

Conroe Independent School District

Suicide Protocol

A suicide threat is defined as any spoken, written, or behavior indication of self-destructive tendencies with the intent of taking one's own life. No suicide threat shall be ignored. This protocol will be utilized to evaluate all threats of suicide.

Any employee who identifies or is notified of a student expressing the desire to harm themselves or others is to immediately contact the School Counselor or Administrator.

The purpose of the Suicide Protocol and forms is to ensure all personnel are made aware of the situation and all the necessary paperwork is completed. All information should be completed in full and questions should be directed to the following:

Tiffany Rhodriquez

Coordinator of Guidance and Counseling

936-709-7846

Janice Lovelace

Crisis Intervention Specialist

936-709-7283

Manuel Texidor

Crisis Intervention Specialist

936-709-7844

Lindsey Taylor

Mental Health Specialist

936-709-7922

Maryanna Turrubiarres

Elementary Counseling Specialist

936-709-8002



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This document should be completed and used as the coversheet for student Suicide Protocol.

Student Name: _____

Student ID: _____

Grade Level: _____

Date of Birth: _____

Campus: _____

Date of Incident: _____

Administrator: _____

Counselor: _____



1. SECURE STUDENT

- **DO NOT LEAVE STUDENT ALONE.** Do not send the student back to class. Do not allow the student to get on the bus or drive home. Make sure an adult is with the student at all times (*including bathroom and lunch*). Do not allow the student to enter any locked facility alone.
- Staff should speak calmly to the student and do their best to protect the student's privacy. The student needs to be made aware of the limits of confidentiality (*harm to self, harm to others or being harmed will lead to needing help by informing parents/guardians and/or helping agencies*).
- Listen to the student. Let them tell you their story. **Do not add words or clarify with specific words.**

2. Complete the *Student Conference Form* (page 5) to guide discussion

3. Notify Parent/Guardian

- The School Counselor will contact the parent/guardian immediately using the student information on View-it.
- Document parent/guardian name, date, time, and contact number if different than on View-it.
- When speaking with the parent/guardian, ask that they come personally to pick up their student. If they say they cannot personally come to campus, ask them who is an adult that is available to come.
- If parent/guardian refuses to pick up their student, the School Counselor will collaborate with the Campus Administrator.
- If the parent/guardian cannot be contacted, the School Counselor and an Administrator will contact the campus CISD Police Officer. If the Officer is unavailable, contact CISD dispatch at 936-709-8911. CISD Police will assist in assessing the situation and making phone calls or transporting if necessary. If it is necessary to have EMS or CISD Police transport the student, an Administrator and/or School Counselor should accompany the student and stay until the parent/guardian arrives.

4. Conference with Parent/Guardian

- The School Counselor will conference with the parent/guardian when they arrive on campus. If the parent/guardian does not come to the campus, the conference would take place on the phone, zoom, or other available options.
- Complete the ***Parent/Guardian Conference Form*** (page 6) to guide discussion.
- Complete the ***Parent/Guardian Letter*** (page 7) and give a copy to parent/guardian.
- Complete the ***Release of Confidentiality Agreement*** (page 8) if applicable.
- Provide parent/guardian written copy of ***Resources*** (pages 13 and 14) and explain each option.

- Do not *mandate the parent/guardian take the student for a mental health or other type of evaluation before returning to school*. Make sure the parent/guardian understands that the child is welcomed at school when able to return and is not being punished.
- It is the parent's/guardian's responsibility to determine care for their child.

5. Notify Campus/District Personnel

- The School Counselor will contact the appropriate campus and/or district personnel and document the **Name, Date, and Time of Contact**.
 - Nurse: _____
 - Diagnostician (*if student receives special education services*): _____
 - LSSP (*if student receives special education services*): _____
 - Campus 504 Coordinator (*if student is under 504*): _____
 - District Crisis Intervention Specialist (*if necessary*): _____

6. Before the End of the Day

- Email the parent/guardian before you leave for the day. RECAP the meeting and event, reiterate the resources you provided, and clarify we are here to work together in creating a safety plan that supports the family and the student at school.
- Complete Suicide Protocol in View-it.

