

SUICIDE & SELF-HARM:

A PREVENTION & RESPONSE TOOLKIT FOR EDUCATORS



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FOREWORD AND INTRODUCTION

“Everybody can be great...because anybody can serve. You don’t have to have a college degree to serve. You don’t have to make your subject and verb agree to serve. You only need a heart full of grace. A soul generated by love.” -Dr. Martin Luther King

In a recent poll of 858 teachers by the Association of Teachers and Lecturers, 75 percent of respondents reported that they entered the profession because they wanted to make a difference. Although *making a difference* likely holds a different meaning for each new teacher, it can be reasonably assumed that academic proficiency is only one piece of what drives millions of dedicated educators to arrive at schools across the country each day. Academic growth is an unquestionably high priority, yet it is secondary to creating a safe and supportive learning environment in which the basic needs and well-being of youth are assured. Only then are students available to learn, interact, and grow into individuals who are prepared to excel in college, career, and civic life.

Background

Despite an ongoing focus on social-emotional learning and the physical and emotional well-being of youth in America, a growing number of students continue to experience severe challenges related to anxiety, depression, self-harm and ultimately, suicidal ideation. Whether due to societal pressures, academic stress, bullying, relationship challenges, or mental health factors, rates of suicide among youth continue to increase.

According to the Center for Disease Control, suicide is now the second leading cause of death for youth between the ages of 10 and 24, and results in approximately 4,600 lives lost each year (CDC, 2015, 2016). The number of students who have survived suicide attempts is also staggering. Data indicates that for every youth suicide that occurs, there have been nearly 34 attempts resulting in approximately 157,000 youths who receive medical care for self-inflicted injuries in hospitals across the country each year. A nationwide survey of students in grades 9–12 in public and private schools in the United States found that 16 percent of students reported seriously considering suicide, 13 percent reported creating a plan, and 8 percent reporting trying to take their own life in the 12 months preceding the survey (CDC, 2015).

Suicide affects all youth groups, but some groups are at higher risk than others. Males are more likely than females to die from suicide. Of the reported suicides in the 10 to 24 age group, 81 percent of the deaths were males and 19 percent were females. However, females are more likely to report attempting suicide than males. Cultural variations in suicide rates also exist, with Native American/Alaskan Native youth having the highest rates of suicide-related fatalities. A nationwide survey of students in grades 9-12 in public and private schools in the U.S. found Hispanic youth were more likely to report attempting suicide than their black and white, non-Hispanic peers. Studies have also shown that lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth are up to four times more likely to attempt suicide than their non-LGBTQ peers.

With those statistics in mind, a nationwide survey conducted by The Jason Foundation indicated that **the number one person that a student would turn to when trying to help a friend at-risk of suicide is a teacher** and there is no greater opportunity to make a difference than by providing the life-saving support a student requires. Therefore it is imperative that teachers and other school personnel be equipped with the knowledge and skills needed to effectively assist students at risk of suicide.

“Every school in our district had a crisis plan if a staff member died of cancer or a student got in a car accident. But suicide... it wasn’t on my agenda. We just did not think it was going to happen here. Unfortunately, we learned the hard way. It was only after we had a [death in our school community by] suicide that we realized we needed to take a comprehensive approach to preventing a tragedy like this. And we realized we needed to involve everybody—the school staff, students, parents, and the community.”
– New England School District Superintendent

This fact was acknowledged by California State Legislature in September, 2016, with the passing of Assembly Bill 2246, a bill that requires the adoption of suicide prevention, intervention, and follow-up plans by California school districts/LEAs with students in grades 7-12. Note: In order to support schools in developing plans that align with the requirements of AB 2246, a sample policy is included as an Appendix to this handbook [see Appendix I].

“Aside from students’ own families, teachers often spend more time with at-risk kids than anyone else, but it is difficult to help if they don’t recognize the warning signs or have access to resources at their schools. With the first state law in the nation to require middle and high school suicide prevention education... California can now serve as a model for schools nationally.”
– Rick Zbur, Executive Director of Equality California.

Spotlight On Prevention

“Suicide prevention is important to me because I am alive because of people who cared enough to make sure I was OK” - @TWOLHA, Suicide Survivor

According to the Suicide Prevention Resource Center, the best way to prevent suicide is through a comprehensive approach that utilizes **school-wide prevention** to promote emotional well-being and connectedness among all students. As outlined by AB 2246, it is essential that all **students and personnel are knowledgeable** in how to identify students who may be at risk for suicide, as well as confidently know how to get help. Lastly, schools must **be prepared to respond** when a suicide attempt or death occurs. In order to align with these recommendations, this handbook is organized to provide resources related to each of the aforementioned areas with the goal of providing personnel with the tools and guidance needed to maintain the safety and well-being of all members of the school community.

Local Control and Accountability Plan (LCAP)

In addition to reinforcing best practices to support the well-being of students, expectations of the newly passed AB 2246, and an increased focus on school-wide Multi-Tiered System of Support (MTSS), the components of this handbook also align with three of the eight priority areas that must be addressed in each LEA’s LCAP: Parental Involvement, Pupil Engagement and School Climate.

A Note On Suicide and Self-Harm

Self-harm refers to a person who intentionally harms their own body. According to The U.S. Department of Health and Human Services, individuals who self-harm do not often intend to end their own lives, however, they are at higher risk for attempting suicide if underlying emotional needs are left untreated. This may be due to the widely accepted theory that self-harm provides the individual with a sense of emotional relief from personal problems. Due to the prevalence of self-harming behavior and common misconceptions regarding the relationship between self-harm and suicide, additional information regarding etiology, identification and interventions have been included in this handbook in order to assist personnel in supporting students who engage in self-harming behaviors.

Four Additional Reasons Schools Should Address Suicide

According to the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Mental Health Services (SAMHSA), schools have four unique reasons for taking action to prevent youth suicide:

1. Maintaining a safe school environment as part of a school's overall mission.
 - There is an implicit contract that schools have with parents to protect the safety of their children while they are in the school's care. Fortunately, suicide prevention is consistent with many other efforts to protect student safety.
 - Many activities designed to prevent violence, bullying, and the abuse of alcohol and other drugs may also reduce suicide risk among students (Epstein & Spirito, 2009).
 - Programs that improve school climate and promote connectedness help reduce risk of suicide, violence, bullying, and substance abuse (Resnick et al., 1997; Blum, McNeely, & Rinehart, 2002).
 - Efforts to promote safe schools and adult caring also help protect against suicidal ideation and attempts among LGBTQ youth (Eisenberg & Resnick, 2006).
 - Some activities designed to prevent suicide and promote student mental health can reinforce the benefits of other student wellness programs.
2. A student suicide can significantly impact other students and the entire school community. Knowing what to do following a suicide is critical to helping students cope with the loss and prevent additional tragedies that may occur.
3. Students' mental health can affect their academic performance. Depression and other mental health issues can also interfere with the student's ability to learn and can affect academic performance.
4. Schools have been charged for negligence for the following: Failure to notify parents if their child appears to be suicidal, failure to get assistance for a student at risk of suicide, failure to adequately supervise a student at risk of suicide.

History Of The El Dorado County Suicide Crisis Handbook

In order to respond to the growing prevalence of suicide amongst youth, an interagency community task force was formed within El Dorado County to examine ways the community could work together to strengthen suicide prevention and to assist school personnel in the event of a suicide. The original School Suicide Response Handbook was written as a result of task force efforts, which was then revised in the 2011-2012 school year. During the 2016-2017 school year, the El Dorado County SELPA/ Charter SELPA revisited this valuable handbook and included an increased focus on prevention, self-harm, updated recommendations on risk assessment and response, updated curriculum and tools, and information regarding Educationally Related Mental Health Services (ERMHS).

Use of This Handbook

The El Dorado County SELPA/Charter SELPA *Suicide Response Handbook: School-based Strategies for Prevention, Intervention and Postvention* resource is a compilation of useful information, tools and resources for school personnel to utilize in preventing and/or responding to self-harm or suicide. Each section was written and designed to be accessed independently. In the event that a section relates to another within the handbook, a notation and page number to the supporting document is included for your reference. The supplemental resources included within the appendices of the handbook may be utilized in conjunction with specific sections, or in isolation. The goal of this document is to support school personnel in the following general areas:

- Understanding the value of school-wide support systems (MTSS)
- Locate prevention curriculum, programs and tools that meet the unique needs of the individual school community
- How to establish a crisis response team and partner with community agencies
- How to identify warning signs and protective factors
- Understand what to do if a student is self-harming
- Understand the essential elements of suicide risk assessment
- How to notify parents regarding suicide risk and when to contact law enforcement
- Understand the relationship between Educationally Related Mental Health Services (ERMHS) and suicide, including what to do if a student is hospitalized
- What to do if a student dies by suicide (immediate response protocol)
- How to communicate with students, personnel, media, and the community following a suicide
- Understand the grieving process and how to support students following a suicide
- Guidelines for ongoing support, including anniversaries of the death
- How to access additional resources
- How to develop a district/LEA suicide policy (*Model policy-Appendix I*).

The overarching goal of this handbook is to continue to provide educators with the tools and resources needed to make a difference in the lives of their students by promoting competence and confidence when confronted with a suicide crisis. In the event that a crisis occurs, this handbook may also be utilized to guide personnel through the immediate and long term response, communication and support within the school community. If you have any questions about this document, please contact the El Dorado County SELPA/Charter SELPA at (530) 295-2462.

ACKNOWLEDGMENTS

The School Suicide Response Handbook (2003) was originally written and compiled through the collaborative efforts of the School Suicide Response Handbook Committee. This was a subcommittee of the El Dorado Community Task Force on Suicide Prevention and Crisis Response. The members of the School Suicide Response Handbook Committee were: Irene Elliott, Jackie Hamilton, Gail Hancock, and Donna Bazett.

The original handbook would not have been possible without the direction and support of The El Dorado Community Task Force on Suicide Prevention and Crisis Response. Many community agencies and school district personnel also contributed to this effort. The School Crisis/Suicide Response Handbook Committee acknowledged the following people and agencies for their assistance and input.

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During the 2011-2012 school year, a new task force was formed for the purpose of revising and updating the handbook. Members of the task force included:

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During the 2016-2017 school year, the El Dorado County SELPA/Charter SELPA expanded this handbook incorporating resources from El Dorado County SELPA/Charter SELPA in addition to materials derived from the National Association of School Psychologists (NASP) and the U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration. *Preventing Suicide: A Toolkit for High Schools*. HHS Publication No. SMA 12-4669. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2012.

SECTION 1

Prevention

SCHOOL-WIDE SUPPORT SYSTEMS

“An ounce of prevention is worth a pound of cure.” - Benjamin Franklin

In order to effectively support the safety and well-being of all students, it is recommended that suicide prevention efforts be implemented at the school-wide, small group, and individual levels. The implementation of school-wide supports are not only valuable for students at-risk of suicide or self-harm, but provide all students and personnel with the knowledge and skills to identify warning signs, support someone in need, and know when to seek help.

In order to support school-based teams in identifying tools that meet the unique needs of their students, comprehensive lists of suicide prevention programs, curriculum, and resources are included within this section. The Positive Behavioral Interventions and Supports (PBIS) program is highlighted as an example of an evidence-based, school-wide program individually designed by school personnel to meet the diverse needs of all students, at all grade levels, and all stages of need.

Social-emotional and academic needs are often intertwined, and supports for each should not be provided in isolation. Therefore, a brief introduction to Multi-Tiered System of Supports (MTSS) has also been included within this section to allow teams to consider development of a framework within which all systems of support are intentionally aligned, effectively implemented, and consistently monitored, thus allowing teams to make data-based decisions regarding student support.

In addition to school-wide supports, resources have been included to guide school personnel in establishing a crisis response team, identifying community resources, understanding the warning signs, and planning for self-care before an incident occurs.

Intentionally building and aligning systems to support students may not only prevent a suicide crisis from occurring, but also enhance the ability of all members of the school community to respond confidently to maintain the safety of a student in need.

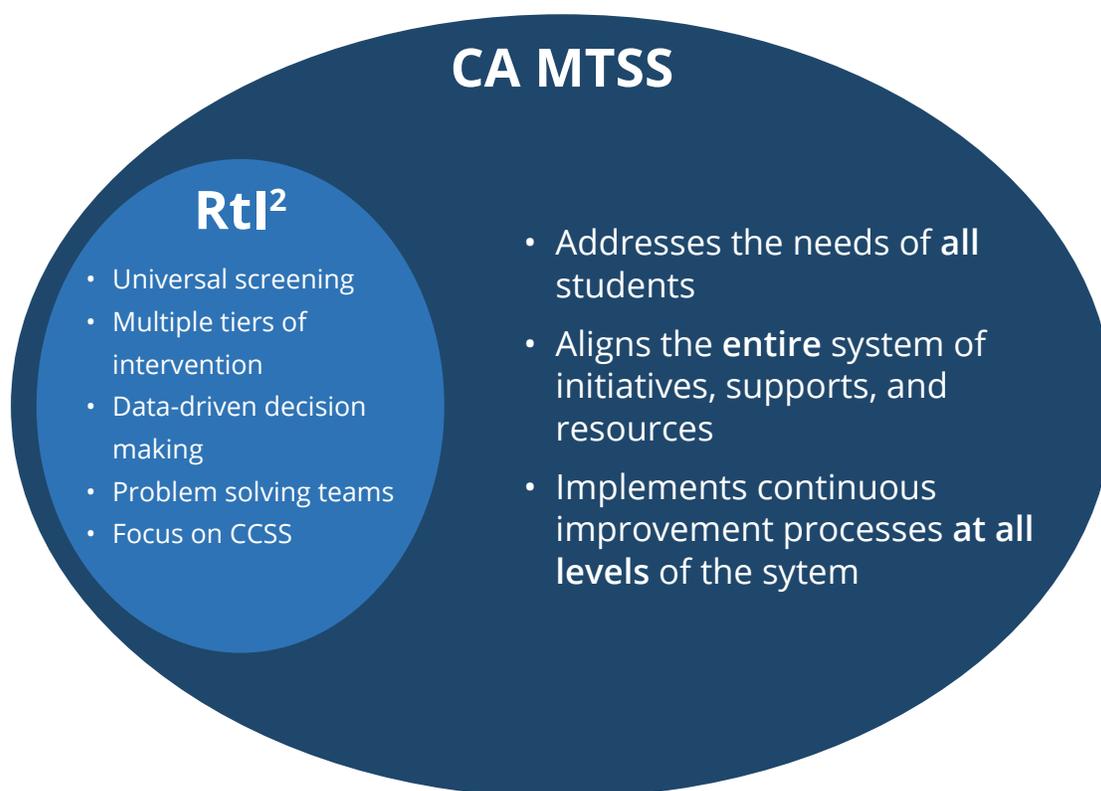
MULTI-TIERED SYSTEM OF SUPPORTS (MTSS)

The Multi-Tiered System of Supports (MTSS) model provides a coordinated system of supports and services that are crucial for ensuring appropriate and timely attention to students' needs, including those related to suicide prevention and response. It expands California's Response to Intervention (RtI²) process by aligning all systems of high quality instruction, support, and intervention and including structures for building, changing, and sustaining systems. In addition, assessments and progress monitoring are employed to allow for a data-based, problem-solving approach to instructional decision making (CA ELA/ELD Framework, 2014).

MTSS offers the potential to create needed systemic change that quickly identifies and matches the needs of all students through intentional design and redesign of services and supports (California Department of Education, 2015).

