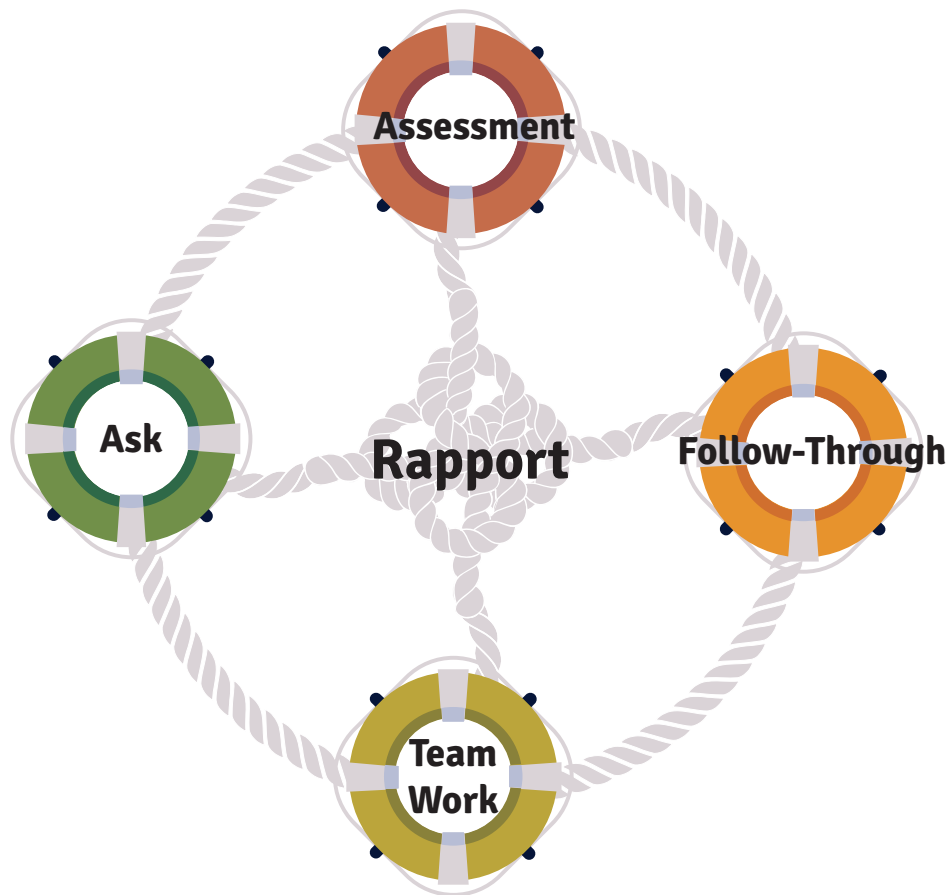
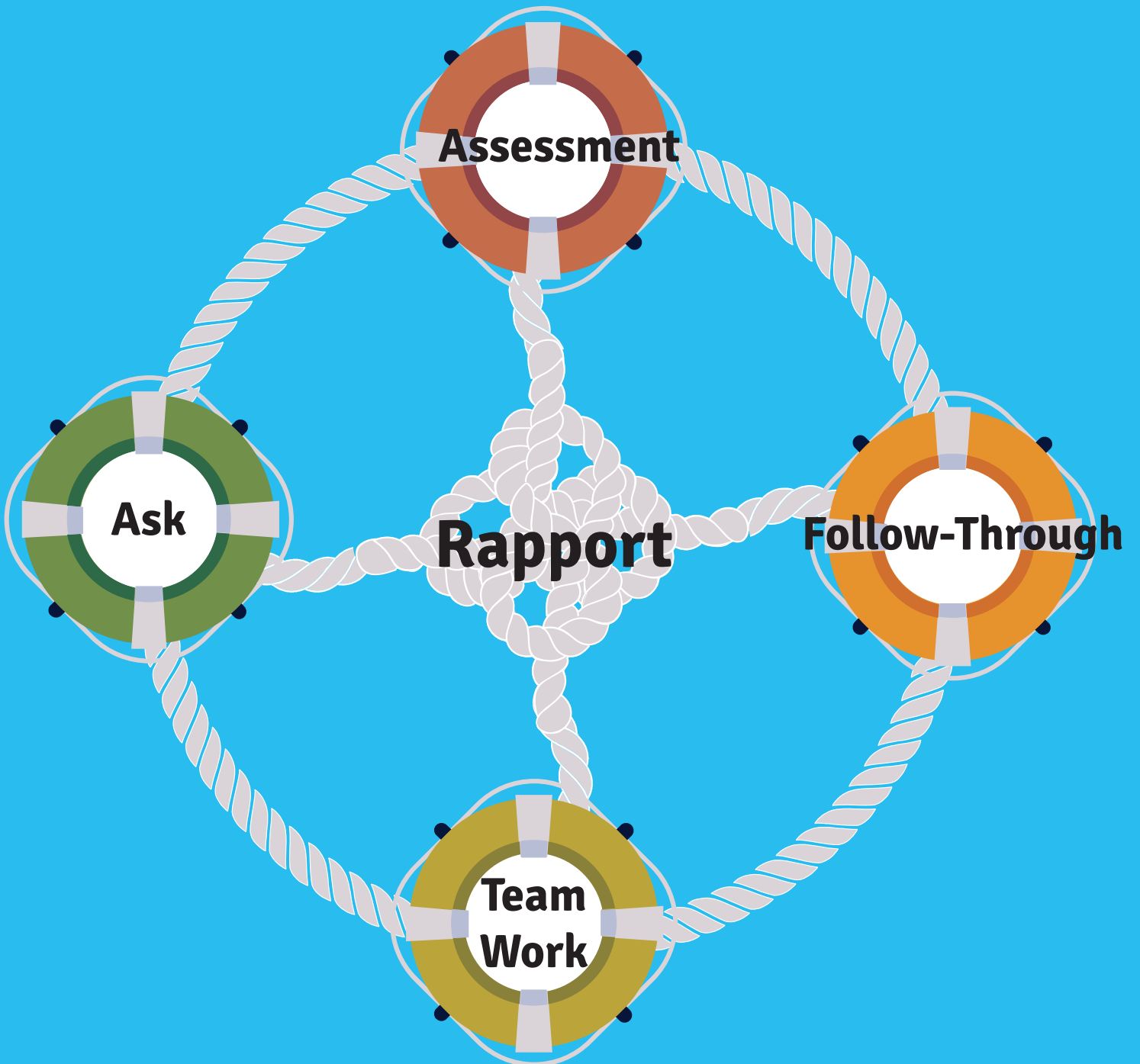


