describe:
4. Have you noticed a change in what you or your community would consider normal for your child in terms of their **behavior** - either significantly more active (e.g., engaging in risky behaviors or harming themselves/agitation) or withdrawn (e.g., not participating in activities that he/she would normally/sleep problems)? Describe:
5. Have you noticed a change in what you or your community would consider normal for your child in terms of their **emotions** - either significantly more emotional (e.g., sad, angry, scared) or less emotional (e.g., quiet, withdrawn, unresponsive) than usual? Please describe:
6. Have you noticed a change in what you or your community would consider normal for your child in terms of their **thoughts** - either significantly more preoccupied or significantly less able to concentrate and focus on any one thing?
7. Does your child know anyone who has died by suicide or attempted suicide? If so, who and when?

**X. RISK ASSESSMENT**

1. **Low risk:** None or passing ideation that does not interfere with activities of daily living; reports no desire to die (i.e., intent), has no specific plan, exhibits few risk factors, and has identifiable protective factors.
2. **Moderate risk:** Reports frequent suicidal ideation with limited intensity and duration; has some specific plans to die by suicide but no reported intent. Demonstrates some risk factors but is able to identify reasons for living and other protective factors.
3. **High risk:** Reports frequent, intense, and enduring suicidal ideation. Reports specific plans, including choice of lethal methods and availability / accessibility of the method. Student presents with multiple risk factors and identifies few if any protective factors. If the student has written a suicide note, the student is immediately considered at high risk.

**XI. OVERALL RISK LEVEL SUMMARY**

Student meets criteria for **low / moderate / high** suicide risk based on the following information (*If a student falls between levels, err on the side of caution and assume higher risk category*):

- Current **risk state** (compared to prior or baseline, if known):
- **Available resources** at school, home, and in the community:
- **Foreseeable changes** that might increase or decrease risk:

**XII. ACTIONS TAKEN / RECOMMENDATIONS**

Actions taken should be a direct result of the risk level identified above in collaboration with your school district procedure. In all cases, parents should be notified to inform them you met with their child.  
**At the time of the assessment the youth presented with NO RISK for suicide.**

Consultation with other School Mental Health Professional/ Suicide Prevention Coordinator/admin received?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parent/guardian contacted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Release of Information signed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Released to parent/guardian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copy of SRA provided to referral?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Copies of SRA and Safety Plan provided to parent/guardian?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Safety plan developed/reviewed/updated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Recommending removal of method/means?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If currently in treatment, contact made with therapist/psychiatrist?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not in treatment, referrals provided to parent?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> outpatient therapy <input type="checkbox"/> Crisis center / hospitalization		
<input type="checkbox"/> Local crisis number <input type="checkbox"/> 988 or text "home" to 741-741		
If the student reported thoughts of harm to others, was threat assessment protocol completed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Other? Please describe:

Assessor's signature and credentials \_\_\_\_\_ Date \_\_\_\_\_

**Reviewed by:**  
\_\_\_\_\_

Name and credentials \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_





### Patient Safety Plan Template

**Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:**

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

**Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):**

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

**Step 3: People and social settings that provide distraction:**

- Name \_\_\_\_\_ Phone \_\_\_\_\_
- Name \_\_\_\_\_ Phone \_\_\_\_\_
- Place \_\_\_\_\_ 4. Place \_\_\_\_\_

**Step 4: People whom I can ask for help:**

- Name \_\_\_\_\_ Phone \_\_\_\_\_
- Name \_\_\_\_\_ Phone \_\_\_\_\_
- Name \_\_\_\_\_ Phone \_\_\_\_\_

**Step 5: Professionals or agencies I can contact during a crisis:**

- Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Clinician Pager or Emergency Contact # \_\_\_\_\_
- Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Clinician Pager or Emergency Contact # \_\_\_\_\_
- Local Urgent Care Services  
Urgent Care Services Address \_\_\_\_\_  
Urgent Care Services Phone \_\_\_\_\_
- Suicide Prevention Lifeline Phone: 1-800-273-8255

## HOME-SCHOOL SAFETY PLAN

SIS: Suicide in Schools Model

RED FLAGS & WARNING SIGNS

**CRISIS LINES**  
 988 Suicide & Crisis Lifeline  
 988 | 988lifeline.org  
 Crisis Text Line  
 Text "start" to 741-741  
 Trevor Project  
 Text "start" to 678-678  
 Phone: 866-688-7286  
 Trans Lifeline  
 (877) 565-8860

**TRIGGERS** Think of the most recent suicidal crisis. Write a one to two sentence description of what prompted the suicidal crisis.