Key Elements of Response to Instruction and Intervention (RtI²) and MTSS Models

The following chart shows key elements of the MTSS and RtI² models:



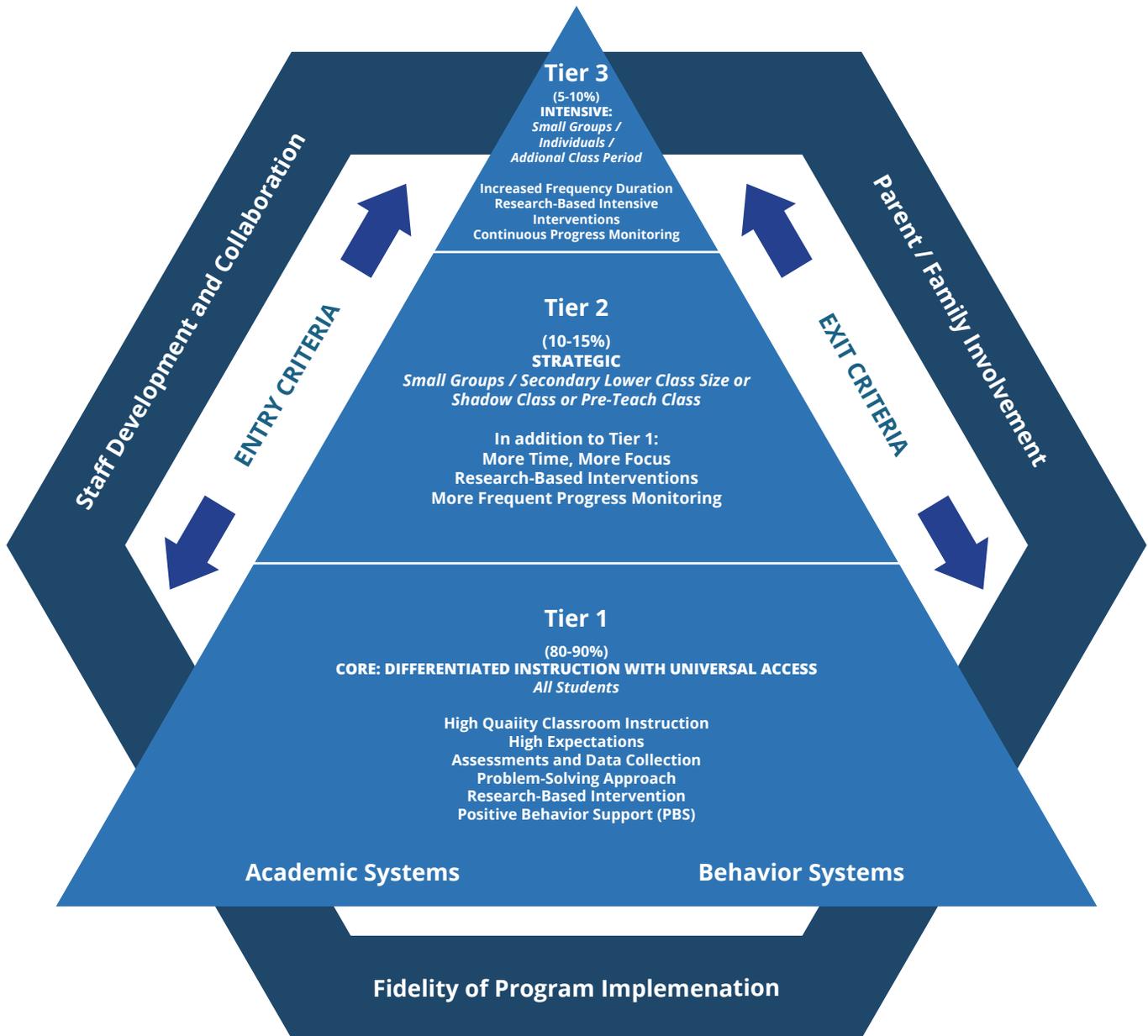
Distinction Between MTSS and RtI²

It is not uncommon to hear the terms RtI² and MTSS used interchangeably; however, in many instances, the intentions of RtI² do not align with the principles and practices of MTSS. The California Department of Education's (CDE) RtI² processes focus on students who are struggling academically and provide a vehicle for teamwork and data-based decision making to strengthen their performance before and after educational and behavioral problems increase in intensity (CDE, 2015). Alternately, principles and

practices of MTSS are based upon creating successful and sustainable system change and determining what is necessary to provide effective instruction to all students (Kansas MTSS: The Integration of MTSS and RtI).

The following graphic provides an example of the MTSS system focusing on both academic and social emotional supports, and critical supporting details, such as exit/entry criteria, personnel development and collaboration, parent and family involvement, and fidelity to the program.

**California's Response to Instruction and Intervention (RtI2)
Multi-tiered Framework: A Collaborative and Responsive System
to Support for Every Kindergarten-12th Grade Student**



MTSS and Suicide Prevention

Suicide prevention and response efforts can be seamlessly integrated into the MTSS framework. Listed below are examples and considerations of how interventions related to suicide and self-harm may be incorporated into each tier. This is not an exhaustive list, but rather a starting point from which to build alongside existing support systems at your school site.

Tier One: School-Wide Support

- Personnel training.
- Parent training.
- School-wide social-emotional curriculum/programs.
- School-wide suicide prevention program implementation (page 1.8).
- Universal screening.

Although not specifically included in Tier I support, prior to a crisis occurring it is essential to develop immediate response procedures and connect with community resources to ensure that all stakeholders are prepared in the event of an imminent risk or student death by suicide.

Tier Two: Supporting At-Risk Youth

- Screening of at-risk students (see Risk Assessment section for additional information).
- Training for personnel to monitor warning signs.
- Training for parents to monitor warning signs.
- Hold conference with parents to brainstorm needed areas of support. Consider both academic and social-emotional needs.
- Access to school-based mental health services and monitoring.
- Referral to community-based mental health professionals, if appropriate.

Tier Three: Responding to Threats of Suicide

- Complete risk assessment.
- Implement crisis protocol. Utilize the Immediate Actions/First 48 Hours Checklist for response protocol (page 6.1).
- Follow procedures for contacting parents (page 3.14).
- Maintain safety of student; contact law enforcement if necessary (page 3.18).
- Follow procedures to respond to an attempted suicide on campus (page 5.4) or death by suicide (section 6).
- Plan for ongoing monitoring and support for students and personnel (page 11.1).

The graphic below was designed by the Washington Office of Public Instruction and illustrates one example of how suicide prevention may be designed and implemented through the lens of MTSS:

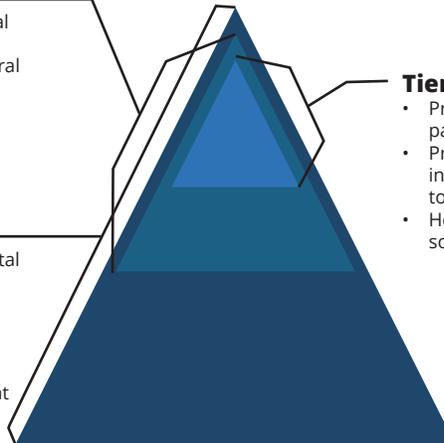
Suicide Prevention through the MTSS Lens

Tier II: Selective Programming

- MOU with local or regional Primary Care and Behavioral Health Service Provider
- Referral of students screened to primary care, behavioral health, and other social support services.

Tier I: Universal Programming

- Essential Academic Learning Standards to include mental health and suicide prevention.
- School District Plan Components:
 - Personnel Training and Certification
 - Procedures for how personnel should respond to suspicions, concerns, or warning signs
 - Recognition, screening, and referral procedures that incorporate personnel expertise



Tier III: Indicated Programming

- Protocols and procedures for communication with parents
- Protocol and procedure for how personnel are to respond in a crisis situation where a student is in imminent danger to themselves or others
- How the district will provide support to students and personnel after an incident of violence or youth suicide

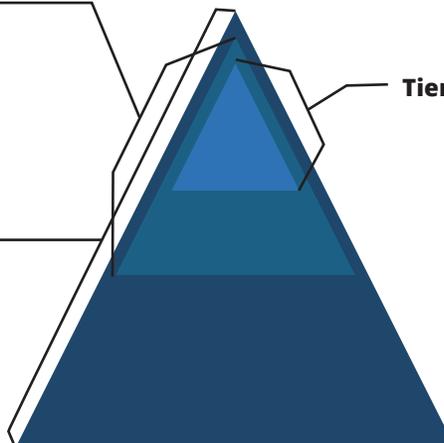
<http://www.k12.wa.us/SafetyCenter/pubdocs/2016DecAdvMtng/SuicidePreventionSafetySummit12-8-16.pdf>

Using the information and the graphic above as a guide, complete the chart below to indicate how suicide prevention and response may fit within the MTSS framework on your school site:

Suicide Prevention through the MTSS Lens

Tier II: Selective Programming

Tier I: Universal Programming



Tier III: Indicated Programming

For additional information on MTSS, including support in next steps toward aligning systems of support, please refer to the SELPA Professional Learning Catalog or contact your SELPA Program Specialist.

POSITIVE BEHAVIORAL INTERVENTIONS AND SUPPORTS (PBIS)

What Is PBIS?

The mission of PBIS is to enhance personnel knowledge and skills in order to build capacity of schools to address challenging behavior. It is a framework for establishing the social culture and behavioral supports needed for a school to achieve behavioral and academic outcomes for all students. PBIS requires a collaborative (team-based), educative, proactive, and functional process to developing effective interventions for behavioral needs. As indicated in the graphic below, PBIS includes the development and implementation of strategic school-wide, classroom-based and individualized interventions.



A Paradigm Shift

The focus of PBIS is a shift from a reactive model of student support to a proactive, or instructional, preventative model of managing student behavioral and social/emotional needs. This approach fosters internal motivation, self-regulation, increases engagement and builds a positive school culture in which personnel are equipped with skills to support a range of student needs. On a more individualized level, data is used to monitor student progress which allows teams to make informed decisions regarding ongoing support. This high level of ongoing support and monitoring is an invaluable tool for targeting suicide prevention efforts.

PBIS Resources

- Positive Behavioral Interventions and Supports: www.pbis.org
- School-Wide Information Systems: www.swis.org
- Association for Positive Behavior Support: www.apbs.org
- Florida's Positive Behavior Support Project: <http://flpbs.fmhi.usf.edu>
- BEST- Building Effective Schools Together: <http://www.calstat.org/caCadre/html>
- PENT- Positive Environments, Network of Trainers: <http://www.pent.ca.gov>
- PBIS World – A collection of specific strategies: <http://www.pbisworld.com/>
- SELPA Professional Learning Catalog (PBIS trainings available):
 - www.edcoecharterselpa.org/what-we-do/professional-learning
 - <http://edcoe.org/educational-services/selpa-special-education-local-plan-area/professional-development>

PROGRAMS AND TOOLS FOR SUICIDE PREVENTION

The National Registry of Evidence-Based Programs and Practices (NREPP)

NREPP is designed to provide reliable information on evidence-based mental health and substance use interventions. The purpose of NREPP is to help people learn more about available evidence-based programs and practices, and determine which of these may best meet their needs. Together with the Substance Abuse and Mental Health Services Administration (SAMHSA), NREPP is working to improve access to information on evaluated interventions and practical applications in the field (NREPP website). For more information and to access the NREPP list of evidence-based practices and programs, please visit: <https://www.samhsa.gov/nrepp>

Substance Abuse and Mental Health Services Administration (SAMHSA)

Resource: Preventing Suicide: A Toolkit for High Schools

The following list of curriculum was adapted from the SAMHSA resource *Preventing Suicide: A Toolkit for High Schools*:

Guidelines for School-Based Suicide Prevention Programs

Author: American Association of Suicidology, Prevention Division

Date: 1999

Web link: http://www.sprc.org/sites/sprc.org/files/library/aasguide_school.pdf

Description: This set of guidelines describes the conceptual basis for school-based suicide prevention programs; requirements for effective prevention programs, effective implementation, and effective retention of programs over time; and the key components of school-based suicide prevention programs. These guidelines are used as part of the criteria for inclusion of programs in the Best Practices Registry.

Research-Based Guidelines and Practices for School-Based Suicide Prevention

Author: Deborah Kimokeo, National Center on Child Fatality Review

Date: 2006

Description: This document summarizes Federal (and California) activity to prevent student suicide and provides research-based guidance for district, local, and site-level suicide prevention programming with comprehensive involvement of school personnel.

School Connectedness: Strategies for Increasing Protective Factors Among Youth

Author: Centers for Disease Control and Prevention (CDC)

Date: 2009

Web Link: https://www.cdc.gov/healthyyouth/protective/school_connectedness.htm

Description: School connectedness is defined by the CDC in this guide as “the belief by students that adults and peers in the school care about their learning as well as about them as individuals.” It is a strong protective factor against suicidal ideation and attempts. At a conference in 2003 sponsored by CDC’s Division of Adolescent and School Health and the Johnson Foundation, six evidence-based strategies to increase students’ sense of connectedness were identified. This publication outlines the roles and responsibilities of school administrators, teachers, support personnel, and parents in implementing the six strategies, along with specific actions that can be taken to implement each strategy.

School Interventions to Prevent Youth Suicide (Technical Assistance Sampler)

Author: Center for Mental Health in Schools at UCLA

Date: Revised 2016

Web link: <http://smhp.psych.ucla.edu/pdfdocs/sampler/suicide/suicide.pdf>

Description: This packet of author-produced and other collected materials provides the following: an overview of the problem; a suicide risk assessment; information on planning school interventions and training personnel; guidance on providing support and preventing contagion in the aftermath of a suicide; and sources for hotlines, consultants, and mental health services.

Screening/Assessing Students: Indicators and Tools

Author: Center for Mental Health in Schools at UCLA

Date: Revised 2015

Web link: <http://smhp.psych.ucla.edu/pdfdocs/assessment/assessment.pdf>

Description: This packet of author-produced and other collected materials includes overviews, outlines, checklists, instruments, and recommendations and guidelines from Federal agencies related to early identification through screening. It also examines the controversy related to the many false positives resulting from universal screening, as well as issues related to screening high-risk youth.

Suicide Prevention (Quick Training Aids)

Author: Center for Mental Health in Schools at UCLA

Date: Revised 2007

Web link: <http://www.smhp.psych.ucla.edu/pdfdocs/quicktraining/suicideprevention.pdf>

Description: These quick training aids provide factsheets on suicide rates and methods to assess suicide risk and prevent suicide. Author-produced and other collected materials include several tools and handouts for use with presentations.

To Live To See the Great Day That Dawns: Preventing Suicide by American Indian and Alaska Native Youth and Young Adults

Author: Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services

Date: 2010

To order a hard copy: Go to <http://store.samhsa.gov/product/Preventing-Suicide-by-American-Indian-and-Alaska-Native-Youth-and-Young-Adults/SMA10-4480>.

Description: This guide supports American Indian and Alaska Native (AI/AN) communities and those who serve them in developing effective, culturally appropriate suicide prevention plans for youth and young adults. Its intended users include tribal/village leaders, elders, healers, youth activists, suicide prevention program leaders, school administrators, and other community members. Although the guide's focus is on suicide prevention in the community as a whole, many of the programs described in Chapter 7, Promising Suicide Prevention Programs, are school-based. The guide also includes information about risk and protective factors that are particularly relevant to AI/AN youth and issues in adapting programs for cultural differences.

Wisconsin Components of a School-Based Suicide Prevention, Intervention, and Postvention Model

Author: Mental Health America of Wisconsin

Date: 2007

Web link: <http://www.mhawisconsin.org/schoolbasedmodel.aspx>

Description: This guide is for schools to use in developing or improving their prevention programs, crisis plans, and response to suicides. It describes components of a comprehensive, school-based suicide prevention program and provides detailed guidelines and procedures for dealing with suicidal crises and postvention. The extensive appendices include handouts and tools on suicide prevention, intervention, and postvention geared toward multiple audiences.

Youth Suicide Prevention School-Based Guide

Author: Louis de la Parte Florida Mental Health Institute, University of South Florida

Date: 2012

Web link: <http://theguide.fmhi.usf.edu/>

Description: This tool provides a series of checklists for schools to assess their existing or proposed suicide prevention efforts and resources and information that school administrators can use to enhance or add to their existing programs. Topics covered include administrative issues, risk and protective factors, prevention guidelines, intervention and postvention strategies, family partnerships, school climate, and diverse populations.

Review: Best Practices Registry <http://www.sprc.org/sites/sprc.org/files/lbpr/>

[YouthSuicidePreventionSchoolbasedGuideChecklists.pdf](#)

Youth Suicide Prevention, Intervention, and Postvention Guidelines: A Resource for School Personnel

Author: Maine Youth Suicide Prevention Program

Date: 2009 (fourth edition)

Web link: <http://www.maine.gov/suicide/docs/Guidelines%2010-2009--w%20discl.pdf>

Description: This document provides a description of the components of a comprehensive school-based suicide prevention program; an assessment form for schools to determine if they are ready to manage suicidal behavior; detailed guidelines for implementing suicide intervention and postvention in schools; and appendices with a variety of other related materials, including an outline for an awareness session for all school personnel and sample forms, letters, and handouts.