Learning Services
Nanaimo Ladysmith Public Schools
395 Wakesiah Avenue, Nanaimo, BC V9R 3K6
www.sd68.bc.ca

RAAFT Suicide Risk Assessment Guide



R A A F T





RAAFT SUICIDE RISK ASSESSMENT GUIDE

SELF-CHECK

Before you begin, please check in with yourself. Taking a few moments to focus on your breathing can help soothe nerves about proceeding with this conversation. **You are a safe and caring adult.**

RAPPORT

If there is no pre-existing relationship, introduce yourself to the student in a calm and friendly way. It's helpful to mention a connection you may have to a trusted person in the student's life.

* **Confidentiality reminder:** review your role and the limits to confidentiality around student safety.

1. Connect and check in:

Can we hang out for a few minutes?

Some easy ways to generate rapport:

- ▶ Greet the student with warmth.
- ▶ Use language that feels natural and authentic.
- ▶ Comment on student's choice of shoes, t-shirt, ball cap, etc.
- ▶ Provide a sensory distraction, e.g. silly putty, kinetic sand, art supplies.
- ▶ Ask about a surface-level topic (e.g. favourite smell of all time, favourite YouTube channel).
- ▶ Offer a snack (unless this is a known trigger).
- ▶ Ask for help with a cognitive task (e.g. sorting puzzle pieces, etc.).

How are things going for you lately?

Rate each category from 1 - 5:

(1 = absolutely awful, 5 = pretty awesome)

- ▶ Friends _____
- ▶ Family _____
- ▶ School _____
- ▶ Leisure/fun _____
- ▶ Mood _____
- ▶ Sleeping _____
- ▶ Eating _____

2. Explore any categories that are given a low rating:

- ▶ Tell me a bit more about _____
- ▶ Let's start with the _____ category what's going on there?

