



## School Social Work Association of America Practice Tool

### Structured Guide for Team Assessment of Self-Harming Youth

Client Name: \_\_\_\_\_ Parent/guardian: \_\_\_\_\_

Client Phone: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

School-based MHP: \_\_\_\_\_ Assessment date: \_\_\_\_\_

School-based MHP Phone: \_\_\_\_\_ Parent emergency phone: \_\_\_\_\_

Suicide Hotline: 1-800-273-8255 or 911  
or National Crisis Text Line: Text HOME to 741741

#### Reason for Assessment (check all that apply)

- Indicated by school-wide screening. Describe: \_\_\_\_\_
- New or first report of suicide ideation/urges to harm.
- Increased suicide ideation/urge to harm. Describe: \_\_\_\_\_
- \_\_\_\_\_
- Verbal threat or other behavior indicating imminent suicide risk.
- Current suicide attempt/serious self-injury. Describe: \_\_\_\_\_
- \_\_\_\_\_
- Other. Describe: \_\_\_\_\_

#### Provisional Psychiatric Diagnosis (optional)

- \_\_\_\_\_

#### Results from Testing/Scales

Date:	Test or Scale Used	Score:
	Columbia-Suicide Severity Rating Scale	
	MINI Suicide Scale	
	Modular Assessment of Risk for Imminent Suicide (MARIS)	
	Reynolds Adolescent Depression Scale	
	Suicide Ideation Questionnaire-Jr.	

	Other. Describe: _____	
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**Imminence Risk**

- Student's estimate about the likelihood of an attempt within 72 hours? \_\_\_\_\_ %
- Student's estimate about how much of her/him wants to die? \_\_\_\_\_ %
- Other. Describe: \_\_\_\_\_

**Risk Factors**

- Low academic achievement
- Bullied at school/home/community/web
- Child abuse: past or current (circle)
- Disciplinary suspension/expulsion
- Death: family or friend (circle)
- Domestic violence: peer or parents (circle)
- Legal problems
- Mental disorder
- Relational problems
- Sexual/gender minority
- Social isolation/ostracism
- Substance use: self or family (circle)
- Other: \_\_\_\_\_

**Warning Signs**

- Browsing risky websites/social media
- Deteriorating hygiene
- Eating/sleeping problems (circle)
- Giving away possessions
- Increased agitation/irritability/fighting
- Intentional self-injury:
  - Asphyxiation
  - Burning
  - Cutting
  - Drinking/drugs
  - Head banging
  - Other: \_\_\_\_\_
- Other: \_\_\_\_\_

**Internal Resources/Strengths**

- Emotional regulation skills
- Hopefulness for future
- Plans for recreation or enjoyment
- Problem-solving skills
- Reasons for living
- Resilience to setbacks
- School engagement (likes going)
- Self-esteem
- Sense of humor
- Spiritual beliefs (suicide is wrong)
- Social skills
- Willingness to commit to safety plan
- Other: \_\_\_\_\_

**External Resources/Assets**

- Caring parents/family
- Civic clubs (scouts, bowling league)
- Community mental health resources
- Music groups
- Nurturing adult (therapist, pastor, rabbi)
- Parent-child communication
- Sports teams
- Religious fellowships
- Restricted access to means (esp. guns)
- Restricted access to alcohol & drugs
- Supportive friends
- Supportive teachers, coaches, staff
- Other: \_\_\_\_\_

**Acute Stressors**

- Arrest or approaching trial
- Accident or major injury
- Being the victim of a crime
- Eviction from home

**Chronic Stressors**

- Incarceration of a parent
- Chronic illness or disability
- Living in a high-crime neighborhood
- Homelessness

- |   |   |
|---|---|
| <input type="checkbox"/> Domestic violence incident | <input type="checkbox"/> Parental divorce                 |
| <input type="checkbox"/> Child abuse incident       | <input type="checkbox"/> Foster care                      |
| <input type="checkbox"/> Failing a school test      | <input type="checkbox"/> Grade retention                  |
| <input type="checkbox"/> Parent loses job           | <input type="checkbox"/> Parental unemployment            |
| <input type="checkbox"/> Rape                       | <input type="checkbox"/> Recurring sexual abuse           |
| <input type="checkbox"/> Romantic breakup           | <input type="checkbox"/> Series of unstable relationships |
| <input type="checkbox"/> Recent overdose            | <input type="checkbox"/> Substance addiction              |
| <input type="checkbox"/> Other: _____               | <input type="checkbox"/> Other: _____                     |

### Preparation/Planning

How *lethal* is the student's plan? \_\_\_\_\_

How *local* is the student's plan? \_\_\_\_\_

How *imminent* is the student's plan? \_\_\_\_\_

How *plausible* is the student's plan? \_\_\_\_\_

How has the plan been *practiced*? \_\_\_\_\_

Other: \_\_\_\_\_

<b>Emotional Regulation Skills</b>	<b>Source(s)</b>			
	Family	Peers	Teacher	Self
Answer each question with a Y for Yes or N for No based on information gleaned from each source.				
1. Is the student normally aware of her/his emotional state?				
2. Is the student usually composed during emotional stress?				
3. Is the student's response to emotional distress proportionate?				
4. Can the student regain emotional composure quickly?				
5. Is the student resistant to peer pressure (suicide contagion)?				
6. Can the student abstain from alcohol or drug use?				
7. Has the student refrained from a suicide attempt for two years?				
Other: _____				

Note: Consider use of the Difficulties in Emotion Regulation Scale or Dysregulation Profile for students with poor ER skills.

### Crisis Team Conclusion

\_\_\_\_\_

Severity/Risk Rating:            Low                                    Medium                                    High

**Team Action Plan (Who does what by when?)**

Person	Action	Date

Next Meeting:            Date                                    Place                                    Time

**Signatures of those Present\***

_____	_____	Copy of Report?
Student	Date	Yes/No
_____	_____	Yes/No
Parent(s)	Date	Yes/No
_____	_____	Yes/No
School Administrator	Date	Yes/No
_____	_____	Yes/No
School-based MHP	Date	Yes/No
_____	_____	Yes/No
School Resource Officer	Date	Yes/No
_____	_____	Yes/No
Other	Date	Yes/No

\* Signature does not imply agreement, only acknowledgement of the report.

(Original report stays with school as a student health record.)

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