Suicide Prevention Resource Center: Resources and Program Page

This searchable repository provides information on several types of suicide prevention programs, such as education/training, screening, treatment, and environmental change.

<http://www.sprc.org/strategic-planning/finding-programs-practices>

CURRICULUM FOR STUDENTS

The National Registry of Evidence-Based Programs and Practices (NREPP)

NREPP is designed to provide reliable and up-to-date information on evidence-based mental health and substance use interventions. The purpose of NREPP is to help people learn more about available evidence-based programs and practices and determine which of these may best meet their needs. Together with the Substance Abuse and Mental Health Services Administration (SAMHSA), NREPP is working to improve access to information on evaluated interventions and practical application in the field (NREPP website). For more information and to access the NREPP list of evidence-based practices and programs, please visit: <https://www.samhsa.gov/nrepp>

Substance Abuse and Mental Health Services Administration (SAMHSA)

Resource: Preventing Suicide: A Toolkit for High Schools

The following list of curriculum was adapted from the SAMHSA resource *Preventing Suicide: A Toolkit for High Schools*. A student curriculum is the primary component of all the programs in this section. Programs that have additional components, such as personnel training or parent education, have bulleted subheads describing each of the components.

A Promise for Tomorrow

Author: Jason Foundation

Web link: http://jasonfoundation.com/resources/index_materials.php

Description: This five-lesson curriculum, geared toward students in grades 7-12, teaches students to recognize warning signs in peers and to alert a responsible adult. Materials to train teachers to deliver the lessons are included. This curriculum is available in Spanish.

American Indian Life Skills Development/Zuni Life Skills Development

Author: Teresa D. LaFromboise, Stanford University

Web link: <http://uwpress.wisc.edu/books/0129.htm>

Description: This curriculum specifically targets Native American adolescents (high school and some middle school students) and focuses on building protective factors and life skills. In addition to increasing awareness of suicide, it covers building self-esteem, identifying and managing emotions and stress, increasing communication and problem-solving skills, and setting goals. It also teaches methods of helping at-risk peers move away from suicidal thinking and to seeking appropriate help. School personnel participate in a three-day training. They deliver the 28-56 lesson plans to students over 30 weeks. They also work with community resource leaders and social services agency personnel to ensure that the lessons are culturally relevant.

Cost: Curriculum text is \$29.95. Training for teachers and cultural adaptation varies.

Ask 4 Help! Suicide Prevention for Youth

Author: Yellow Ribbon Suicide Prevention Program

Web link: <http://www.yellowribbon.org/>

Description: This 1-hour, high school-based curriculum is designed to increase help-seeking among students and their peers. Students are instructed on how to use Ask 4 Help! wallet cards, which have information on how to seek help as well as a three-step action plan for helping others (stay with the person, listen to the person, get help for the person). The unit also discusses local resources for help and warning signs. Trainers (teachers or representatives of Yellow Ribbon) are required to attend a 2-day training given by Yellow Ribbon that covers both Be A Link! and Ask 4 Help! and is held at either their site or a local location. This program is usually used in conjunction with the Yellow Ribbon adult gatekeeper program Be A Link!

Cost: \$299.95, which also includes training materials for Be A Link! Training of trainers costs \$295 (which includes training and all materials for both Ask 4 Help! and Be a Link!) plus the individual's travel to a Yellow Ribbon site or a facilitator's travel to a local site.

Gatekeeper Suicide Prevention Program: A High School Curriculum

Author: Gryphon Place

Web link: <http://www.gryphon.org/services/suicide-prevention>

Description: All services and program consultation are provided by personnel of Gryphon Place or volunteers they have trained, and are provided almost exclusively in Michigan.

Student Curriculum: This curriculum comprises four lessons of 50 minutes to 1 hour each, which are usually taught 4 days in a row. It is usually given to 9th grade students during their health class. The lessons are taught by university students who are trained by Gryphon Place. Students learn to recognize risk behaviors associated with suicide or self-harm and, if recognized, to notify a trusted adult.

Personnel Training: Various types of gatekeeper training are available for all school staff and run in length from 1 hour to 2 days.

Parent Education: A suicide awareness workshop, lasting 1 to 1.5 hours, is available, along with a brochure containing facts about teen suicide, warning signs, and suggestions for what parents can do.

Cost: Varies depending on the components provided. Contact Guy Golomb at 269-381-1510 or ggolomb@gryphon.org.

Healthy Education for Life Program (HELP)

Author: Heartline Oklahoma

Web link: <http://heartlineoklahoma.org/what-we-do/suicide-prevention-outreach-and-education>

Description: This suicide awareness program is designed to be given in one 45-55-minute class by volunteers trained by Heartline Oklahoma and is only given in Oklahoma. It can be tailored for any of the following age groups: 10-14, 15-19, and 20-24. The program provides information on warning signs of depression and suicide and empowers youth to seek help. A brief screening checklist is given at the end of the lesson. The checklist reinforces the information and helps identify students who are potentially at risk for suicide so that they can be referred to a school counselor for follow-up.

Helping Every Living Person (HELP) Depression and Suicide Prevention Curriculum

Author: Sue Eastgard, Washington State's Youth Suicide Prevention Program

Web link: <http://www.yspp.org/>

Description: This pilot-tested and evaluated curriculum is most appropriate for 9th and 10th grades but may be used in 11th and 12th grades. It consists of four 45-minute lessons designed to be taught by a classroom teacher and can be easily incorporated into existing health classes. The program aims to build students' resiliency, increase their help-seeking behavior, and empower them to help other youth. Activities include discussion, problem-solving, and skill practice. The curriculum includes the DVD "A Cry for Help." Training to learn how to teach this curriculum is strongly recommended but not required.

Cost: In Washington State: materials are \$100; training is free. Outside of Washington State: materials are \$250; training is a negotiable fee.

LEADS: for Youth (Linking Education and Awareness of Depression and Suicide)

Author: Suicide Awareness Voices of Education

Web link: <https://www.save.org/what-we-do/education/leads-for-youth-program/>

Description:

Student Curriculum: This three-hour curriculum is designed to be presented in three separate class sessions and is usually given during health classes. It is geared toward students in grades 9-12 and combines lecture and discussion. It covers signs and symptoms of depression, risk and protective factors and warning signs for suicide, and the barriers and benefits of seeking help. LEADS emphasizes connecting students and teachers to school and community resources and increases skills in how to seek help for oneself or a friend. Training for teachers is included in the curriculum materials. Technical assistance is also available.

Protocols: Also included is a guide to help implement a school suicide crisis management plan that covers prevention, intervention, and postvention.

Cost: \$125

Review: <http://legacy.nreppadmin.net/ViewIntervention.aspx?id=269>

Lifelines

Authors: Maureen Underwood, John Kalafat, and the Maine Youth Suicide Prevention Program

Web link: <http://www.hazelden.org/web/public/lifelines.page>

Description: Before presenting the student lessons, this comprehensive program requires that schools implement protocols, a referral network with local providers, a school readiness survey, staff training, and parent education. The trainings for students, staff, and parents all cover basic awareness about suicide prevention, identifying students at risk, and helping them get help. A two-day, on-site training on how to implement all the program components is available.

Student Curriculum: Four 45-minute lessons geared toward grades 8-10. Two videos model

appropriate and inappropriate responses to a suicidal peer and an account of how students intervened after Lifelines training. A 1-day, on-site workshop to train teachers to teach the curriculum is available.

Personnel Training: Includes a presentation that runs 45-60 minutes followed by 45-60 minutes for questions and discussion.

Parent Education: Includes a presentation that runs 45-60 minutes followed by 15-45 minutes for questions and discussion.

Protocols: The program material contains information on conducting a school readiness survey; establishing protocols for responding to at-risk youth, suicide attempts, and completions; and implementing the program.

Cost: \$225 through Hazelden Publishing at http://www.hazelden.org/OA_HTML/ibeCCTpitmDspRte.jsp? item= 14484&sitex=10020:22372:US. The one-day teacher training and two-day program implementation training have additional fees.

RESPONSE: A Comprehensive High School-Based Suicide Awareness Program

Author: Jill Hollingsworth of Columbia Care Services, Inc.'s Center for Suicide Prevention

Web link: <http://www.columbiacare.org/response.html>

Description: Before giving the student lessons, this comprehensive program recommends that schools establish a RESPONSE team of school-based leadership and local service providers, and develop referral networks. The program requires that schools perform a school readiness assessment and send two staff to an ASIST training before offering the student component or adopting or developing suicide prevention, intervention, and postvention guidelines. The trainings for students, staff, and parents all include a video and PowerPoint presentation that promote awareness about suicide prevention, heighten sensitivity to depression and suicidal ideation, expose attitudinal/behavioral barriers that interfere with assistance, and increase the identification and referral of students who may be suicidal. In addition to the primary version of RESPONSE that may be used by any State, there are versions available that are tailored to Oregon, Virginia, and South Dakota. RESPONSE can be customized for any State with certain limitations. The school kit includes information that will enable school staff to implement the trainings on their own. However, a training of trainers will be provided if requested.

Student Curriculum: Four 50-minute lessons. In addition to learning basic information on suicide prevention, students practice skills to help a peer who may be depressed or suicidal.

Personnel Training: A two-hour training workshop for staff. In addition to learning basic information on suicide prevention, the training helps staff understand how to facilitate referrals, including specific procedures for at-risk students.

Parent Education: One-hour parent workshop. In addition, parents of incoming freshman are mailed information regarding depression and suicide prevention and the student curriculum each year.

Protocols: The implementation manual includes step-by-step instructions for setting up the whole program, including a RESPONSE team; guidelines for prevention, intervention, and postvention; and referral networks.

Cost: School kit (implementation manual, student and staff trainings) is \$425. Parent workshop is \$175. Extra teacher manual is \$137.50. Cost of training of trainers varies.

SOS: Signs of Suicide

Author: Screening for Mental Health, Inc.

Web link: <http://www.mentalhealthscreening.org/programs/youth-prevention-programs/sos!high-school.aspx>

Description:

Student Curriculum: Contains three 45-minute lessons for grades 8-12 that may be given during a health class or any other class. The first lesson, which can be given without the others, teaches students how to recognize symptoms of depression and suicide in themselves and others and how to get help. Students are taught to respond to others using the ACT mnemonic: Acknowledge, Care, and Tell. Training for teachers is included in the curriculum materials. Technical assistance is also available.

Screening: A brief scientifically validated screening tool for depression and other risk factors associated with suicidal behavior is included in this program and is usually given at the end of a lesson. The questionnaire has nine questions and takes about five minutes. It may be scored by the students themselves or by staff. Students who have a positive score are given an assessment interview to determine if they need further evaluation and treatment. The screening is not done as a stand-alone program without the curriculum. Schools can choose whether to use active, passive, or no parental consent depending on school district policy. Also included is a version of the screening tool for parents to complete about their child. Both the student and parent versions are available in Spanish.

Personnel Training: One-hour awareness presentation

Parent Education: One-hour awareness presentation

Supplemental Student Programs: (1) SOS Booster Program for juniors and seniors and (2) Signs of Self-harm, which addresses non-suicidal self-harm in one lesson and includes a student self assessment checklist.

Cost: High school kit is \$300 and includes the student curriculum, screening program, personnel training presentation, and parent education presentation. Downloadable renewal kit is \$75. Booster program kit is \$175. Signs of Self-harm is \$100.

Skills-Building Programs for Individuals at Risk of Suicide

CAST (Coping and Support Training)

Author: Reconnecting Youth Inc.

Web link: <http://www.reconnectingyouth.com/cast>

Description: Designed for at-risk youth in grades 9-12, this program delivers life-skills training and social support in groups of 6-8 referred students. It consists of 12 55-minute group sessions given over 6 weeks by trained facilitators. It helps students increase school performance, self-esteem, and personal and social protective factors; decrease anxiety, depression, hopelessness, anger, suicide risk, and drug use; and increase supportive connections with teachers and family. A teacher, counselor, nurse, or other mental health staff member experienced with at-risk youth can facilitate the group. CAST may also be used in middle schools, as a prevention program for youth in transition, or in a community or mental health agency. Training is provided by RY Inc. and can be delivered on-site. CAST's goals are similar to those of Reconnecting Youth, but it is delivered in a shorter time frame with fewer sessions.

Cost: Curriculum, \$699. Student notebook, \$26.50 each. 4-day training for 8-9 staff members, \$8,000.

Reconnecting Youth

Author: Reconnecting Youth Inc.

Web link: <http://www.reconnectingyouth.com/ry>

Description: Designed for at-risk youth in grades 9-12, this program promotes school performance and decreases drug use, anger, depression, and suicidal behavior through small-group, life-skills training to enhance personal competencies, resiliency, and social support resources. Throughout the semester, classes of 10-12 referred students meet with trained facilitators every day for a 55-minute class and receive academic credit for participation. The five program modules are Getting Started, Self-Esteem Enhancement, Decision Making, Personal Control, and Interpersonal Communication. A teacher, counselor, nurse, or other mental health staff member experienced with at-risk youth can teach the class. Training is provided by Reconnecting Youth Inc. and can be delivered on-site.

Cost: Curriculum guide, \$299.95. Student workbook, \$24.95 each. 4-day training for 6-8 staff members, \$8,000.

Review: National Registry of Evidence-Based Programs and Practices <http://legacy.nreppadmin.net/ViewIntervention.aspx?id=96>

Peer Leader Programs

Sources of Strength

Author: Mark LoMurray

Date: Revised 2010

Web link: <http://www.sourcesofstrength.org>

Description: This comprehensive program promotes mental wellness using trained peer leaders and adult advisors to improve social norms in school, community, and faith-based environments with middle school, high school, and college level curricula. The peer leaders engage teens to deliver “Hope, Help, and Strength” messages, which emphasize eight protective factors or “Sources of Strength.” They use personal conversations with trusted adults and friends, classroom presentations, audio announcements, posters, videos, the Internet, and text messaging. Randomized evaluation showed peer leaders increased: knowledge of protective factors among students, school engagement, and perceptions of adult support, especially among students with a history of suicide ideation. This program has been evaluated in underserved communities including rural and urban, and with Native American, Caucasian, African American, and Latino students.

Cost: \$3,500-\$5,000 per school, which includes materials, staff training, peer training, and monthly technical assistance to implement the peer action phase.

Reviews: Best Practices Registry <http://legacy.nreppadmin.net/ViewIntervention.aspx?id=248> Also, Wyman, P A, Brown, H., LoMurray, M., Schmeelk-Cone, K., Petrova, M., Yu, Q.,... Wang, W. (2010). An outcome evaluation of the Sources of Strength suicide prevention program delivered by adolescent peer leaders in high schools. *American Journal of Public Health, 100*, 1653-1661.

Adapted from: Substance Abuse and Mental Health Services Administration. *Preventing Suicide: A Toolkit for High Schools*. HHS Publication No. SMA-12-4669. Rockville, MD: Center for Mental Health Services: Substance Abuse and Mental Health Services Administration, 2012.

INFORMATION SHEETS FOR PERSONNEL

The National Registry of Evidence-Based Programs and Practices (NREPP)

NREPP is designed to provide up-to-date reliable information on evidence-based mental health and substance use interventions. The purpose of NREPP is to help people learn more about available evidence-based programs and practices and determine which of these may best meet their needs. Together with the Substance Abuse and Mental Health Services Administration (SAMHSA), NREPP is working to improve access to information on evaluated interventions and practical application in the field (NREPP website). For more information and to access the NREPP list of evidences based practices and programs, please visit: <https://www.samhsa.gov/nrepp>

Substance Abuse and Mental Health Services Administration (SAMHSA)

Resource: Preventing Suicide: A Toolkit for High Schools

The following list of curriculum was adapted from the SAMHSA resource: *Preventing Suicide: A Toolkit for High Schools*:

Mentors-Coaches-Youth Leaders

Author: Needham Suicide Prevention Coalition

Web link: <http://www.needhamacts.org/mentors.htm>

Description: This section of the Needham Acts Web site contains information sheets for mentors, coaches, and youth leaders on how to identify whether a young person they are guiding, coaching, or supervising may be suicidal and what to do about it.