7. Follow Up

- Call the family the next day to check on the student and see if the parents/guardians need any further resources or support.

8. Reentry Plan

- If student is returning from medical care the parent will contact the School Counselor to coordinate a Reentry Meeting. The student may return before this is complete, but all efforts should be made to develop a plan prior to reentry.
- If necessary, a follow up meeting will be scheduled to discuss additional support for the child.
- Complete a **Reentry Conference Form** with the parent/guardian and school personnel to guide discussion. (*pages 11-12*)
- Maintain all paperwork and have available upon request.



Date: _____ Student Name: _____

Student ID: _____ Counselor: _____

**The purpose of this form is to help open the discussion with the student regarding the incident and give you information to share during the parent/guardian conference.
DO NOT add words or clarify the student's story with specific words.**

Brief description of what was reported to you and by whom:

- "Tell me what happened." "Tell me your story." or "Tell me why you think you are in my office." (*use the words that are age appropriate*)

Use appropriate follow up statements:

- Tell me more.
- I don't understand what you mean by ...
- Have you felt this way before?

Did the student state any of the following? (*Check all that apply and document student's statement*)

- ☐ Specific suicidal plan: _____
- ☐ Specific use of a weapon: _____
- ☐ Loss of love objects (*stuffed animals, grandparent, significant other*): _____
- ☐ Use of drugs or alcohol: _____
- ☐ New behaviors: _____
- ☐ Previous self-harm behaviors: _____
- ☐ Previous hospitalization: _____

Suicide Protocol • Parent/Guardian Conference Form



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Date: _____ Student Name: _____

Student ID: _____ Counselor: _____

Parent/Guardian Attending: ☐ In Person ☐ Phone ☐ Zoom ☐ Other: _____

**The purpose of this form is to share with the parent/guardian their child's story.
We want to make sure the parent/guardian understands the intent of the child.**

- Share with the parent/guardian the story the student told you based on the facts gathered on the ***Student Conference Form***.

- Parent/Guardian Feedback to you in reference to this information: _____

- Discuss options with the parent/guardian for an **Action Plan**:
 - Does the parent/guardian feel the student needs immediate attention?
 - Does the student have an outside counselor/therapist/medical personnel they will call?
 - Complete the ***Release of Confidentiality Agreement*** if applicable. (page 8)
 - Provide Parent/Guardian with written copy of resources (pages 13, 14), and discuss each option.

- Discuss and help the parent/guardian make a safety plan for the home. Provide the ***Helping Families Cope with Self-Harm/Suicidal Thoughts and Home Safety*** information (pages 9-10) to help guide discussion and create a safety plan.

- Complete ***Parent/Guardian Letter*** (page 7)



I, or we, _____, the parent(s)/guardian(s) of
Parent(s)/Guardian(s)

_____ were involved in a conference with
Student

school personnel on ____/____/____.

We have been notified that our child is or may be considering suicide, self-harm or harm to others. We may have been advised that we should seek immediate support and/or consultations for our child outside of school. We have been given community resources and a home safety plan. School personnel have clarified the school's role and will provide follow-up assistance for our child.

We plan to: *(please initial your choice)*

☐ Take our child home at this time.

☐ I give permission for _____ to pick up my child.

If necessary, a follow up meeting will be scheduled to discuss additional support for my child. If my child is returning from medical care, I will contact the School Counselor to schedule a reentry conference.

Parent (Legal Guardian)

Date

School Staff Member

Date

Suicide Protocol • Release of Confidentiality Agreement



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I authorize _____ to release referral information on
School Staff Member

_____ to _____.
Student *Health Resource*

_____ is also authorized to release appropriate information on
Health Resource

_____ to _____ in
Student *School Staff Member*

order to help with school support.