3. Explore any known invitations

(concerning or different behaviours, signs of distress, disclosure to a friend, etc.):

- ▶ So I know about the social media issue that happened last night.....
- ▶ A person who cares about you a lot has shared.....
- ▶ I happened to overhear.....
- ▶ I've noticed you aren't doing your hair and makeup these days.....
- ▶ I heard that you gave your cat to Ben.....
- ▶ You seem A LOT happier/more down this week.....
- ▶ How are you coping with (may uncover other harmful behaviours).....



ASK

Ask about suicide. Summarize anything you have learned from the check-in and normalize a possible connection to thoughts of death and suicide.

Important notes:

- ▶ Some students think about death/dying/ wishing they were dead, but are not actively planning their death.
- ▶ Many students make impulsive suicidal disclosures when they are highly dysregulated – it is helpful to ask if their words were connected to feeling angry/ overwhelmed, or if they are, in fact, thinking about suicide.
- ▶ Impulsive disclosures with no true suicidal intent do not require a full discussion and assessment, but rather a support plan that involves direct teaching of accurate expression and self-regulation strategies.

Possible sentence starters:

- ▶ Sometimes when we are really struggling with our mood and life circumstances.....
- ▶ Sometimes when our emotions are extremely intense.....
- ▶ Sometimes when we lose someone we love.....
- ▶ Sometimes when something horrible happens.....

Connect to:

- ▶ ...we start to think it would be better or easier if we were dead.
- ▶ ...we start to wonder if people would even care if we were dead.
- ▶ ...we start to think that suicide is the only way to end our pain.

End with:

- ▶ Is this happening to you?
- ▶ Are you thinking of killing yourself?

Addressing student response:

- ▶ If the student responds with “no”, but you are still concerned, continue to ask about their wellbeing and **revisit the question.**
- ▶ If the student responds with “yes”, it is helpful to **acknowledge their courage to share their pain.**
 - ▶ **Do** express a genuine desire to support them and proceed with the assessment phase of the conversation.
 - ▶ **Do not** redirect the focus to something positive or promise that things will get better soon (this can be experienced as invalidating and may trigger intense emotions).

ASSESSMENT

	Mild	Moderate	High/Imminent
Ideation (Frequency and Intensity): How often do you have these thoughts?	<ul style="list-style-type: none"> ▶ Has periodic thoughts about death or not wanting to live that last a short time. 	<ul style="list-style-type: none"> ▶ Regularly occurring intense thoughts of death &/or wanting to die that are difficult to dispel. 	<ul style="list-style-type: none"> ▶ Intense and pervasive thoughts of suicide.
Immediacy of Plans: Do you have an actual plan? How soon?	<ul style="list-style-type: none"> ▶ No immediate suicide plan. ▶ No threats. ▶ Does not want to die. 	<ul style="list-style-type: none"> ▶ Not sure when but soon. ▶ Indirect threat. ▶ Ambivalent about dying. 	<ul style="list-style-type: none"> ▶ Has imminent date and time in mind. ▶ Clear threats. ▶ Doesn't want to live. ▶ Wants to die.
Suicidal Model: Do you know anyone who has attempted/completed suicide?	<ul style="list-style-type: none"> ▶ No model 	<ul style="list-style-type: none"> ▶ Past model 	<ul style="list-style-type: none"> ▶ Recent model
Concept of Death: What do you think will happen to you after you die? (explore understanding of permanence, spiritual /cultural/ family)	<ul style="list-style-type: none"> ▶ Serious, permanent irrevocable 	<ul style="list-style-type: none"> ▶ Belief that you re-appear in some manner. ▶ Body gone, spirit continues 	<ul style="list-style-type: none"> ▶ Any idea that death is not permanent
Hopelessness vs. Reason to Live: What are your reasons to live?	<ul style="list-style-type: none"> ▶ Wants things to change and has some hope. ▶ Has some future plans. ▶ Has social connections. 	<ul style="list-style-type: none"> ▶ Pessimistic hope. ▶ Vague, negative future plans. 	<ul style="list-style-type: none"> ▶ Feels hopeless, helpless, powerless. ▶ Sees future as meaningless.