School Awareness Series: The Role of the School Board in Suicide Prevention

Author: Society for the Prevention of Teen Suicide

Web link: <http://www.sptsusa.org/educators/the-role-of-the-school-board-in-suicide-prevention/>

Description: This one-page fact sheet helps school board members evaluate their districts' personnel policies and awareness training for suicide prevention in at-risk students. It also helps board members to evaluate their district's preparedness and response.

School-Based Suicide Prevention: A Matter of Life and Death

Author: Jan Ulrich, Kentucky Cabinet for Health and Family Services

Date: 2009

Web link: <http://www.sprc.org/resources-programs/school-based-suicide-prevention-matter-life-death>

To obtain a copy: Contact Jan Ulrich at jan.ulrich@ky.gov

Description: This 14-minute, two-part video is a helpful tool to use with school decision-makers regarding the need for school-based suicide prevention/postvention programs and crisis planning.

School administrators and personnel share their experiences of dealing with the suicides of their students. An overview is given of school-based suicide prevention programs and crisis planning to reduce suicide among middle and high school students, including potential suicide contagion. The video emphasizes the importance of educating personnel using gatekeeper programs and educating and screening students with evidence-based programs.

School Health and Mental Health Providers (SPRC Customized Information Series)

Author: Suicide Prevention Resource Center (SPRC), Education Development Center, Inc.

Web link: <http://www.sprc.org/resources-programs/customized-information-series>

Description: This web page, created for school health and mental health providers, contains information on recognizing and responding to warning signs; resource materials about suicide prevention, including programs; and other suicide prevention information relevant to school health and mental health providers.

Suicide Prevention and Intervention

Author: Richard Lieberman, Scott Poland, and Katherine Cowan, National Association of School Psychologists

Date: 2006

Web link: <http://www.nasponline.org/resources/principals/Suicide%20Intervention%20in%20Secondary%20Schools%20NASSP%20Oct%202006.pdf>

Description: This article provides guidance to administrators on the problem of student suicide; warning signs; suicide prevention planning, including school-wide approaches such as gatekeeper training, screening, and establishing a suicide prevention task force; and postvention. It also addresses legal considerations and responding to caregivers.

Teachers (SPRC Customized Information Series)

Author: Suicide Prevention Resource Center (SPRC), Education Development Center, Inc.

Web link: <http://www.sprc.org/resources-programs/customized-information-series>

Description: This Web page, created for teachers, provides information on recognizing and responding to warning signs; resource materials about suicide prevention, including programs; and other suicide prevention information relevant to teachers.

Understand Suicide: Outlining Basic Characteristics

Author: Society for the Prevention of Teen Suicide

Web link: <http://www.sptsnj.org/educators/understanding-suicide.html>

Description: This information sheet provides a definition of suicide and discusses five key characteristics of suicide.

What Every Teacher Should Know

Author: Oregon Youth Suicide Prevention Program

Web link: <http://public.health.oregon.gov/PreventionWellness/SafeLiving/SuicidePrevention/Pages/steps.aspx>

Description: This brochure discusses ways teachers can recognize warning signs in students, ways to access help for them, and how to engage families in accessing services. Also available in Spanish.

Response to the Myth that Talking about Suicide Will “Plant the Idea”

Author: John Kalafat

Web link: <http://www.sprc.org/resources-programs/response-myth-talking-about-suicide-will-plant-idea>

Description: In this brief essay, John Kalafat, a well-known expert in suicide prevention, summarized evidence supporting the position that talking about suicide does not increase risk but serves to prevent it.

SELF-CARE FOR SCHOOL PERSONNEL

Why Self-Care?

The experience of supporting a student in crisis requires heightened physical and emotional reactions on behalf of the personnel member. Additionally, the experience may trigger sensitive memories from the adult's own life. In any case, personnel must prioritize their own self-care in order to be present and available for their students. For that reason, it is essential that educators engage in frequent and intentional opportunities to decompress, recuperate and rejuvenate. Self-care is a personal decision and therefore each person's approach will be different. Below are a number of examples of self-care activities that personnel may choose to engage in, both prior to, and following a crisis.

Which do you use?

According to the *Childhood Trauma Reactions Tip Sheet Series* for teacher self-care, additional strategies to plan for self-care may include:

- Identifying your personal support system to prevent feelings of isolation
- Monitoring your own reactions, emotions and needs
- Seeking help for trauma-related stress
- Challenge thinking barriers and unhelpful thoughts
- Maintain a structured classroom environment
- Plan ahead and have back-up strategies available for difficult situations to prevent intervening alone
- Make a plan for self-care including when, where, how and with whom?
- Make and keep commitments to engage in intentional self-care, before a crisis occurs

Write one to three example(s) of a self-care strategy you use:

ESTABLISHING A CRISIS RESPONSE TEAM

School-wide supports play a crucial role in a school's preventative efforts related to suicide, as well as response. In conjunction with an overarching multi-tiered system of supports addressing school-wide prevention efforts including curriculum, universal screening, and a process for making referrals for risk assessments, it is imperative for a school's suicide prevention program to also include the capacity to respond when a student is at high-risk of suicide, or has died by suicide. Therefore, there are two essential components that every school must also have in place:

1. Protocols for helping students at possible risk of suicide (i.e., conducting the risk assessment).
2. Protocols for responding to a student death-by-suicide (thus preventing additional suicides).

An integral aspect of building a foundation capable of addressing these two components includes establishing a crisis response team, before a crisis happens. Not only should your school identify specific personnel to conduct suicide risk assessments, but a crisis response team shall also be identified in the event that a suicide occurs. As you identify members of your school's crisis response team, you may consider the following people:

- Superintendent/CEO/Executive Director
- Principal/Head Of School
- Assistant Principal(s), Directors(s), Dean
- Health Educator
- School Nurse
- Guidance Counselor/School Counselor
- Social Worker
- Special Education Personnel
- School Psychologist
- Contracted Mental Health Providers
- Teachers
- Athletic Personnel
- Clerical Support

Crisis/Suicide Response Team Roles and Responsibilities

The school site administrator is responsible for determining the appointment of all positions noted and determining who will be on site to assist. In most cases, the needs of the family, friends, and teachers for trauma services and counseling tends to be immediate and short term.

The school plays a crucial role in helping affected individuals cope with a suicide, and therefore must act quickly and effectively to deal with grief, speed the healing process, prevent further trauma, and reduce the likelihood of additional suicide attempts by others.

Volunteer community crisis counselors (county mental health counselors, local counseling agency personnel, and private psychologists) may be summoned from established organizations to assist the schools in responding to the suicide.

A clerical support person at the school site plays a key role in coordinating the technical and logistical aspects of the response.

Emergency services assist in responding to “high risk” individuals that may be in need of immediate psychiatric services.

Below is a list of potential crisis response team members and roles. Individual team members may be personnel from your school or from a local community agency. The following list is not an exhaustive list, and schools may include additional individuals or responsibilities to align to your school’s specific needs.

School Crisis/Suicide Coordinator: _____ ***Phone:*** _____

- Coordinates the crisis response upon notification.
- Main point of contact between administration and crisis response team members.
- Contacts or assigns additional crisis team members for assistance, if desired, to perform their assigned duties.
- Identifies key individuals affected by the suicide/death, including but not limited to, family members, friends, neighbors, teachers, students, etc.
- Develops the Crisis Response Plan that identifies needed trauma services (the first 24 hours; the next three days to a week; long-term follow up).
- Contacts and schedules Volunteer Crisis Counselors, as appropriate.
- Arranges for debriefing and develops a system to provide for coordination of referral and follow-up resources.
- Ensures referrals for more intensive treatment services have been made as needed to trauma victims (family, friends, teachers, etc.).
- Arranges for long-term treatment services, as needed, and links trauma victims to public and private service providers in the community.
- Maintains a disposition log of students referred to which agency(s).
- Schedules final debriefing within two weeks of the incident.

School Psychologist: _____ **Phone:** _____

- Assists in triage of students.
- Assists in announcing the death to victim's classmates.
- Provides crisis counseling (individually or in groups).
- Conducts additional risk assessments.

Community/Media Spokesperson: _____ **Phone:** _____

- Determines what/how information will be shared with the press/community; drafts all press releases.
- Receives all contacts from media and responds appropriately.
- Ensures that school personnel knows how to deal with media inquiries (e.g., what to say, who to direct inquiries to, etc.).
- Creates an environment that facilitates media cooperation with school requests and what is in the best interests of students and the community.
- Coordinates media interviews/access to school personnel.

Crisis Team Members:

1. _____, _____ Phone: _____
2. _____, _____ Phone: _____
3. _____, _____ Phone: _____
4. _____, _____ Phone: _____

- Immediately become available to assist the School Crisis/Suicide Crisis Coordinator when contacted. Free daily schedule for the day contacted and the following day if necessary.
- Assist the School Crisis/Suicide Crisis Coordinator in identifying affected individuals and in developing a Crisis Response Plan.
- Assist in contacting Community Crisis Counselors for assistance in providing needed trauma services.
- Provide immediate support, long-term support, and consultation to the Crisis/Suicide Crisis Coordinator.

Clerical Support Person: _____ **Phone:** _____

- Assists the School Crisis/Suicide Crisis Coordinator in determining room/space/availability for providing trauma services.
- Assists the School Crisis/Suicide Crisis Coordinator in assigning Community Crisis Counselors to rooms and maintains a log of where each counselor is located with the type of services/intervention they are providing.
- Provides Community Crisis Counselors with: visitor passes; forms necessary to maintain student logs (see Section 4); any announcements; art materials; new information as it becomes available.
- Facilitates communication between the Community Crisis Counselors and the School Crisis/Suicide Crisis Coordinator.
- Initial contact person for classroom teachers who need assistance with emotionally distraught students. Requests the assistance of site administrators or other personnel in retrieving such students.
- Provides clerical support to the School Crisis/Suicide Crisis Coordinator for information/communication dissemination.
- Receives and directs all calls from community agencies and/or private professionals who offer to provide school support.
- Consider needs of crisis team members and crisis counselor volunteers (e.g., provide water, arrange lunch).
- Performs other needed support functions as identified by administrator.

Student Flow/Campus Security: _____ **Phone:** _____

- Written protocol to teachers for directing student flow to counseling rooms.
- Set up escort system for students needing to access counseling rooms.
- Patrol campus to ensure that students remain on campus and are in designated areas.
- Request additional administrative support, if needed, to direct student flow and maintain campus security.
- Drafts/approves written or verbal information disclosed to public, students, and families.

IDENTIFYING COMMUNITY RESOURCES TO SUPPORT YOUR CRISIS TEAM

Schools may choose to partner with community agencies to implement components of a suicide prevention program or to recruit members of the crisis/suicide team. Additionally, it is beneficial to proactively identify a range of service providers in the community that are available to provide therapy and longer term treatment upon referral, if needed. Possible considerations for partnering with community agencies may include:

- Leaders representing the cultural communities of your students
- Substance abuse counselors
- Crisis center workers
- Healthcare providers
- Law enforcement
- Clergy
- County mental health including and/or county social workers
- Child and family services and/or child welfare providers
- Juvenile justice professionals
- LGBTQ youth program personnel
- School Attendance Review Board
- Big Brothers/Big Sisters
- Immigrant and refugee organization personnel

For additional information and resources for connecting with community agencies, please refer to Appendix A, “Where to Get Help.”

In virtually all cases, law enforcement is involved relatively early in the process, as they are often the first to arrive on the scene. Therefore, schools may choose to include a member of local law enforcement’s Chaplain in the school Crisis/Suicide Response Team.

Local Law Enforcement Chaplain: _____ **Phone:** _____

- May notify the youth’s school site administrator or the school psychologist (if known) by phone of the death.
- May work with the School Crisis/Suicide Crisis Coordinator to plan and initiate a response plan for siblings; provides information, approved by victim’s parents, for school announcements and public releases; advises school of family requests, needs, and concerns.

- Contacts family's religious community (if applicable) and any family mental health service providers.
- Provides short-term trauma services as needed and appropriate to the family.
- May keep School Crisis/Suicide Crisis Coordinator apprised of issues directly related to the school and/or victim's siblings.

Fire Department Chaplain: _____ **Phone:** _____

- May provide counseling and support to emergency response personnel.
- May participate in debriefing for school personnel as needed.

Volunteer Community Crisis Counselors:

_____ Phone: _____
 _____ Phone: _____
 _____ Phone: _____

In some cases, schools may need to utilize support from community agencies to:

- Provide crisis counseling.
- May provide follow up counseling on an individual basis.
- Ensures referrals for more intensive treatment and updates Suicide/Crisis Coordinator and family.

Agencies In My Community:

Agency Name: _____
Type of Support: _____
Point of Contact: _____
Phone Number: _____

Agency Name: _____
Type of Support: _____
Point of Contact: _____
Phone Number: _____

ASSESSING SUICIDE RISK: QUESTIONS FOR MENTAL HEALTH PROVIDERS

The following questions support schools in determining whether a mental health provider is prepared to meet the needs of students at risk of suicide.

1. Are you able to provide services to middle/high school students?
2. What types of services can you provide to middle/high school?
3. What are your major clinical skills and interests? Do you have any expertise in assessing and treating young people who are at risk of suicide?
4. What experience and capacity do you have for providing services to LGBTQ youth and to the specific ethnic groups that make up your school's student body?
5. Where are you located?
6. What process do you follow after being called with a referral?
7. What process do you follow in the event of a suicide crisis?
8. Would you be able to come to our school to see a student, if necessary?
9. How long might it take for you to see a student with urgent problems? Non-urgent problems?
10. What kind of follow-up can you provide students and the school?
11. Do you offer support groups for students or parents?
12. What insurance plans do you accept?
13. Do you have a sliding fee scale for people who pay out-of-pocket? What is the range of the fee scale?
14. What are your procedures for ensuring student confidentiality?

WARNING SIGNS OF YOUTH SUICIDE

1. **Suicide notes.** These are a very real sign of danger and should be taken seriously.
2. **Threats.** Threats may be direct (“I want to die.” “I am going to kill myself.”) or, unfortunately, indirect (“The world would be better without me,” “Nobody will miss me anyway”). In adolescence, indirect clues could be offered through joking or through references in school assignments, particularly creative writing or art pieces. Young children and those who view the world in more concrete terms may not be able to express their feelings in words, but may provide indirect clues in the form of acting out, violent behavior, often accompanied by suicidal/homicidal threats.
3. **Previous attempts.** Often the best predictor of future behavior is past behavior, which can indicate a coping style.
4. **Depression (helplessness/hopelessness).** When symptoms of depression include pervasive thoughts of helplessness and hopelessness, a child or adolescent is conceivably at greater risk for suicide.
5. **Masked depression.** Risk-taking behaviors can include acts of aggression, gun-play, and alcohol/substance abuse.
6. **Final arrangements.** This behavior may take many forms. In adolescents, it might be giving away prized possessions such as jewelry, clothing, journals or pictures.
7. **Efforts to hurt oneself.** Self-mutilating behaviors occur among children as young as elementary school-age. Common self-destructive behaviors include running into traffic, jumping from heights, and scratching/cutting/markings the body. Please refer to the Self-Harm chapter in this handbook for additional information and resources.
8. **Poor school attendance or a decline in school attendance.** Poor school attendance may be an indicator of underlying social-emotional needs which require support. If a student has poor school attendance or a sudden decline in attendance, it is advised that school personnel follow school truancy procedures as well as investigate whether the student is experiencing social-emotional distress in order to promptly offer support.
9. **Inability to concentrate or think rationally.** Such problems may be reflected in children’s classroom behavior, homework habits, academic performance, household chores, and even conversation.
10. **Changes in physical habits and appearance.** Changes include inability to sleep or sleeping all the time, sudden weight gain or loss, disinterest in appearance, hygiene, etc.
11. **Sudden changes in personality, friends, behaviors.** Parents, teachers and peers are often the best observers of sudden changes in suicidal students. Changes can include withdrawing from normal relationships, increased absenteeism in school, loss of involvement in regular interests or activities, and social withdrawal and isolation.
12. **Death and suicidal themes.** These might appear in classroom drawings, work samples, journals or homework.
13. **Plan/method/access.** A suicidal child or adolescent may show an increased focus on guns and other weapons, increased access to guns, pills, etc., and/or may talk about or allude to a suicide plan. The greater the planning, the greater the potential.