Parent (Legal Guardian)

Date



Helping Families Cope with Self Harm / Suicidal Thoughts and Home Safety

Today your child exhibited behavior(s) that made others concerned about their safety. In Conroe ISD no threat will be ignored. There is no simple cause and effect explanation for self-harm/suicide. The same crisis may have a minimal impact on one child and cause another to harm themselves. As the parent/guardian you know your child best. There are some things to watch for with regards to self-harm and suicidal ideation. These include:

Most Common types of Self-Harm

- Cutting
- Scratching
- Burning
- Carving words or symbols into their skin
- Hitting or punching oneself
- Piercing the skin with sharp objects (*razor blades, pens, hairpins*)
- Pulling out their hair (*on their head or other parts of their body*)
- Picking at existing wounds
- Suicide ideation/attempts

Common Warning Signs for Self-Harm

- Changes in sleep habits
- Changes in eating habits
- Withdrawing from family and friends
- Psychosomatic symptoms -- headaches, stomachaches, other unexplained aches and pains
- Drop in academic performance
- Decreased interaction with teachers and peers
- New lack of interest in school
- School refusal
- Loss of interest in treasured items or activities (*stuffed animals, sports*)

What to do if you begin to notice these signs

- Stay calm
- Directly ask your child if they are thinking of harming themselves
- Focus your concern on their well-being. Do not make the child feel as though they are in trouble.
- Listen to what they are saying
- Reassure them that you want to help and will get professional help
- Provide constant supervision -- DO NOT leave the child alone
- Get help. Ask your school counselor for resources
- Call 911 if an emergency occurs
- Call 988 for the suicide hotline

How to Make Your Home Safe

You cannot remove all risk from your home, but you can make it a safer place for your child by talking to them and securing access to things that can kill.

Medication and Alcohol

- Medication is by far the most common method of nonfatal suicide attempts for all ages.
- Do not keep lethal doses of medication on hand. Your doctor and pharmacist can advise you on safe quantities.
- Consider locking up all medication. Both over the counter and prescription medication can be lethal and have the potential for abuse.
- Dispose of medication that is outdated or you no longer need/use. Contact the Poison Control Network at 1-800-222-1222 if you need instructions on how to dispose of safely.
- Alcohol can increase the lethality of a drug overdose and should be secured. Be aware it can make a person more likely to make unwise choices.

Firearms

- Lock unloaded firearms securely and separately from ammunition.
- Secure them outside the home if unable to lock securely.

Kitchen Knives

- Put all knives out of reach of children.
- Lock them in a tall cabinet.

Other Items

- Please talk with your School Counselor regarding your child's specific outcry and possible solutions to address your home safety plan.



Student Name: _____ ID: _____

Date(s) Absent: _____ Today's Date: _____

The purpose of the Reentry Plan is to review the steps taken by the family and student since leaving campus and to coordinate all efforts to keep the student safe while in the building.

Members in Attendance

Administrator (*required*): _____

School Counselor (*required*): _____

Parent/Guardian (*required*): _____

Student (*if appropriate*): _____

Nurse (*if applicable*): _____

LSSP/Diagnostician/504 Coordinator (*if applicable*): _____

Mentor (*if applicable*): _____

CISD Police Officer (*if applicable*): _____

District Crisis Intervention Specialist (*if applicable*): _____

Translator (*if applicable*): _____

1. Resources in place/additional resources given: _____

2. Recommendations given from medical practitioner or therapist: _____

Suicide Protocol • Reentry Conference Form

(Continued)

3. Discussion about missed work, credits and absences: _____

4. Who is the student's "person" and how often will they check in? *Plan:* _____

5. Building Safety Plan:

☐ Concerns about lunch period? *Plan:* _____

☐ Concerns about bathroom use? *Plan:* _____

☐ Concerns about passing periods? *Plan:* _____

☐ Need for a nurse pass? *Plan:* _____

☐ Any changes needed in schedule? *Plan:* _____

☐ Notifications necessary to teachers/coaches/after school activities? *Plan:* _____