ASSESSMENT

	Mild	Moderate	High/Imminent
<p>Support / Protective Factors: Who are the supportive people in your life? (Are you seeing a counsellor or doctor now or in the past? Are you taking medication?)</p>	<ul style="list-style-type: none"> ▶ Feels cared for by family, friends and/or other adults. ▶ Some supports in place 	<ul style="list-style-type: none"> ▶ Moderate conflict with parents or peers. ▶ Minimal or inconsistent supports in place 	<ul style="list-style-type: none"> ▶ Intense conflict with parents and/or peers. ▶ Socially isolated. ▶ Perceived lack of support.
<p>Level of Emotional Distress: On a scale of 1-10, what is your level of (emotional) pain?</p>	<ul style="list-style-type: none"> ▶ 1 – 3 Mild emotional hurt. 	<ul style="list-style-type: none"> ▶ 4-6 Moderately intense. 	<ul style="list-style-type: none"> ▶ 7-10 Unbearable emotional distress or despair.
<p>Substance use: Did you drink alcohol or take anything today? Have you used in the past?</p>	<ul style="list-style-type: none"> ▶ No History 	<ul style="list-style-type: none"> ▶ Mild/Moderate use. 	<ul style="list-style-type: none"> ▶ Daily/heavy use ▶ Used today

ASSESSMENT

Additional Considerations

Notes:

Risk to Others: Are you feeling angry with anyone? (Does there appear to be a risk to others/ parents/ girl-boyfriend, community? If risk exists, VTRA should be completed.)

History of Mental Illness: Have you ever been diagnosed with depression or anything else? Are you feeling sad/down? Feeling worthless/hopeless? Feeling tired/fatigued? Change in eating or sleeping? Feel guilty? Irritability? Concentration in school? Not getting as much pleasure from fun things as usual?

Psychosis: Determine if youth hears voices (esp. command voices); hallucinates (seeing, hearing, feeling, or smelling); delusional thoughts (paranoia, grandiose beliefs); flat/blunted affect; decreased functioning, unkempt/unwashed appearance.

Other Intersectional Risk Factors:

- ▶ Non-suicidal self injury
- ▶ Suicidal friends
- ▶ LGBTQ
- ▶ Aboriginal
- ▶ Victimization
- ▶ Loneliness
- ▶ Family stress
- ▶ Medication (side effects)
- ▶ Recent/current loss
- ▶ Criminal charges
- ▶ Impulsivity
- ▶ Extreme poverty financial distress
- ▶ Parents/ caregivers do not take suicidal behaviour seriously
- ▶ Trapped
- ▶ Guilt



FOLLOW THROUGH

(Immediate Action Steps)

Do not leave a suicidal person alone

1. Create a Safety Plan with the student (see template attached):

Note: Activate emergency response (911) if:

- (a) The student is an immediate danger to themselves (e.g. they have a weapon, they have ingested a substance) or
- (b) The student is unable to participate in the intervention and appears agitated.

2. In the Notes/Comments section, summarize:

- (a) The student's situation/precipitating events.
- (b) The student's strongest protective factors.

3. Determine the student's current level of risk (consult with a colleague whenever necessary):

- ▶ MILD (mostly mild indicators)
- ▶ MODERATE (mostly moderate indicators)
- ▶ HIGH (mostly high indicators)

4. Contact the student's parent/guardian to review the Safety Plan (in person is best, but not always possible):

- ▶ Discuss how the child will be kept safe at home (e.g. supervision/monitoring of physical safety and social media usage, removal of sharps and access to medications, etc.).