RISK FACTORS

Adapted from the SAMHSA Suicide Prevention Toolkit

The following list of risk factors is intended to support personnel in identifying personal or environmental characteristics that are associated with suicide. The environment includes the social and cultural environment as well as the physical environment. People affected by one or more of these risk factors may have a greater probability of suicidal behavior. Some risk factors cannot be changed—such as previous suicide attempt, but knowledge of such risk factors may help identify someone who may be vulnerable to suicide.

There is no single, agreed-upon list of risk factors. The list below summarizes the risk factors identified by the most recent research.

Behavioral Health Issues/Disorders

- Depressive disorders
- Substance abuse or dependence (alcohol and other drugs)
- Conduct/disruptive behavior disorders
- Other disorders (e.g., anxiety disorders, personality disorders)
- Previous suicide attempts
- Self-harm (without intent to die)
- Genetic/biological vulnerability (mainly abnormalities in serotonin functioning which can lead to some of the behavioral health problems listed above)

Personal Characteristics

- Hopelessness
- Low self-esteem
- Loneliness
- Social alienation and isolation, lack of belonging
- Low stress and frustration and tolerance
- Impulsivity
- Risk taking, recklessness
- Poor problem-solving or coping skills
- Perception of self as very underweight or very overweight
- Capacity to self-injure
- Perception of being a burden (e.g., to family and friends)

Adverse/Stressful Life Circumstances

- Interpersonal difficulties or losses (e.g., breaking up with a girlfriend or boyfriend)
- Disciplinary or legal problems
- Bullying, either as victim or perpetrator
- School or work problems (e.g., actual or perceived difficulties in school or work, not attending school or work)
- Physical, sexual, and/or psychological abuse
- Chronic physical illness or disability
- Exposure to suicide of peer

Risky Behavior

- Alcohol and drug use
- Delinquency
- Aggressive/violent behavior
- Risky sexual behavior

Family Characteristics

- Family history of suicide or suicidal behavior
- Parental mental health problems
- Parental divorce
- Death of parent or relative
- Problems in parent-child relationship (e.g., feelings of detachment from parents, inability to talk with family members, interpersonal conflicts, family financial problems, family violence or abuse, parenting style either underprotective or overprotective)

Environmental Factors

- Negative social and emotional environment at school, including negative attitudes, beliefs, feelings, and interactions of personnel and students
- Lack of acceptance of differences
- Expression and acts of hostility
- Lack of respect and fair treatment
- Lack of respect for the cultures of all students
- Limitations in school physical environment, including lack of safety and security
- Weapons on campus

- Poorly lit areas conducive to bullying and violence
- Limited access to mental health care
- Access to lethal means, particularly in the home
- Exposure to other suicides, leading to suicide contagion
- Exposure to stigma and discrimination against students based on sexual orientation; gender identity; race and ethnicity; disability; or physical characteristics, such as overweight. Stigma and discrimination lead to:
 - Victimization and bullying by others, lack of support from the rejection by family and peers, dropping out of school, lack of access to work opportunities and health care;
 - Internalized homophobia, stress from being different and not accepted, and stress around disclosure of being gay, which can lead to low self-esteem, social isolation, and decreased help-seeking;
 - Stress due to the need to adapt to a different culture, especially reconciling differences between one's family and the majority culture, which can lead to family conflict and rejection.

Risk Factors for Imitative Behavior

The following may increase a student's level of risk after a suicide has occurred:

- Facilitated the suicide
- Failed to recognize the suicidal intent
- Believe they may have caused the suicide
- Had a relationship with the suicide victim
- Identify with the suicide victim
- Have a history of prior suicide behavior
- Have a history of psychopathology
- Shows symptoms of helplessness and/or hopelessness
- Have suffered significant life stressors or losses
- Lack internal and external resources

LGBTQ YOUTH

During adolescence many students struggle with accepting themselves and experience the fear of being rejected by their peers. A number of risk factors may increase students' capacity to cope and lead to a higher amount of psychological duress. Lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth are especially susceptible to experiencing multiple risk factors and generally have fewer protective factors than their heterosexual peers. LGBTQ youth experience a higher amount of suicidal behavior than other subgroups and are included as a high risk group in California's Assembly Bill 2246 (AB 2246). This requires schools to include preventative efforts specifically aligned to the needs of LGBTQ youth. The Suicide Prevention Center (2008) recommends that schools:

- Implement training for all personnel to effectively service LGBTQ youth by including recognition and response to warning signs for suicide, and the risk and protective factors for suicidal behaviors in LGBTQ youth.
- Include information about higher rates of suicidal behavior in LGBTQ youth in health promotion materials.
- Assess and ensure that all personnel are inclusive, responsive to, and affirming of the needs of LGBTQ youth, and refer youth to these services and providers.
- Develop peer-based support programs.
- Include the topic of coping with stress and discrimination, and integrate specific activities for LGBTQ youth in life-skills training and programs to prevent risk behaviors.
- Support personnel advocacy for LGBTQ youth.
- Promote organizations that support LGBTQ youth, such as Gay-Straight Alliances and Parents, Families, and Friends of Lesbians and Gays (PFLAG).
- Institute protocols and law enforcements for appropriate response if a student is identified as at risk for self-harm, has made a suicide attempt, or has died by suicide.
- Make accurate information about LGBTQ issues and resources easily available.
- Use an LGBTQ cultural-competence model that enables personnel to work effectively with LGBTQ students.
- Include LGBTQ youth in program development and evaluation.
- Institute, enforce, and keep up to date non-discrimination and non-harassment policies for all youth.
- Implement confidentiality policies that are clear, comprehensive, and explicit.
- Assume that students could be any sexual orientation or gender and respond accordingly.
- Address explicitly the needs of LGBTQ youth in programs and policies to prevent violence and bullying.

Creating a culture of acceptance is imperative in supporting students who identify as LGBTQ. Inclusive practices must extend beyond the classroom as a school-wide initiative. Resources to support LGBTQ youth in your school setting are provided below:

The Trevor Project

www.thetrevorproject.org Trevor operates the nation's only 24-hour toll-free suicide prevention helpline for gay, lesbian, bisexual, transgender, and questioning youth (1-866-4-U-TREVOR). The Trevor Project website also provides curriculum and lesson plans for teachers to implement in their classrooms, online tools for working with students one-on-one, and free materials to be hung up on your campus: <http://www.thetrevorproject.org/pages/lifeguard>.

Beyond the Binary: A Toolkit for Gender Identity Activism in Schools (2004)

www.gsanetwork.org/BeyondtheBinary/toolkit.html *Beyond the Binary* was produced by the Gay-Straight Alliance Network, Transgender Law Center, and the National Center for Lesbian Rights. It has practical information to assist teachers and students in creating a safe space within the school for transgender and gender nonconforming students.

The Gay, Lesbian, and Straight Education Network (GLSEN)

www.glsen.org This organization provides free and inexpensive tools to help establish school Gay-Straight Alliances, including Jump-Start Activity Guides, Safe Schools policies, stickers, do-it-yourself training kits, and results from the National School Climate Survey of LGBTQ students.

Out for Equity

<http://outforequity.spps.org/index.html> This organization, which is part of Saint Paul [Minnesota] Public Schools, offers resources about creating a safe school environment, including a *Safe Schools Manual*.

Creating Safe Space for LGBTQ Youth: A Toolkit (2006)

www.advocatesforyouth.org/publications/safespace/safespace.pdf A resource for youth-serving professionals, *Creating Safe Space* provides tips and strategies for assessment, inclusive programming, lesson plans, and addressing harassment.

The National Center for Transgender Equality (NCTE)

www.nctequality.org This social justice organization is dedicated to advancing the equality of transgender people through advocacy, collaboration, and empowerment. Its website contains news and resources.

Parents, Families, and Friends of Lesbians & Gays (PFLAG)

www.pflag.org/ This group promotes the health and well-being of gay, lesbian, bisexual, and transgender persons and their families and friends. PFLAG's web site contains sections on support, education, and advocacy.

GLBT National Help Center

www.glnh.org This center offers free telephone and e-mail peer counseling, information, and local resources for GLBTQ callers throughout the United States. GLBT National Hotline: Toll-free 1-888-THE-GLNH (1-888-843-4564)

Hours: Monday through Friday from 1:00 pm to 9:00 pm PST

Saturday from 9:00 am to 2:00 pm PST

Email: glnh@GLBTNationalHelpCenter.org

GLBT National Youth Talkline

Toll-free 1-800-246-PRIDE (1-800-246-7743)

Hours: Monday through Friday from 5:00 pm to 9:00 pm PST

Email: youth@GLBTNationalHelpCenter.org

PROTECTIVE FACTORS

Protective factors are personal or environmental characteristics that reduce the probability of suicide. Protective factors can buffer the effects of risk factors. The capacity to cope positively with the effects of risk factors is called “resilience.” Actions by school personnel to enhance protective factors are an essential element of a suicide prevention effort. Strengthening these factors also protects students from other risk factors including violence, substance abuse, and academic failure.

Individual Characteristics and Behaviors

- Psychological or emotional well-being, positive mood
- Emotional intelligence: the ability to perceive, integrate into thoughts, understand, and manage one’s emotions
- Adaptable temperament
- Internal locus of control (i.e. The belief that events in one’s life, whether good or bad, are caused by controllable factors such as one’s attitude, preparation, and effort.).
- Strong-problem solving skills
- Coping skills, including conflict resolution and nonviolent handling of disputes
- Self-esteem
- Frequent, vigorous physical activity or participation in sports
- Spiritual faith or regular religious activities
- Cultural and religious beliefs that affirm life and discourage suicide
- Resilience: ongoing or continuing sense of hope in the face of adversity
- Frustration tolerance and emotional regulation
- Body image, care, and protection

Family and Other Social Support

- Family support and connectedness to family, closeness to or strong relationship with parents, and parental involvement
- Close friends or family members, a caring adult, and social support
- Parental pro-social norms, that is, youth know that parents disapprove of antisocial behavior such as beating someone up or drinking alcohol
- Family support for school

School

- Positive school experiences
- Part of a close school community
- Safe environment at school (especially for lesbian, gay, bisexual, and transgender youth)
- Adequate or better academic achievement
- A sense of connectedness to the school
- A respect for the cultures of all students

Mental Health, Healthcare Providers, and Caregivers

- Access to effective care for mental, physical, and substance abuse disorders
- Easy access to care and support through ongoing medical and mental health relationships

HELP A FRIEND:

TIPS FOR TEENS TO PREVENT SUICIDE

Although students thinking about suicide are not likely to seek help, they do show warning signs to their friends, classmates, parents or trusted school personnel. **Never ignore these signs. You can help!**

Situations that may lead to suicidal thoughts may include; ending a relationship, failing in school, problems within the home, rejection by friends, etc. Additionally, some students may display warning signs of suicidal behavior after a disaster such as a school shooting or terrorist attack. Children and youth who have experienced a personal loss, abuse, or an earlier tragic or frightening event, or who suffer from depression or other emotional problems, also have a higher risk of suicide.

Students who have these risk factors are most likely to consider suicide. Below are some tips to help prevent suicide and get help.

Suicide Warning Signs

1. **Suicide notes.** These are a very real sign of danger and should be taken seriously.
2. **Threats.** Threats may be direct (“I want to die.” “I am going to kill myself”) or, unfortunately, indirect (“The world would be better without me,” “Nobody will miss me anyway”). In adolescence, indirect clues could be offered through joking or through references in school assignments, particularly creative writing or art pieces. Young children and those who view the world in more concrete terms may not be able to express their feelings in words, but may provide indirect clues in the form of acting out, violent behavior, often accompanied by suicidal/homicidal threats.
3. **Previous attempts.** Often the best predictor of future behavior is past behavior, which can indicate a coping style.
4. **Depression (helplessness/hopelessness).** When symptoms of depression include pervasive thoughts of helplessness and hopelessness, a child or adolescent is conceivably at greater risk for suicide.
5. **Masked depression.** Risk-taking behaviors can include acts of aggression, gunplay, and alcohol/substance abuse.
6. **Final arrangements.** This behavior may take many forms. In adolescents, it might be giving away prized possessions such as jewelry, clothing, journals or pictures.
7. **Efforts to hurt oneself.** Self-mutilating behaviors occur among children as young as elementary school-age. Common self-destructive behaviors include running into traffic, jumping from heights, and scratching/cutting/markings the body. *Please refer to the Self-Harm chapter in this handbook for additional information and resources.*
8. **Inability to concentrate or think rationally.** Such problems may be reflected in classroom behavior, homework habits, academic performance, household chores, even conversation.

9. **Changes in physical habits and appearance.** Changes include inability to sleep or sleeping all the time, sudden weight gain or loss, disinterest in appearance, hygiene, etc.
10. **Sudden changes in personality, friends, behaviors.** Parents, teachers and peers are often the best observers of sudden changes in suicidal students. Changes can include withdrawing from normal relationships, increased absenteeism in school, loss of involvement in regular interests or activities, and social withdrawal and isolation.
11. **Death and suicidal themes.** These might appear in classroom drawings, work samples, journals or homework.
12. **Plan/method/access.** A suicidal child or adolescent may show an increased interest in guns and other weapons, may seem to have increased access to guns, pills, etc., and/or may talk about or hint at a suicide plan. The greater the planning, the greater the potential for suicide.

What Can You Do to Help a Friend?

1. **Know the warning signs!** Read over the list above and keep it in a safe place.
2. **Do not be afraid to talk to your friends.** Listen to their feelings. Make sure they know how important they are to you, but don't believe you can keep them from hurting themselves on your own. Preventing suicide will require help from adults.
3. **Don't promise to keep secrets.** Never keep a friend's suicidal plans or thoughts a secret. Explain to your friend that their life is the priority and consider identifying a trusted adult you can both talk to.
4. **Tell an adult.** Talk to your parent, your friend's parent, your school's psychologist or counselor, or any other trusted adult right away. Even if you are not sure your friend is suicidal, talk to someone. This is definitely the time to be safe and not sorry!
5. **Ask if your school has a crisis team.** Many schools (elementary, middle and high schools) have organized crisis teams, which include teachers, counselors, social workers, psychologists and principals. These teams help train all personnel to recognize warning signs of suicide as well as how to help in a crisis situation. These teams can also help students understand warning signs of violence and suicide. If your school does not have a crisis team, ask your Student Council or faculty advisor to look into starting a team.

Adapted from: "A National Tragedy: Preventing Suicide in Troubled Children and Youth," available at www.nasponline.org. Modified from material posted on the NASP website in September 2001. ©2002, National Association of School Psychologists, 4340 East West Highway, #402, Bethesda, MD 20814; (301) 657-0270; www.nasponline.org.

HELP A STUDENT:

TIPS FOR TEACHERS

1. Remain calm.
2. Ask the youth directly if he or she is thinking about suicide.
3. Focus on your concern for their wellbeing and avoid being accusatory.
4. Listen.
5. Reassure them that there is help available.
6. Provide constant supervision.
7. Refer the student immediately. Do not “Send” a student to the school psychologist or counselor. Escort the child yourself to a member of the school’s crisis team.
8. Remove means for self-harm if appropriate to do so.
9. Get help: Peers should not agree to keep the suicidal thoughts a secret and instead should tell an adult, such as a parent, teacher, or school psychologist. Parents should seek help from school or community mental health resources as soon as possible. School personnel should take the student to the designated school mental health professional or administrator.
10. Advocate for the student. Sometimes administrators may minimize risk factors and warning signs in a particular student. Advocate for the child until you are certain the child is safe.
11. For a comprehensive resource on The Role of High School Teachers in Preventing Suicide, please refer to Appendix I of this handbook.