My triggers are more prominent at: (circle all that apply)

HOME    JOB  
 SCHOOL    OTHER

<b>THINGS I CAN DO TO DISTRACT MYSELF</b>	at HOME	at SCHOOL
<b>PLACES I CAN GO</b>	at HOME/in the COMMUNITY	at SCHOOL
<b>PEOPLE I CAN COUNT ON TO DISTRACT ME</b>	at HOME	at SCHOOL

**My LIST!**  
 Rank order the things you can do, places you can go, and people you can count on for school & home.

**PROFESSIONALS I CAN CONTACT IN A CRISIS**  
 HOME: Therapist, Other  
 SCHOOL: Safe & Trusted Adult, Student Services

**STEPS MY FAMILY AND I CAN TAKE TO MAKE MY ENVIRONMENT SAFE**

- Remove lethal means
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

If I have tried all of the coping strategies listed above and still I believe I might do something to end my life, I will go to the emergency department (name) \_\_\_\_\_ OR CALL 988.

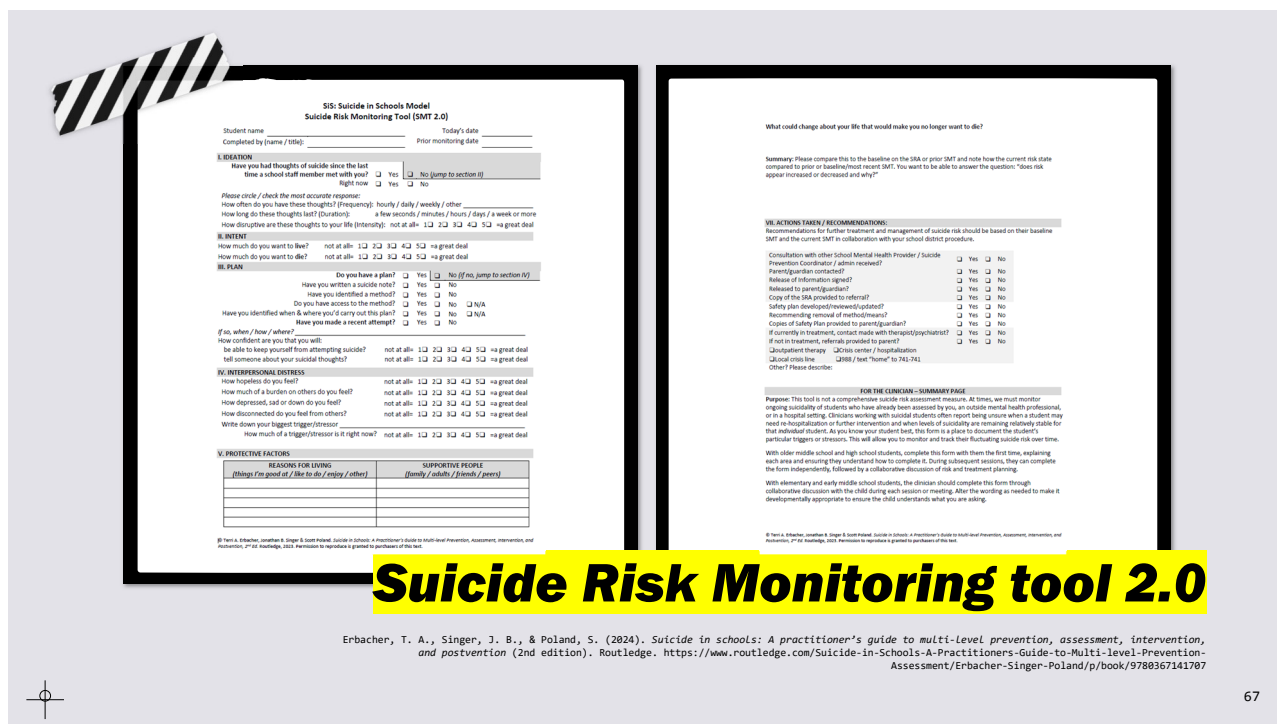
**MY REASONS FOR LIVING**

We completed a version of this plan on a mobile app (name) \_\_\_\_\_

Will this safety plan (or a portion of it) be shared with teachers?  YES  NO

By signing below, I agree that I have been part of the creation of this safety plan and that I intend to use it to help distract me when I am having thoughts of suicide. I realize that my signature below does not make this a legal contract, but rather a plan for my continued safety, well-being and happiness.