☐ Supervision during after school activities? *Plan:* _____

6. Time frame for review of this plan: _____ *Plan:* _____

7. Steps to be taken in case of continued safety concerns: *Plan:* _____

8. Other Concerns: _____

Conroe Independent School District Community Resources

This list is provided as a courtesy. Conroe Independent School District does not endorse, approve, or recommend any provider on the list. This list is not inclusive of all community agencies, services or organizations that provide the particular service. Omission from the list is not a reflection of the quality of a service.

Emergency Facilities

Tri-County Services Psychiatric Emergency Treatment Center

706 FM 2854 • Conroe, Texas 77301
24/7 Crisis Hotline | 1-800-659-6994
<https://tcbhc.org/our-services/crisis-services/>

Kingwood Pines Hospital

2001 Ladbrook Dr. • Kingwood, Texas 77339
281-404-1001
<https://kingwoodpines.com/>
Medicare / Medicaid

Cypress Creek Hospital

17750 Cali Dr. • Houston, Texas 77090
24/7 | 281-586-7600
<https://www.cypresscreekhospital.com/>
Medicare / Medicaid / Tricare

Woodland Springs Behavioral Health

15860 Old Conroe Rd. • Conroe, Texas 77384
936-270-7520
<https://woodlandspringshealth.com/>
Medicare / Medicaid

24/7 Emergency Rooms

Memorial Hermann | 713-897-2300
St. Luke's | 936-266-2000
Houston Methodist | 936-270-2000
Texas Children's | 936-267-5000
HCA Houston Healthcare Kingwood | 281-348-8000
HCA Houston Healthcare Conroe | 936-539-1111

Counseling

CISD Community Resources

conroeisd.net/tl/guidance-counseling/community-resources/

Mosaics of Mercy

<https://mosaicsofmercy.com/>
Helping families navigate mental health + addiction recovery

Income Based Services

Yes to Youth

Montgomery County Youth Services • Free to Youth 0 - 18
1-888-765-8682
sayyestoyouth.org

TCHAT

Limited free online counseling through
Baylor College Of Medicine
Contact your school counselor

Tri-County

Behavioral Healthcare
1-800-550-8408
<https://tcbhc.org/>

Lonestar Family Health Center

605 S. Conroe Medical Dr. • Conroe, Texas 77304
936-539-4004
<https://www.lonestarfamily.org/>



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National Resources

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National Suicide Prevention Lifeline Network

Call or Text | 988 • 1-800-273-TALK (8255)
Text Talk to 741-741
<http://www.suicidepreventionlifeline.org>

*Talk or Text with a trained
Crisis Counselor for free 24/7*

American Psychological Association

1-800-374-2721 or 202-336-5500
<http://locator.apa.org/>

Mental Health America

1-800-969-6642 or 703-684-7722
<http://mentalhealthamerica.net/>

National Teen Dating Abuse Hotline

1-866-331-9474
<http://www.loveisrespect.org>

Suicide Prevention Resource

<http://sprc.org/>

Narcotics Anonymous

1-818-773-9999
<http://www.na.org/>

SAMHSA Mental Health Provider Locator

1-877-SAMHSA-7 (1-877-726-4727)
<http://findtreatment.samhsa.gov/>

Alcoholics Anonymous

A.A. World Services, Inc.
212-870-3400
<http://www.aa.org/>

National Alliance on Mental Health (NAMI)

1-800-950-6264
<http://www.nami.org>

OK2TALK

1-800-273-TALK (8255)
<http://OK2TALK.org/>

Now MATTERS Now

<http://www.nowmattersnow.org>

The Trevor Lifeline

1-866-488-7386
www.thetrevorproject.org

Teen's Health

http://teenshealth.org/teen/your_mind/



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