WARNING SIGNS OF YOUTH SUICIDE

TIPS FOR PARENTS

Parents can help prevent suicide by recognizing warning signs, identifying risk factors (characteristics that may lead a young person to engage in suicidal behaviors), promoting protective factors (characteristics that help people deal with stress and reduce their chances of engaging in suicidal behaviors), and knowing how to talk to their children and seek mental health services. You can empower yourself and your teen by following these seven steps.

1. Know your facts

Information is power and too much misinformation about suicide can have tragic consequences. Separating myth from fact can empower you to help your teen in distress.

Myth – Suicide in youth is not a problem.

Truth – Suicide is a major problem affecting youth; it is the 3rd leading cause of death among 10-24 year olds.

Myth – Asking about suicide causes suicidal behavior.

Truth – Addressing the topic of suicide in a caring, empathetic, and nonjudgmental way shows that you are taking your child seriously and responding to their emotional pain.

Myth – Only a professional can identify a child at risk for suicidal behavior.

Truth – Parents and other caregivers often are the first to recognize warning signs and most able to intervene in a loving way.

2. Recognize the warning signs

Studies show that 4 out of 5 teen suicide attempts are preceded by clear warning signs, so make sure to know them. A warning sign does not mean your child will attempt suicide, but do not ignore warning signs. Respond to your child immediately, thoughtfully and with loving concern. **Don't dismiss a threat as a cry for attention!**

- Changes in personality: sadness, withdrawal, irritability, anxiety, exhaustion, indecision.
- Changes in behavior: deterioration in social relationships and school and/or work performance, reduced involvement in positive activities.
- Sleep disturbance: insomnia, oversleeping, nightmares.
- Changes in eating habits: loss of appetite, weight loss, or overeating.
- Fear of losing control: erratic behavior, harming self or others.

3. Know the risk factors

Recognize certain situations and conditions that are associated with an increased risk of suicide.

- Previous suicide attempt(s).
- Mental health disorders (depression, anxiety).

- Alcohol and other substance abuse.
- Feelings of hopelessness, helplessness, guilt, loneliness, worthlessness, low self-esteem.
- Loss of interest in friends, hobbies, or activities previously enjoyed.
- Aggressive behavior.
- Bullying or being a bully at school or in social settings.
- Disruptive behavior, including disciplinary problems at school or at home.
- High risk behaviors (drinking and driving, poor decision-making).
- Recent/serious loss (death, divorce, separation, broken romantic relationship).
- Family history of suicide.
- Family violence (domestic violence, child abuse or neglect).
- Sexual orientation and identity confusion (lack of support or bullying during the coming out process).
- Access to lethal means like firearms, pills, knives, or illegal drugs.
- Stigma associated with seeking mental health services.
- Barriers to accessing mental health services (lack of bilingual service providers, unreliable transportation, financial costs).

4. Know the protective factors

These factors have been shown to have protective effects against teen suicide:

- Skills in problem solving, conflict resolution, and handling problems in a nonviolent way.
- Strong connections to family, friends, and community support.
- Restricted from lethal means of suicide (pill access, gun access).
- Cultural and religious beliefs that discourage suicide and support self-preservation.
- Easy access to services.
- Support through ongoing medical and mental health care relationships.

5. Take preventive measures

You are not powerless; you can guard your teen against the possibility of suicide.

- Interact with your teen positively (give consistent feedback, compliments for good work).
- Increase his/her involvement in positive activities (promote involvement in clubs/sports).
- Appropriately monitor your teen's whereabouts and communications (texting, Facebook, Twitter) with the goal of promoting safety.
- Be aware of your teen's social environment (friends, teammates, coaches) and communicate regularly with other parents in your community.
- Communicate regularly with your teen's teachers to ensure safety at school.

- Limit your teen’s access to alcohol, prescription pills, illegal drugs, knives, and guns.
- Talk with your teen about your concerns; ask him/her directly about suicidal thoughts.
- Explain the value of therapy and medication to manage symptoms.
- Address your concerns with other adults in your child’s life (teachers, coaches, family).
- Discuss your concerns with his/her pediatrician to seek mental health referrals.

6. Talk to your teen about suicide

Talking to your teen about a topic like suicide can seem almost impossible. Have this important discussion with your teen by using these tips.

- Talk in a calm, non-accusatory manner.
- Express loving concern.
- Convey how important he/she is to you.
- Focus on your concern for your teen’s well-being and health.
- Make “I” statements to convey you understand the stressors he/she may be experiencing.
- Encourage professional help-seeking behaviors (locate appropriate resources).
- Reassure your adolescent that seeking services can change his/her outlook.

7. Last, but not least, seek mental health services

Mental health professionals can be essential partners in teen suicide prevention.

- Take appropriate action to protect your child.
 - If you feel that something is “just not right”.
 - If you notice warning signs.
 - If you recognize your child has many of the risk factors and few of the protective factors listed above.
- Find a mental health provider who has experience with youth suicide.
 - Choose a mental health provider with whom your child and you are comfortable.
 - Participate actively in your child’s therapy.
- If danger is imminent, call 911 or take your child to the nearest emergency room.

Adapted from: Nadine J. Kaslow, PhD, Polina Kitsis, Mili Anne Thomas, MA, and Dorian A. Lamis, PhD (2003). 7 Essential Steps Parents Can Take to Prevent Teen Suicide. American Psychological Association. <https://psychologybenefits.org/2013/09/23/prevent-teen-suicide/>

PREVENTION CHECKLIST

ADAPTED FROM SAMHSA SUICIDE PREVENTION TOOLKIT TO ALIGN WITH

AB 2246

*An asterisk identifies an AB 2246 requirement to be included in each LEA's Pupil Suicide Prevention Policy, AB 2246 requires any LEA that serves pupils in grades 7 to 12 to adopt a suicide prevention policy, to be board approved prior to the 2017-2018 school year.

Suicide Prevention Activities	Yes	No	Not Sure	If no, or not sure. Next steps:
Protocols for helping students at risk of suicide				
We have a written protocol for helping students who may be at risk of suicide that was developed in consultation with school and community stakeholders.*				
At a minimum, the written policy addresses prevention, intervention, and postvention.*				
The written protocol includes the steps for personnel to refer students for risk-assessments. Including but not limited to teacher referrals, peer referrals, self-referrals and concerns via social media.				
The written policy addresses youth bereaved by suicide.*				
The written policy addresses youth with disabilities, mental illness, and/or substance use disorders.*				
The written policy addresses youth experiencing homelessness or in out-of-home settings, such as foster care.*				
The written policy addresses LGBTQ youth.*				
We have a written protocol for responding to students who attempt suicide at school.				
We have established agreements with outside providers to provide effective and timely mental health services to our students.				
Protocols for after a suicide				
The written protocol includes responding to the suicide of a student.				
Personnel who will implement the suicide response protocol (i.e., crisis response team) are familiar with this protocol and the tools that will help them fulfill their responsibilities.				
Community partners who can assist in the event of a suicide have been identified.				

Personnel education and training				
The written policy addresses trainings to be provided to teachers on suicide awareness and prevention.*				
Suicide Prevention Activities	Yes	No	Not Sure	If no, or not sure. Next steps:
Personnel education and training				
Training material approved by the LEA includes how to identify appropriate mental health services, both at the school site and within the larger community, and when and how to refer youth and their families to those services.*				
All professional and support personnel have received information about the importance of school-based suicide prevention efforts.				
All professional and support personnel have been trained to recognize and respond appropriately to students who may be at risk of suicide.				
School personnel includes those who have been trained to assess, refer, and follow up with students identified as being at risk of suicide.				
The written policy includes that a school employee acts only within the authorization and scope of the employee's credential or license. Nothing is construed as authorizing or encouraging a school employee to diagnose or treat mental illness unless the employee is specifically licensed to do so.*				
Parent/Guardian education and outreach				
We educate the parents of our students about suicide and related mental health issues.				
We have a sufficient level of participation in our programs to educate parents about suicide.				
Student education				
We have implemented at least one type of program to engage students in suicide prevention.				
Suicide prevention is integrated into other student health/mental health courses and initiatives.				
Screening				
We have implemented a suicide screening program.				
We have the support of parents, school personnel, and other community mental health professionals.				

In order to ensure your school personnel is prepared to prevent and/or intervene in a suicide crisis, please respond to the additional questions for consideration listed below which were adapted from the *Idaho Guidelines for School-Based Suicide Intervention*:

1. Does the school community know who the Crisis Response Team members are?
2. Does the entire school community understand that students at risk should not be left unattended, even to get help?
3. Do school personnel understand that it is not their responsibility to assess the seriousness of a situation, but that all suicidal behavior must be taken seriously and reported, using the school protocols?
4. Do the protocols inform personnel about what to do if there is any reason to suspect a weapon is present/readily available?
5. Have the confidentiality guidelines been provided and discussed with ALL personnel?
6. Will personnel receive any feedback on students whom they refer for an evaluation of suicidal risk?
7. Are procedures in place that meet personnel needs in the event of a crisis?
8. Does the school have a procedure to alert personnel of an emergency while school is in session and do substitutes and volunteers know this procedure?
9. Has a list of local, appropriate, and accessible mental health contacts in the community been created, have contacts been interviewed, and assessed for willingness to work with the school crisis response team on issues related to the student's well-being and return to school?
10. If needed, will someone request emergency personnel, including law enforcement and/or ambulance? Who will make the determination? (*Please refer to the section titled "When to Contact Law Enforcement". At a minimum, if the student has a dangerous weapon the law enforcement should be called.*)
11. Do school procedures designate someone to contact the parent/guardian when suicide risk is suspected, regardless of assessed risk level?
12. Does the school have procedures for when the parent/guardian is unreachable?
13. Does the school have procedures for when a parent refuses to get help for their child?
14. Has someone been designated to call the agency for the parents/guardians ahead of their arrival and to follow up to see that they do arrive?
15. Does the school provide information to parents about the importance of removing lethal means?
16. Did a personnel designee request a signed release of confidentiality between the mental health agency and/or hospital and/or doctor and parent/guardian?
17. Are there protocols concerning how to help a student re-enter school after an absence or hospitalization for mental illness including suicidal behavior? (*Please refer to the section on re-entry procedures within this handbook*)

18. Does the school have a system to collect all documentation related to the crisis?
19. Have all involved school personnel been debriefed and offered support if needed, and has the school reached out to offer support to the parents/guardians?
20. Do school personnel, parents/guardians of the student, and mental health agency(ies) that are involved have a process to put together a plan to re-integrate the student, alert relevant personnel, and decide how to help the student at school?
21. Are there systems/teams in place to address the needs of other students who are exhibiting high risk behaviors, especially friends and classmates of this student?
22. How will the student's teacher(s), coaches, and other contacts be reminded of the student's confidentiality rights?

ASSEMBLY BILL 2246:

PUPIL SUICIDE PREVENTION POLICY

In September 2016, California Legislation passed Assembly Bill 2246 requiring Local Education Agencies that serve students in grades 7-12, to adopt a policy on pupil suicide prevention prior to the 2017-2018 school year. The Bill includes specific parameters that schools must implement.

To Access the California Department of Education’s Model Youth Suicide Prevention Policy, please refer to Appendix L. An additional model suicide prevention policy set forth by the National Association of School Psychology may be accessed by referring to Appendix H.

AB 2246 is shown below:

AB 2246

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1.

The Legislature finds and declares all of the following:

- (a) According to the latest 2013 data from the federal Centers for Disease Control and Prevention, suicide is the second leading cause of death for youth and young adults 10 to 24 years of age, inclusive.
- (b) As children and teens spend a significant amount of their young lives in school, the personnel who interact with them on a daily basis are in a prime position to recognize the warning signs of suicide and make the appropriate referrals for help.
- (c) In a national survey conducted by the Jason Foundation, the number one person whom a pupil would turn to for helping a friend who might be suicidal was a teacher. It is imperative that when a young person comes to a teacher for help, the teacher has the knowledge, tools, and resources to respond.
- (d) There are national hotlines available to help adults and lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth experiencing suicidal ideation, including the National Suicide Prevention Lifeline and the Trevor Project, respectively.
- (e) According to the Family Acceptance Project, research has found that, for an LGBTQ youth, having at least one supportive adult can reduce the youth’s risk of suicide.
- (f) A model policy on suicide prevention created in consultation with suicide prevention experts and other stakeholders is available through the Trevor Project for adoption or adaptation, or both, by the State Department of Education and local educational agencies.

SEC. 2.

Article 2.5 (commencing with Section 215) is added to Chapter 2 of Part 1 of Division 1 of Title 1 of the Education Code, to read:

Article 2.5. Pupil Suicide Prevention Policies

215.

(a) (1) The governing board or body of a local educational agency that serves pupils in grades 7 to 12, inclusive, shall, before the beginning of the 2017–18 school year, adopt, at a regularly scheduled meeting, a policy on pupil suicide prevention in grades 7 to 12, inclusive. The policy shall be developed in consultation with school and community stakeholders, school-employed mental health professionals, and suicide prevention experts and shall, at a minimum, address procedures relating to suicide prevention, intervention, and postvention.

(2) The policy shall specifically address the needs of high-risk groups, including, but not limited to, all of the following:

(A) Youth bereaved by suicide.

(B) Youth with disabilities, mental illness, or substance use disorders.

(C) Youth experiencing homelessness or in out-of-home settings, such as foster care.

(D) Lesbian, gay, bisexual, transgender, or questioning youth.

(3) (A) The policy shall also address any training to be provided to teachers of pupils in grades 7 to 12, inclusive, on suicide awareness and prevention.

(B) Materials approved by a local educational agency for training shall include how to identify appropriate mental health services, both at the school site and within the larger community, and when and how to refer youth and their families to those services.

(C) Materials approved for training may also include programs that can be completed through self-review of suitable suicide prevention materials.

(4) The policy shall be written to ensure that a school employee acts only within the authorization and scope of the employee's credential or license. Nothing in this section shall be construed as authorizing or encouraging a school employee to diagnose or treat mental illness unless the employee is specifically licensed and employed to do so.

(5) To assist local educational agencies in developing policies for pupil suicide prevention, the department shall develop and maintain a model policy in accordance with this section to serve as a guide for local educational agencies.

(b) For purposes of this section, "local educational agency" means a county office of education, school district, state special school, or charter school.

SEC. 3.

If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

PARTNERING WITH NONPUBLIC AGENCIES

Schools may choose to partner with Nonpublic Agencies (NPA) to provide emergency and/or ongoing school-based mental health services. Community-based mental health professionals include any individuals licensed and assigned to provide mental health services that may be self-employed, employed by a private agency, or employed by a public agency such as county mental health. Individuals that are employees, contractors or vendors of these public agencies have been authorized to provide the specific services to which they have been assigned, and that authorization qualifies them to contract directly with LEAs to provide those same services.

It is important to note that students receiving school-based mental services, per their IEP, must receive services from an NPA that is approved by the California Department of Education (CDE). When contracting with such individuals to provide mental health services for students with IEPs (i.e., Educationally Related Mental Health Services [ERMHS]), LEAs should ensure that the NPA is certified (<https://goo.gl/au7z1C>) for the same related services for which the LEA is contracting. Once an NPA has been identified by a partnering LEA, the LEA is responsible for completing a Master Contract with the NPA/NPS and completing an Individual Service Agreement (ISA) for each student receiving services.

SECTION 2

Self-Harm

UNDERSTANDING SELF-HARM BEHAVIOR

The Diagnostic Statistical Manual, 5th Edition (DSM-V) defines Nonsuicidal Self-harm (NSSI) as the deliberate, self-inflicted destruction of body tissue without suicidal intent and for purposes not socially sanctioned, includes behaviors such as cutting, burning, biting and scratching skin. There have been ongoing discussions whether self-harm should be the used to describe NSSI. Therefore, the terms continue to be used interchangeably. For the purposes of this handbook, behaviors consistent with the definition of NSSI will be referred to as self-harm. The Association for Supervision and Curriculum Development (ASCD) states that student self-harming behaviors can be one of the most perplexing and challenging behaviors that administrators, teachers, nurses, and counseling personnel encounter in their schools (see http://www.ascd.org/publications/educational_leadership/dec09/vol67/num04/Helping_Self-Harming_Students.aspx).