Student _____	Signature _____	Date _____
School Personnel / Credential _____	Signature _____	Date _____
Supervisor/Administrator / Credential _____	Signature _____	Date _____
Parent / Guardian _____	Signature _____	Date _____



# Suicide Risk Monitoring tool 2.0

Erbacher, T. A., Singer, J. B., & Poland, S. (2024). *Suicide in schools: A practitioner's guide to multi-level prevention, assessment, intervention, and postvention* (2nd edition). Routledge. <https://www.routledge.com/Suicide-in-Schools-A-Practitioners-Guide-to-Multi-Level-Prevention-Assessment/Erbacher-Singer-Poland/p/book/9788367141787>

## SIS: Suicide in Schools Model Suicide Risk Monitoring Tool (SMT 2.0)

Student name \_\_\_\_\_ Today's date \_\_\_\_\_  
Completed by (name / title): \_\_\_\_\_ Prior monitoring date \_\_\_\_\_

### I. IDEATION

Have you had thoughts of suicide since the last time a school staff member met with you?  Yes  No (jump to section II)  
Right now  Yes  No

Please circle / check the most accurate response:

How often do you have these thoughts? (Frequency): hourly / daily / weekly / other \_\_\_\_\_  
How long do these thoughts last? (Duration): a few seconds / minutes / hours / days / a week or more  
How disruptive are these thoughts to your life (Intensity): not at all= 1  2  3  4  5  =a great deal

### II. INTENT

How much do you want to live? not at all= 1  2  3  4  5  =a great deal  
How much do you want to die? not at all= 1  2  3  4  5  =a great deal

### III. PLAN

Do you have a plan?  Yes  No (if no, jump to section IV)  
Have you written a suicide note?  Yes  No  
Have you identified a method?  Yes  No  
Do you have access to the method?  Yes  No  N/A  
Have you identified when & where you'd carry out this plan?  Yes  No  N/A  
Have you made a recent attempt?  Yes  No

If so, when / how / where? \_\_\_\_\_



Do you have access to the method?  Yes  No  N/A  
 Have you identified when & where you'd carry out this plan?  Yes  No  N/A  
 Have you made a recent attempt?  Yes  No

If so, when / how / where? \_\_\_\_\_

How confident are you that you will:  
 be able to keep yourself from attempting suicide? not at all= 1  2  3  4  5  =a great deal  
 tell someone about your suicidal thoughts? not at all= 1  2  3  4  5  =a great deal

**IV. INTERPERSONAL DISTRESS**

How hopeless do you feel? not at all= 1  2  3  4  5  =a great deal  
 How much of a burden on others do you feel? not at all= 1  2  3  4  5  =a great deal  
 How depressed, sad or down do you feel? not at all= 1  2  3  4  5  =a great deal  
 How disconnected do you feel from others? not at all= 1  2  3  4  5  =a great deal  
 Write down your biggest trigger/stressor \_\_\_\_\_  
 How much of a trigger/stressor is it right now? not at all= 1  2  3  4  5  =a great deal

**V. PROTECTIVE FACTORS**

REASONS FOR LIVING <i>(things I'm good at / like to do / enjoy / other)</i>	SUPPORTIVE PEOPLE <i>(family / adults / friends / peers)</i>

© Terri A. Erbacher, Jonathan B. Singer & Scott Poland. *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*, 2<sup>nd</sup> Ed. Routledge, 2023. Permission to reproduce is granted to purchasers of this text.



**What could change about your life that would make you no longer want to die?**

**Summary:** Please compare this to the baseline on the SRA or prior SMT and note how the current risk state compared to prior or baseline/most recent SMT. You want to be able to answer the question: "does risk appear increased or decreased and why?"

**VII. ACTIONS TAKEN / RECOMMENDATIONS:**

Recommendations for further treatment and management of suicide risk should be based on their baseline SMT and the current SMT in collaboration with your school district procedure.