- ▶ Document any concerns you may have about the parent taking the situation/plan seriously (or following through).
 - ▶ Call MCFD to report a child protection concern if the parent seems unsupportive or uncooperative.
- ▶ Invite the parents to meet with the school team for follow-up support on:

Date: _____

5. Inform the student and parent of the current community supports available, should additional assessment be required:

- ▶ Vancouver Island 24 Hour Crisis Line:
Phone: 1-888-494-3888
- ▶ Community Outreach Reponse Team (COR)
Hours: 8:00 a.m. - 9:30 p.m. 7 days a week access via Crisis Line
- ▶ Brooks Landing Crisis Counselling (Island Health) 203-2000 Island Highway North Nanaimo, BC V9S 5W3 Phone: 250-739-5710
Hours: 10:00 a.m. - 6:15 p.m.
Monday to Friday
- ▶ Aboriginal Child & Youth Mental Health / Child & Youth Mental Health
301 – 190 Wallace Street, Nanaimo BC
Phone: 250-741-5701
Hours: 8:30 a.m. - 4:30 p.m. Monday - Friday
Walk-in hours: 9 a.m. - 12 p.m; 1: p.m. - 3 p.m;
Wednesdays and Thursdays

TEAM WORK

How can we gather together as a school team to support this student?

- ▶ Student strengths

How can we increase protective factors?

- ▶ What community supports will be introduced/reviewed?

- ▶ Contact time added/increased with the following school district staff:
 - 1.
 - 2.
 - 3.
- ▶ What hope-building resources can be introduced to the student? (e.g. extra-curricular activities, sports teams)

- ▶ Within school environment:
Examples - cooking, cultural activities

- ▶ Within the community:
Examples - sports, baby-sitting course, summer camps, martial arts, swim pass, yoga

- ▶ Contributors to the plan:
 - 1.
 - 2.
 - 3.



SAFETY PLAN

Student Name: _____

Date: _____

MY WARNING SIGNS

- ▶ _____
- ▶ _____
- ▶ _____

THINGS I CAN DO TO DISTRACT / CALM MYSELF

- ▶ _____
- ▶ _____
- ▶ _____

SOCIAL SITUATIONS AND/OR PEOPLE THAT CAN HELP SUPPORT/ CALM ME

- ▶ _____
- ▶ _____
- ▶ _____

MAKING THE ENVIRONMENT SAFE (Including: removal of substances, weapons, sharps, money, social media)

- ▶ _____
- ▶ _____
- ▶ _____

PEOPLE WHO I CAN ASK FOR HELP (e.g: parent, relative, familiar adult, school staff)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

EMERGENCY CONTACTS

Name: _____ Phone: _____

Name: _____ Phone: _____

PROFESSIONALS OR AGENCIES I CAN CONTACT DURING A CRISIS

- ▶ Call 911 - If you are in immediate danger
- ▶ Vancouver Island 24 Hour Crisis Line
Phone: 1-888-494-3888
Text: 250-800-3806 (6 p.m. to 10:00 p.m.)
Chat: viccrisis.ca (6 p.m. to 10:00 p.m.)
- ▶ Brooks Landing Crisis Counselling
203-2000 Island Highway North
Phone: 250-739-5710
Hours: 10 a.m. to 6:15 p.m. Monday to Friday
- ▶ First Nations Hope for Wellness Help Line
1-855-242-3310 or connect to the online chat at hopeforwellness.ca.
- ▶ Child and Youth Mental Health Clinician

Name: _____ Phone: _____
- ▶ School Counsellor/CYFSW:

Name: _____ Phone: _____
- ▶ Send to:
Senior HR Manager – Mental Wellness
c/o DAC – HR – in a sealed envelope marked “Confidential”

Original for Assessor

stored confidentially and securely for a period of no less than one year from date of completion by the individual conducting the

COPING CARDS



HELPFUL ACTIVITIES:

- ▶ _____
- ▶ _____
- ▶ _____

HELPFUL PEOPLE:

- ▶ _____
- ▶ _____
- ▶ _____

HELPFUL THOUGHTS:

- ▶ _____
- ▶ _____
- ▶ _____

24 HOUR KIDS HELP PH: 1-800-668-6868

FIRST NATIONS HOPE PH: 1-855-242-3310 CHAT: HOPEFORWELLNESS.CA

24 HOUR VANCOUVER ISLAND CRISIS LINE: PH: 1-888-494-3888
TEXT: 250-800-3806 CHAT: VICRISIS.CA (6 P.M. TO 10:00 P.M.)

BROOKS LANDING ADDRESS: 203-2000 ISLAND HWY N.
HOURS: 10 A.M. TO 6:15 P.M. MONDAY TO FRIDAY

HELPFUL ACTIVITIES:

- ▶ _____
- ▶ _____
- ▶ _____

HELPFUL PEOPLE:

- ▶ _____
- ▶ _____
- ▶ _____

HELPFUL THOUGHTS:

- ▶ _____
- ▶ _____
- ▶ _____

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BROOKS LANDING ADDRESS: 203-2000 ISLAND HWY N.
HOURS: 10 A.M. TO 6:15 P.M. MONDAY TO FRIDAY

HELPFUL ACTIVITIES:

SAMPLE

- ▶ *crafts, sports, trampoline, run/walk*
- ▶ *cuddling a pet, journaling/writing,*
- ▶ *play instrument, reading/drawing*
- ▶ **try to avoid video games, social media, violent media*

HELPFUL PEOPLE:

- ▶ *parent, relative, neighbour, school staff*
- ▶ *counsellor, doctor, community (pastor, coach)*
- ▶ *friends who get it/understand (not also suicidal)*

HELPFUL THOUGHTS:

- ▶ *I am kind, I am brave, I am creative, I can get through this,*
- ▶ *I have people who love me, I love my dog*
- ▶ *I love _____, I'm looking forward to _____*

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HELPFUL ACTIVITIES:

- ▶ _____
- ▶ _____
- ▶ _____

HELPFUL PEOPLE:

- ▶ _____
- ▶ _____
- ▶ _____

HELPFUL THOUGHTS:

- ▶ _____
- ▶ _____
- ▶ _____

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COPING CARDS

HELPFUL ACTIVITIES:

HELPFUL PEOPLE:

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HELPFUL THOUGHTS:

HELPFUL ACTIVITIES:

SAMPLE

HELPFUL PEOPLE:

crafts cuddling a pet
sports journaling/writing
trampoline play instrument
run/walk reading/drawing

parent community
relative (pastor, coach)
neighbour friends who get it/
school staff understand
counsellor (not also suicidal)

*try to avoid video games, social media,
violent media

*Adult must be included

24 HOUR KIDS HELP PH: 1-800-668-6868

FIRST NATIONS HOPE PH: 1-855-242-3310 CHAT: HOPEFORWELLNESS.CA

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HOURS: 10 A.M. TO 6:15 P.M. MONDAY TO FRIDAY

HELPFUL THOUGHTS:

I am kind I can get through this
I am brave I have people who love me
I am creative I love my dog
I am great at _____
I love _____
I'm looking forward to _____
I want to be a _____ when I'm older



RAAFT Assessment – Assessor/District Document Nanaimo Ladysmith Public Schools

Do not place in student’s general or designation file

Name of Student _____ MyEd # _____ D.O.B. _____

Student’s School _____ School Phone _____

Grade _____ Gender _____ Date _____ Time _____

Parent(s) has been contacted

Parent/Guardian (Mother) _____ Home Phone _____ Cell/Work _____

Parent/Guardian (Father) _____ Home Phone _____ Cell/Work _____

Upon Completion of RAAFT Assessment (indicate assessment below)

MILD RISK

MODERATE RISK

HIGH / IMMINENT RISK

Description:

Signatures

Form and assessment completed by _____ Date _____

Signature _____ Role _____

Consulted with _____ Date _____

Principal’s Name _____ Date _____

Principal’s Signature _____

Sent to:

1) Copy to Manager

Senior HR Manager – Mental Wellness

✓ c/o DAC – HR – in a sealed envelope marked “Confidential”

2) Original for Assessor

✓ stored confidentially and securely for a period of no less than one year from date of completion by the individual conducting the assessment

The information on this form is collected under the authority of the School Act, Sections 13 and 79. The information provided will be used for educational program purposes and, when required, may be provided to health services, social services or other support services as outlined in Section 79(2) of the School Act. If you have any questions about the collection and use of this information, please contact the principal of your school or the Information and Privacy Officer, Nanaimo Ladysmith Public Schools, 395 Wakesiah Avenue, Nanaimo, BC V9R 3K6.

Telephone 250 754-5521



NOTES / COMMENTS

A series of 20 horizontal dotted lines for writing notes or comments.