Self-Harming Behaviors May Include:

- Cutting oneself (i.e., with a razor blade, knife, or other sharp object to cut the skin).
- Punching oneself or punching things (like a wall).
- Burning oneself with cigarettes, matches, or candles.
- Pulling out ones hair.
- Breaking bones or bruising oneself.

Self-harming behavior is widespread among adolescents and is often misunderstood by others. Research indicates that students who self-harm may have never experienced suicidal thoughts or attempted to end their lives (Selekman, 2009). According to The U.S. Department of Health and Human Services, individuals who self-harm do not usually mean to end their own lives, but are at higher risk for attempting suicide if they do not get help. The most widely accepted theory in understanding why self-harming occurs is that it provides the individual with a sense of emotional relief when dealing with personal problems. When a student lacks healthy outlets for stress or positive coping strategies many stressors may contribute to developing a habit of self-harming. These stressors may include:

Social Challenges

- Peer rejection.
- Lacking social skills.
- Social isolation.
- Lacking possession of prized popular possessions (i.e., iPhone, name brand clothing).
- Cyberbullying.

Factors Related to Stress

- Balance between social, academic, multiple extracurricular commitments.
- Academic pressure from parents.
- Massive homework loads.

“Quick-Fix” Solutions

- Culture of immediate gratification.
- Modeled behavior (i.e., prescription medication as “quick fixes”).

Emotional Disconnection and Invalidation

- Disconnected family unit.
- Higher connection to “screen time” than real-life interactions.

Fears About the Future

- Preparation for college.
- Uncertainty about college acceptance.

According to the Mayo Clinic on Self-harm/Cutting (see <http://www.mayoclinic.org/diseases-conditions/self-harm/symptoms-causes/dxc-20165427>), there are several identified risk factors that may predict self-harming behaviors.

Risk Factors

AGE	Most people who self-injure are teenagers and young adults, although those in other age groups also self-injure. Self-harm often starts in the early teen years, when emotions are more volatile and teens face increasing peer pressure, loneliness, and conflicts with parents or other authority figures
HAVING FRIENDS WHO SELF INJURE	People who have friends who intentionally harm themselves are more likely to begin self-injuring.
LIFE ISSUES	Some people who injure themselves were neglected or abused (sexually, physically or emotionally) or experienced other traumatic events. They may have grown up and still remain in an unstable family environment, or they may be young people questioning their personal identity or sexuality. Some people who self-injure are socially isolated
MENTAL HEALTH ISSUES	People who self-injure are more likely to be highly self-critical and be poor problem-solvers. In addition, self-harm is commonly associated with certain mental disorders, such as borderline personality disorder, depression, anxiety disorders, post-traumatic stress disorder and eating disorders.
EXCESSIVE ALCOHOL OR DRUG USE	People who harm themselves often do so while under the influence of alcohol or recreational drugs.

Signs and Symptoms

There are many signs that a student may be self-harming. Personnel should not act shocked if they discover that a student is self-harming. Students who engage in self-harming behaviors should be taken seriously by personnel and treated with compassion. Signs that a student is self-harming may include regularly wearing of long sleeves and long pants, especially when the weather does not call for this type of clothing, social media posts related to self-harming, and social isolation. Symptoms can vary from superficial scratches to the skin's surface to cuts or burns that result in permanent scarring. The most common body parts that students inflict harm to includes the hands, arms, stomach, and thighs.

Interventions for Self-Harming Behaviors

School-based professionals play an important role intervening when a student is suspected to be engaging in self-harm. It is important that personnel do not reprimand, punish, or bombard the student with questions upon the discovery that a student may be harming themselves. The personnel member who makes this discovery is required to refer the student to the appropriate mental health professional on site to conduct a self-harm assessment. The referring personnel member may consider introducing the student to the mental health provider and remaining with the student until they appear able to interact with the person completing the self-harm assessment.

According to the National Association of School Psychologists (NASP) there is no single and definitive approach to treating self-harming behavior. The most promising treatments involve a combination of cognitive behavioral therapy with possible medication for underlying disorders which can only be recommended and provided by a clinical mental health professional. Treatment may involve hospitalization or outpatient care, but ideally the student can maintain as normal a routine as possible. The goal is to help him or her identify the underlying cause of their pain and help them develop alternative coping and communication skills (Lieberman, 2004). Due to the complexity of self-harming behaviors and the level of support required, school-based intervention should be provided in conjunction with other treatment options. Also, consider "Next Steps for Support" on (page 2.8).

Selekman, M. D. (2009). *The adolescent and young adult self-harming treatment manual: A collaborative strengths-based brief therapy approach*. New York: Norton. Lieberman, Richard (2004). *Understanding and Responding to Students Who Self-Mutilate*. National Association of Secondary School Principals in cooperation with NASP.

CONDUCTING A SELF-HARM ASSESSMENT

The following guidelines are based on Cornell's Research Program on Self-harm and Recovery, "Non-Suicidal Self-harm in Schools: Developing & Implementing School Protocol," The entire document is available to be used as a resource in developing a protocol for your LEA and can be found in *Appendix J*. Cornell's research program suggests that having an established protocol limits ineffective responses and maximizes a school's ability to intervene appropriately when students are engaging in self-harming behaviors.

School personnel should be prepared to identify self-harm in order to make a referral to the appropriate personnel member for a risk assessment. If it is reported that a student is engaging in self-harm, it is recommended that school personnel immediately refer the student to a school mental health professional (i.e., school psychologist, school counselor, social worker, or nurse) who is trained to assess the student for both self-harm and risk of suicide.

The components of a risk assessment shall include gaining information regarding:

- **History:** *how long has the student been self-injuring.*
- **Frequency:** *how often the student is engaging in self-harming behavior(s).*
- **Method(s):** *what behavior the student is engaging in (i.e., cutting, scratching, etc.) and where, on their bodies, they may be injuring (i.e., arms, legs, abdomen, etc.).*
- **Triggers:** *identify patterns in what causes the student to self-harm.*
- **Psychological Purpose:** *determine the function of the self-harming behavior.*
- **Disclosure:** *identify whether the parents are aware. Remind the student of confidentiality and the exception pertaining to their safety.*
- **Help Seeking & Support:** *discover whether the student has been treated for self-harming behaviors in the past, or if they are currently in counseling. Inquire about the student's perceived support system.*
- **History and/or current presence of suicidal ideation:** *ask the student if they have experienced thoughts of ending their life. If the student answers yes, or if, the assessor's clinical judgment indicates that the student has experienced suicidal ideation then a suicide risk assessment should follow (page 3.1).*

The American School Counselor Association requires confidentiality between students and counselors except in the event that the student is at risk for harm of self or others.

For the recommended assessment tool from The Cornell Research Program on Self-harm and Recovery see Appendix K, Non-Suicidal and Self-harm Assessment Tool (NSSIAT).

The person conducting the self-harm assessment must notify the student's parent(s)/guardians. For guidance on notifying parents, please refer to the parental notification guidelines included in this chapter (page 2.5). In addition to maintaining student safety, the goal of self-harm assessments is to inform the school team and family of how to plan appropriate treatment for the student's current behaviors and determine the next steps for on-going support. This will likely include referring the student to a community mental health provider as appropriate and holding a Student Study Team (SST) meeting. Additionally, this may result in a request for a comprehensive assessment for special education to be conducted by the LEA, see "Considerations for At-Risk Students" (section 4).

Risk Assessment Components adapted from: Bubrick, K., Goodman, J. & Whitlock, J. (2010). Non-suicidal self-harm in schools: Developing and implementing school protocol. [Fact sheet] Cornell Research Program on Self-Injurious Behavior in Adolescents and Young Adults. Retrieved from <http://crpsib.com/userfiles/NSSI-schools.pdf>

GUIDELINES FOR NOTIFYING PARENTS WHEN STUDENTS SELF-HARM

If a student has been identified as engaging in self-harm, parents/guardians must be notified. The American School Counselor Association requires confidentiality between students and counselors except for when a student is considered at risk for harm. Parent notification should occur even if the student is not deemed as being in imminent danger.

The person who contacts the family should be the personnel member who was responsible for completing the risk assessment for self-harm with the student. For example, if a teacher refers a student to the school counselor and the school counselor meets with the student to determine their level of risk, the school counselor would then call the parent/guardian. It is recommended that personnel remain aware of and sensitive towards the family's culture, including attitudes towards suicide, mental health, privacy, and help-seeking. The person contacting the family may notify parents via telephone or request for the parent/guardian to come to the school to meet in person. The following guidelines outline steps to take when contacting parents to inform of self-harm:

1. Notify the parents about how the student was referred to you (i.e., was it a peer referral, personnel referral, social media post).
2. Explain the importance of removing dangerous items from the home (i.e., tools with which the student has demonstrated history of self-harm).
3. Share any plans to support student well-being and safety while at school.
4. Discuss available options for individual and/or family therapy. Provide the parents with the contact information of mental health service providers in the community. If possible, call and make an appointment while the parents are with you.
5. Ask the parents to sign the Parent Contact Acknowledgment Form confirming that they were notified of their child's risk and received referrals to treatment. Attach the Parent Fact Sheet (located on page 1.41 of this handbook) for parent's reference.
6. Tell the parents that you will follow up with them in a specified number of days. If this follow-up conversation reveals that the parent has not contacted a mental health provider, revisit the importance of accessing support, discuss why they have not contacted a provider, and offer to assist with this process.
7. If the parents refuse to seek services for a child under the age of 18 who continues to demonstrate self-harming behavior, consider the appropriateness of contacting child protective services as a mandated reporter.
8. Document all contacts with the parents.
9. See "Next Steps for Support," to determine whether a Student Study Team (SST) meeting, assessment for special education eligibility and/or Educationally Related Mental Health Services (ERMHS) should be considered.

Adapted from DiCara, C., O'Halloran, S., Williams, L., & Canty-Brooks, C. (2009). Youth suicide prevention, intervention & postvention guidelines. Augusta, ME: Maine Youth Suicide Prevention Program. Retrieved from <http://www.maine.gov/suicide/docs/GuidelineS'o2010-2009--w%20discl.pdf>

PARENT CONTACT ACKNOWLEDGMENT OF SELF-HARM

School _____

Personnel Member Completing the Form _____

Student _____

This is to verify that I have spoken with personnel member _____ on _____ (date), concerning my child's self-harming behavior. I have been advised to seek the services of a mental health agency or therapist immediately.

I understand that _____ (name of personnel member) will follow up with me, my child, and the agency to whom my child has been referred for services within two weeks.

Parent Signature: _____ Date: _____

Personnel Member Signature: _____ Date: _____

_____(Initial) I have received the Parent Fact Sheet on Self-harm

PARENT FACT SHEET

Self-Harm

What is Self-Harm?

Self-harm occurs when an individual chooses to inflict wounds upon themselves because of psychological distress. Although it is difficult to understand, this behavior becomes a coping mechanism for some people. Feelings of anxiety and distress, being “outside” one’s body, and a need for self-punishment are among the reasons self-injurers cite for their behavior.

Why Do They Do It?

Research has not been able to clearly define the life factors that lead to self-harm. Some self-injurers come from loving homes. There is evidence that sexual and physical abuse, feeling invalidated, and sexual identity issues may play a role in the self-harm of some. The theme that is repeated throughout the research is that self-injurers are using the self-harm to relieve extremely uncomfortable feelings.

What Do I Do Now?

- Take a deep breath--this is tough, but it is better that you know about it.
- Realize that you cannot solve the problem, but you can access help.
- Access help!! Find a mental health professional and make an appointment as soon as possible.
- Do NOT tell your child that they must stop self-injuring. It won’t work and will just create frustration.
- DO remove readily available items for cutting, but realize your child will probably find something else.
- DO immediately attend to physical damage and take your child to professional medical care when needed.
- DO provide a listening ear when your child needs someone to talk to - create an accepting atmosphere for him or her.
- DO help coordinate safety plans for your child between your mental health professional and the school mental health personnel.
- DO keep the school updated about any changes in your child’s intervention plan and his or her overall status.

SELF-HARM: NEXT STEPS FOR SUPPORT

In addition to following guidelines for parent notification, it is recommended that school teams consider the need for additional support while at school to maintain student safety and continued access to education.

When a general education student has displayed behavior that indicates heightened social-emotional distress or increasing mental health need, such as self-harming, the following is recommended:

Schedule a Student Study Team (SST) prior to the student's return to school in order to provide supports needed to ensure safety and well-being at school. This may include implementation of general education intervention supports and/or development of a safety plan and/or Care Card (page 3.12-3.13) contingent upon parent consent. An SST may not delay a student's return to school. If the school is not able to schedule an SST prior to the student's return, it is recommended to schedule a meeting to discuss re-entry with the appropriate school personnel. This meeting, which may include the parent, the student, the school administrator, and/or mental health personnel in order to immediately provide supports as needed until the SST is held. The SST meeting should:

- Discuss observations and concerns with parents and team members.
- Identify patterns of behavior in the home, or possible environmental factors which may impact social-emotional wellbeing and/or behavior.
- Document areas of concern including areas of suspected disability, if applicable.
- Brainstorm interventions to support immediate needs as well as a plan for monitoring progress and when/how the team will revisit effectiveness.
 - *Interventions must be individualized to meet the student's need. Commonly used interventions may include check-ins with supportive personnel, opportunity to learn and practice new coping skills, short-term access to general education counseling support, etc.*
- Lowest risk option: SST should recommend assessment for Special Education services to include Educationally Related Mental Health Services (ERMHS) assessment.
 - *Provide continued access to necessary supports during the assessment period to maintain safety.*

If a student with an Individualized Education Program (IEP) is displaying emotional needs, including but not limited to self-harm, it is recommended that the IEP team convene to discuss if ERMHS are required. As with any other IEP related service, an assessment is required to identify areas of need to inform subsequent goals and services. The team may also consider the need for a Functional Behavior Assessment (FBA) and/or Behavior Intervention Plan (BIP). Please see the *ERMHS Assessment* section for more information. If ERMHS services are already in place, the team will determine if goals should be updated and services increased and/or changed to address the student's escalating needs.

SECTION 3

Suicide Risk Assessment

SUICIDE RISK ASSESSMENT

The following section references a number of forms/assessment instruments to be used by mental health professionals who possess the appropriate licensure and/or credential to conduct suicide assessments. They are provided as resource documents to be used when determined appropriate by the professionals involved in the assessment. They are not intended to be used by untrained professionals.

STEPS TO CONDUCTING A RISK ASSESSMENT

Once a student has been referred for being at risk for suicide, a suicide risk assessment must be conducted immediately. According to the National Suicide Prevention Resource Center, the key components of a suicide risk assessment are:

- Assessing risk factors
- Suicide Inquiry: thoughts/plan/intent/access to means

For an additional resource, refer to the section titled, Sample Interview Risk Assessment Questions (page 3.5).

- Assess protective factors
- Clinical judgment
- Document

1. Risk Factors

There are several factors that may place a student at higher risk for suicide which should be considered when determining a student's level of risk. (See page 1.31 for a list of possible risk factors).

2. Suicide Inquiry

When suicide warnings and risk factors emerge, a suicidal inquiry is warranted. The purpose of the inquiry is to obtain specific details that will help determine the student's overall risk for suicide. Students should be asked directly about suicide in an empathetic but nonleading way. The assessor must demonstrate caution against asking leading questions. For example, a student could be asked "Are you thinking about ending your life?" An assessor should not ask a question such as, "You're not thinking about ending your life, are you?"

Sample Questions for Suicidal Thinking

- "Sometimes, people in your situation (describe the situation) lose hope, I'm wondering if you may have lost hope too?"
- "Have you ever thought things would be better if you were dead?"
- "With this much stress (or hopelessness) in your life, have you thought of hurting yourself?"
- "Have you ever thought about killing yourself?"

Sample Question for Prior Attempt

- "Have you ever tried to kill yourself or attempted suicide in the past?" If yes, "How long ago?"

Suicidal Ideation

If these questions reveal no evidence of suicidal ideation, the assessor may end the suicide inquiry, but, should make sure to document the finding. If the student initially denies suicidal thoughts but the assessor continues to be suspicious, the inquiry should continue until the assessor, utilizing their clinical judgment, is reasonably convinced that there is no potential suicidal ideation. An assessor may choose to seek support from an additional mental health professional either for consultation purposes or to assist with the suicide inquiry.