Consultation with other School Mental Health Provider / Suicide Prevention Coordinator / admin received?  Yes  No  
 Parent/guardian contacted?  Yes  No  
 Release of Information signed?  Yes  No  
 Released to parent/guardian?  Yes  No  
 Copy of the SRA provided to referral?  Yes  No  
 Safety plan developed/reviewed/updated?  Yes  No  
 Recommending removal of method/means?  Yes  No  
 Copies of Safety Plan provided to parent/guardian?  Yes  No  
 If currently in treatment, contact made with therapist/psychiatrist?  Yes  No  
 If not in treatment, referrals provided to parent?  Yes  No  
outpatient therapy Crisis center / hospitalization  
Local crisis line 988 / text "home" to 741-741  
 Other? Please describe:



Do you have access to the method?  Yes  No  N/A  
 Have you identified when & where you'd carry out this plan?  Yes  No  N/A  
 Have you made a recent attempt?  Yes  No

If so, when / how / where? \_\_\_\_\_

How confident are you that you will:  
 be able to keep yourself from attempting suicide? not at all= 1  2  3  4  5  =a great deal  
 tell someone about your suicidal thoughts? not at all= 1  2  3  4  5  =a great deal

**IV. INTERPERSONAL DISTRESS**

How hopeless do you feel? not at all= 1  2  3  4  5  =a great deal  
 How much of a burden on others do you feel? not at all= 1  2  3  4  5  =a great deal  
 How depressed, sad or down do you feel? not at all= 1  2  3  4  5  =a great deal  
 How disconnected do you feel from others? not at all= 1  2  3  4  5  =a great deal  
 Write down your biggest trigger/stressor \_\_\_\_\_  
 How much of a trigger/stressor is it right now? not at all= 1  2  3  4  5  =a great deal

**V. PROTECTIVE FACTORS**

REASONS FOR LIVING (things I'm good at / like to do / enjoy / other)	SUPPORTIVE PEOPLE (family / adults / friends / peers)

© Terri A. Erbacher, Jonathan B. Singer & Scott Poland. *Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, and Postvention*, 2<sup>nd</sup> Ed. Routledge, 2023. Permission to reproduce is granted to purchasers of this text.



**What could change about your life that would make you no longer want to die?**

**Summary:** Please compare this to the baseline on the SRA or prior SMT and note how the current risk state compared to prior or baseline/most recent SMT. You want to be able to answer the question: "does risk appear increased or decreased and why?"

**VII. ACTIONS TAKEN / RECOMMENDATIONS:**

Recommendations for further treatment and management of suicide risk should be based on their baseline SMT and the current SMT in collaboration with your school district procedure.

Consultation with other School Mental Health Provider / Suicide Prevention Coordinator / admin received?  Yes  No  
 Parent/guardian contacted?  Yes  No  
 Release of Information signed?  Yes  No  
 Released to parent/guardian?  Yes  No  
 Copy of the SRA provided to referral?  Yes  No  
 Safety plan developed/reviewed/updated?  Yes  No  
 Recommending removal of method/means?  Yes  No  
 Copies of Safety Plan provided to parent/guardian?  Yes  No  
 If currently in treatment, contact made with therapist/psychiatrist?  Yes  No  
 If not in treatment, referrals provided to parent?  Yes  No  
outpatient therapy Crisis center / hospitalization  
Local crisis line 988 / text "home" to 741-741  
 Other? Please describe:





**988**  
SUICIDE  
& CRISIS  
LIFELINE

**TRANS  
LIFELINE**  
(877) 565-8860

**GET HELP 24/7:**

<b>TrevorText</b> Text START to 678678	<b>TrevorChat</b> TrevorChat.org	<b>TrevorLifeline</b> 866.488.7386
---	-------------------------------------	---------------------------------------

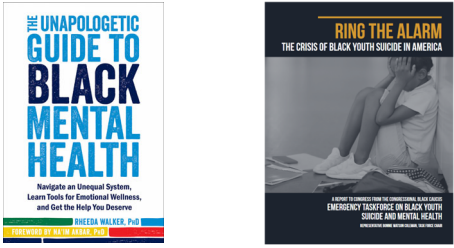
**THE TREVOR PROJECT**  
Saving Young LGBTQ Lives

**CRISIS TEXT LINE |**

**Text HELLO to 741741**  
Free, 24/7, Confidential

**teen line**

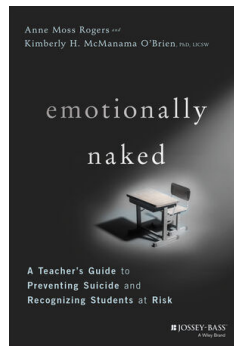
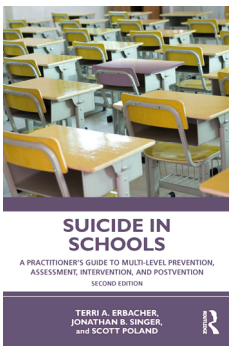
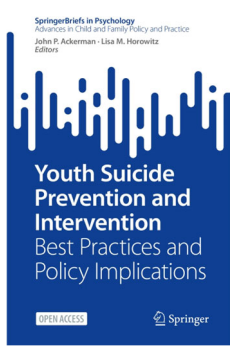
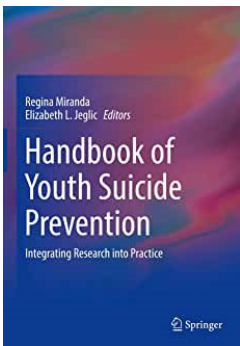
Call 800-852-8336  
from 6pm to 10pm PST  
or text "TEEN" to 839863  
from 6pm to 9pm PST



0 findunfifis# ε}εj|#  
 u##<flø%>f&juε}εt&rfε}~iva;it}·nl·¼l  
 unfifis&D- ε}εj|  
 0 fin& fin})n@unsta}}#  
 u##<flø%> » » ij a&ε j> vl njuv}l fn; fl&fit;εv  
 ; l Da&l ε j +εf& f&sv}nfl&ε fin}}nDu&flunsta}}  
 0 findna; #εn#  
 u##<flø%>f&fifε » ; fljuεε}ε} · fl}nl·¼/a j}ε&D  
 a; l εP nfnafiju}Matnfl&Qna; εP&εnafl&«...

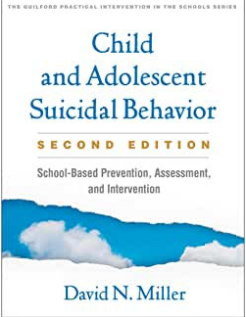
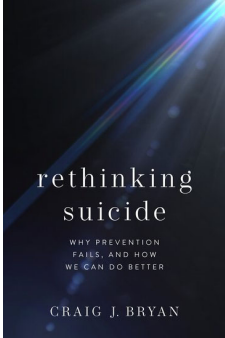
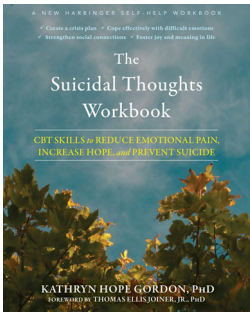
## TEXTS ABOUT SUICIDE AND BLACK AMERICANS

# PRACTICAL TEXTS ON YOUTH SUICIDE

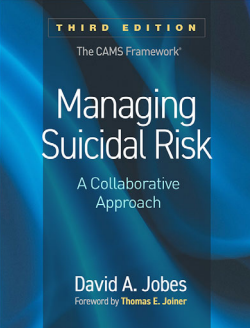
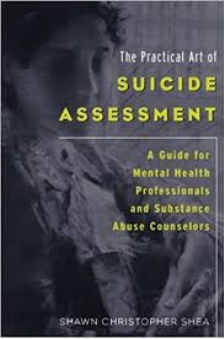
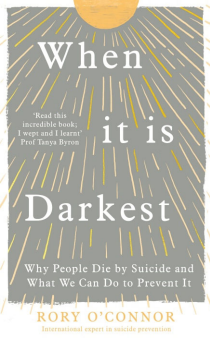
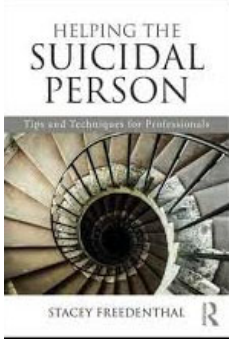




# PRACTICAL TEXTS ON SUICIDE & ASSESSMENT



# PRACTICAL TEXTS ON SUICIDE & ASSESSMENT



# PRACTICAL TEXTS ON FOR FAMILIES & LOVED ONES