If the student is having suicidal thoughts, the assessor shall ask specifically about frequency, duration, and intensity.

Sample Questions for Suicidal Ideation

- “When did you begin having suicidal thoughts?”
- “Did any event (stressor) precipitate the suicidal thoughts? Tell me about it.”
- “How often do you have thoughts of suicide? How long do they last?”
- “What do you do when you have suicidal thoughts?”
- “How strong are they? Do you think about acting on them?”
- “What did you do when they were strongest?”

Plan

After discussing the context of suicidal thoughts, assessors should inquire about planning. The student should be asked directly if they have a plan. If the student reports a plan, the assessor should try to elicit as many details as possible.

Sample Questions About Planning

- “Do you have a plan or have you been planning to end your life?” If so, “How would you do it?” Then you may want to follow up with, “Where/when would you do it?”
- “Do you have the (drugs, guns, rope, medication) that you would use?”

Intent

Determine the extent to which the student intends to carry out the plan and believes the plan or act to be lethal vs. self-injurious. Also, explore the student’s reasons to die vs. reasons to live. Ask the student about abandoned attempts, rehearsals, preparation (such as tying a noose or loading a gun), and non-suicidal self-injurious actions, as these are indicators of the student’s intent to follow through with their plan. Consider the student’s judgment and level of impulse control.

Sample Questions About Intent

- “How confident are you that this plan would actually end your life?”
- “What have you done to begin to carry out the plan? For instance, have you rehearsed what you would do (e.g., held the pills or gun, tied the rope)?”
- “Have you made other preparations (e.g., updated life insurance, made arrangements for pets)?”
- “What makes you feel better (e.g., contact with family, use of substances)?”
- “What makes you feel worse (e.g., being alone, thinking about a situation)?”
- “How likely do you think you are to carry out your plan?”
- “What stops you from killing yourself?”

3. Protective Factors

Protective factors are personal or environmental characteristics that reduce the probability of suicide. Protective factors can buffer the effects of risk factors for low to moderate risk students. Protective factors may provide a poor counterbalance to individuals who are at high-risk for attempting suicide (i.e., someone with strong ideation, intent, a plan, preparatory behaviors, and impaired judgment). It is important for the assessor to determine whether protective factors may be relevant to a student and their ability to cope with life’s stressors.

The assessor should inquire about the student’s perceived support system (i.e., family and social support), their own individual characteristics and behaviors (i.e., self-esteem, mood, resilience), their experience with school (i.e., sense of safety and belonging) and their access to mental health and/or physical healthcare providers and caregivers. Strengthening protective factors can be a part of safety planning. For a list of potential protective factors please refer to page 1.37 of this handbook.

4. Clinical Judgment of Suicide Risk and Immediate Response

When a student has been referred for a suicide risk assessment, it is important that the school site administrator is notified. Assessing suicide risk is a complex process, especially when students experience medical illnesses, mental health/substance abuse problems, as well as a myriad of family, contextual and environmental risk and protective factors.

The graph below illustrates measuring the level of suicide risk in relation to risk/protective factors and suicidality in order to determine immediate action. The Low Risk category describes students with thoughts of death or wanting to die, but without suicidal thoughts, intent or a plan. Alternatively, students with highly specific plans for suicide, preparatory acts such as suicide rehearsals, and/or clearly articulated intent are categorized as High Risk. Impaired judgment (intoxication, psychosis, TBI, impulsiveness) further exacerbates that risk.

There is no screening tool or questionnaire that can accurately predict which students with suicide risk will go on to make a suicide attempt, either fatal or non-fatal. **The person conducting the suicide risk assessment shall utilize their clinical judgment to determine whether the student presents a low, moderate or high risk of suicide.** Low, moderate, and high risk levels may include the following characteristics and immediate responses:

Risk Level	Risk/ Protective Factors	Suicidality	Immediate Response
High	Mental health disorders paired with precipitating event and/or risk factors, perceived protective factors not relevant	Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal.	Contact law enforcement or identified community agency equipped for immediate crisis response & evaluation.
Moderate	Multiple risk factors, few protective factors.	Suicidal ideation with plan, but no intent or behavior.	Evaluation by identified community agency equipped for crisis response/evaluation or law enforcement may be warranted. Develop safety plan/care card.
Low	Modifiable risk factors, strong protective factors	Thoughts of death, no plan, intent, or behavior.	Referral to community mental health professional, symptom reduction, create safety plan/care card.

Additional considerations in determining an immediate response include but are not limited to:

- **Family Involvement:** It is recommended that the student’s family is contacted unless the student’s family is an identified risk factor. In instances when the family is considered a risk factor include law enforcement in the decision of when to contact the appropriate family members.
- **Consultation:** Clinical judgment should not lie at the sole discretion of one individual. Consultation with mental health professionals and/or appropriate administration is always warranted.
- **24/7 Ongoing Support:** School-based support is only accessible during regular school hours. Regardless of level of risk for suicide, the student must be given access to support that is available 24-hours-a-day, 7-days-a-week. Therefore, it is essential to consult with appropriate family and community members to ensure the student will receive ongoing observation, intervention and care.

Please refer to the chapter titled, “When to Contact Law Enforcement” on page 3.11 for more information relating to the involvement of law enforcement.

5. Document

It is the responsibility of the person completing the risk assessment to ensure proper documentation of the school’s response. The Suicide Risk Documentation Form on page 3.16 may be used. It is not recommended, nor is it common practice to maintain documentation in a student’s cumulative school file. Schools should determine methods for maintaining suicide risk assessment documentation which may include keeping forms in a secured location (i.e., locked file cabinet).

Please refer to Appendix L, the “Suicide Assessment Five-Step Evaluation and Triage (SEAT) for Mental Health Professionals” to access a tool that includes the process outlined in this chapter.

Adapted from: Western Interstate Commission for Higher Education (WICHE) and Suicide Prevention Resource Center (SPRC). (2009) Suicide Prevention Toolkit for Rural Primary Care. A Primer for Primary Care Providers. Boulder, Colorado: Western Interstate Commission for Higher Education. (Online resource: http://www.sprc.org/sites/default/files/pctoolkit_full.pdf)

SUICIDE RISK ASSESSMENT:

SAMPLE INTERVIEW QUESTIONS

This section is intended for use by mental health service providers for interviewing students at risk for suicide. The questions listed below do not constitute a formal risk assessment tool. Please refer to the following section, “List of Suicide Risk Assessment Tools” (page 3.8) for research-based assessment tools to be used by mental health providers. In the event that a mental health provider is not available, a designated personnel member to support students in crises may refer to these questions in determining the next steps to refer a student for a formal risk assessment, see “When to Contact Law Enforcement” (page 3.18).

Inquiring about a student’s level of risk or intent to harm themselves requires having some level of rapport with the student. If no rapport has been previously established between the personnel member and the student, time must be taken to establish a certain level of rapport. Prior to inquiring about the student’s intent to harm, questions may be asked about the student’s current life circumstances and feelings. It is important to take the time for the student to respond. Risk assessments may require ample time in order for the student to feel comfortable with the personnel member’s questioning.

The questions shown below are not necessarily intended to be asked verbatim, the assessor shall utilize professional discretion to align questions that are appropriate to the student. Questions may be selected or rephrased dependent on the context gained during rapport building.

NOTE: Be sure to warn the student about the limits of confidentiality.

Under the Family Educational Rights and Privacy Act (FERPA), parents are generally required to provide consent before school officials disclose personally identifiable information from students’ education records. There are exceptions to FERPA’s general consent rule, such as disclosures in connection with health or safety emergencies. This provision in FERPA permits school officials to disclose information on students, without consent, to appropriate parties if knowledge of the information is necessary to protect the health or safety of the student or other individuals. When a student is believed to be suicidal or has expressed suicidal thoughts, school officials may determine that an articulable and significant threat to the health or safety of the student exists and that such a disclosure to appropriate parties is warranted under this exception (*United States Department of Education, Dear Colleague Letter dated August 18th 2015: <http://ptac.ed.gov/sites/default/files/DCL%20Final%20Signed-508.pdf>*). **The assessor should notify the student that exceptions to confidentiality includes instances when a student may present a danger to self or others.**

Establishing Rapport

1. “I/Others have noticed lately that you seem__ (different, down, tired, to be dressing differently, etc.). OR You look (sad, mad, angry, upset) today. Tell me about how you are feeling.”
2. “How are you feeling right now? How have you been feeling lately? Do your feelings come and go? How long have you been feeling this way?”
3. “Your (parents, teacher, friends) are concerned about you. Why do you think they would be concerned?”

Ideation

1. "Have you thought of hurting yourself or someone else?"
2. "Have you thought about suicide?"
3. "Do you have any of these thoughts/ideas right now?"
4. "Have you ever attempted suicide? How long ago? What did you do? Did your parents find out? What happened? How do you feel about that situation now?"

Other Risk Factors

1. "Sometimes people in your position start to feel..."
 - Hopeless?
 - Helpless?
 - Like you are a burden on others?
 - Trapped?
 - ... Are you feeling this way too?
2. "What are your sleep patterns? Do you sleep too much? Not enough? What keeps you up at night?"
3. "Tell me about your eating habits? Loss of appetite? Eating too much? Have you been eating nutritious food?"
4. "Tell me about your friendships?"
5. "Are you feeling really angry now or in the past?"
6. "Have you been involved in any violent acts now or in the past? Has anything violent happened to you either recently or in the past?"
7. "What risky behaviors have you been involved in now or in the past (Drinking, using drugs, speeding, fighting, unprotected sex or sex with multiple partners, etc.)?"
8. "Have you been diagnosed with depression, bipolar disorder, or anxiety? Do you feel depressed? Does your mood change frequently?"
9. "Are you hanging out with friends? Getting along with family? Participating in school/church/community activities?"
10. "Who do you talk to about how you are feeling? Who have you confided in about this latest sadness?"
11. "Have you ever witnessed/seen/been exposed to someone else's suicide attempt or death by suicide?"
12. "Have you given away or are you planning to give away any of your belongings?"
13. "Are you experiencing agitation or anxiety?"
14. "Have you attempted suicide? When? How?"

Lethality

1. “Do you have a plan of suicide? If yes, what is your plan?”
2. “When do you plan to do this?”
3. “How do you plan to do this? Where is the means (guns, pills, rope, etc.)?”

Protective Factors

1. “Who is available and willing to talk to you and help you? Which family members? Which friends? Other adults like teachers?”
2. “Who can help you in a crisis? Who do you admire?”
3. “What do you want to be/what do you want to do in the future?”
4. “What are your strengths? What are you good at? If negative response, ask what would your mom/dad/friend say you are good at?”
5. “What do you believe in? What would you stand up for?”
6. “What do you do after school?”
7. “What are your hobbies? Are you part of any teams, clubs, etc.?”
8. “Are you seeing a counselor outside of school? Are you taking any medications?”

SUICIDE RISK ASSESSMENT TOOLS

There are a variety of assessment tools that qualified mental health professionals can use to assess student suicide risk. They include:

Beck Scale for Suicide Ideation (Pearson)

<http://www.pearsonassessment.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=05-8018-443&Mode=summary>

Suicide Ideation Questionnaire (PAR)

<http://www4.parinc.com/Products/Product.aspx?ProductID=SIQ>

Suicide Ideation Questionnaire-JR (SIQ-Jr); (PAR)

<http://www4.parinc.com/Products/Product.aspx?ProductID=SIQ>

Suicide Probability Scale (Western Psychological Services)

http://portal.wpspublish.com/portal/page?_pageid=53,69317&dad=portal&_schema=PORTAL

Inventory of Suicide Orientation-30 (Pearson)

http://psychcorp.pearsonassessments.com/haiweb/cultures/en-us/productdetail.htm?pid=PAg126&community=CA_Psych_AI_Behavior

All of the above tools are published, validated by research, have been used with adolescents, and take about 10 minutes to complete. The Beck Scale is also available in Spanish.

Adapted from: Substance Abuse and Mental Health Services Administration. *Preventing Suicide: A Toolkit for High Schools*. HHS Publication No. SMA-12-4669. Rockville, MD: Center for Mental Health Services: Substance Abuse and Mental Health Services Administration, 2012.

DO'S AND DON'TS RELATED TO SUICIDAL THREATS

DO:

- Listen to what the student is saying and take her/his suicidal threat seriously.
- Observe the student's nonverbal behavior. In children and adolescents, facial expressions, body language, and other concrete signs often are more telling than what the student says.
- Ask whether the student is considering suicide. If the answer is "yes," please refer to sample questions on page 3.5 to determine their level of risk and next steps.
- Get help by contacting an appropriate administrator. Never attempt to handle a situation alone in which a student is expressing suicidal ideation.
- Stay with the student. Take the student to an appropriate personnel member and support the transfer of trust to the receiving personnel member.

DO NOT:

- Leave the student alone at any time.
- Act shocked or be sworn to secrecy.
- Underestimate or brush aside a suicide threat ("You won't really do it; you're not the type"), or try to shock or challenge the student ("Go ahead. Do it.") The student may already feel rejected and unnoticed, and you should not add to that burden.
- Let the student convince you that the crisis is over. The most dangerous time is precisely when the person seems to be feeling better. Sometimes, after a suicide method has been selected, the student may appear happy and relaxed. You should, therefore, stay involved until you get help.
- Take too much upon yourself. Your responsibility to the student in a crisis is to listen, be supportive, and get him or her to a trained professional. Under no circumstances should you attempt to counsel the student unless specifically trained to do so.

INDIVIDUAL STUDENT SAFETY PLAN

DATE:

Student Name:	D.O.B.:	Grade:	
Special Education Eligible?	No	Yes	If yes, Case manager:
504 Eligible?	No	Yes	If yes, Case manager:

Contact Information		
Parent/Guardian:		
Cell Phone:	Home Phone:	Other:
Emergency Contact:		Phone:

Places Student May Be if Missing During School Hours	
On School Grounds:	
Off School Grounds:	

Medical Information	
Physician:	Phone:
Diagnoses:	
Medications:	
Allergies/Special Considerations:	

Description of Specific Unsafe Behaviors (why student requires a safety plan)

CRISIS RESPONSE PLAN	
What To Do If Student Exhibits Above Described Behavior	Who Will Do What/Backup Personnel

Warning Signs/Triggers	Strategies That Work	Strategies That Do Not Work

BEHAVIOR SUPPORTS	
What will personnel, student, and family do to lessen the likelihood of unsafe behavior (i.e., supervision, transition planning, transportation to and from school, plan for unstructured time, closed campus, searches, etc.)?	Who/Back-Up Person?
How Will Plan Be Monitored?	Who/Back-Up Person?
How Will Decision Be Made To Terminate The Plan?	Who/Back-Up Person?

Current Agencies or Outside Professionals Involved		
Name	Agency	Phone
1.		
2.		
3.		
4.		

Student Safety Team Members		
Name/Signature	Title	Date
1.		
2.		
3.		
4.		
5.	Principal	
6.	Safety Plan Coordinator	

Next Review Date:	(Approximately two weeks from initiation of plan or last review date)
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SAFETY CONTRACT: THE CARE CARD

Historically, school personnel may have requested that a student who had expressed suicidal ideation to complete a no-suicide contract. A no-suicide contract is a written agreement between the student and a personnel member in which the person at risk agrees not to attempt suicide. No-suicide contracts are no longer recommended for the following reasons (*Idaho Guidelines for School-Based Suicide Intervention*):

- No-suicide contracts tend to be worded to instruct the person at risk what not to do rather than what TO do.
- There is no research demonstrating that no-suicide contracts are effective. There are, however, studies showing that they do not work, as well as suggesting they could be associated with more self-harm (Joiner, 2005).
- No-suicide contracts are not binding legal documents and will provide no immunity from liability.

For the reasons stated above, an alternative to the no-suicide contract is to engage the student in filling out a “care card”. A care card is a concise, user-friendly crisis plan with a few simple statements which may assist in minimizing the intense distress often experienced during intervention. Care card statements can be written on an index card, piece of paper, typed and printed on card stock, or anything else that can be easily kept on one’s person. Cards should focus on increasing feelings of belongingness and decreasing feelings of burdensomeness/ineffectiveness (Joiner, 2005).

Mental health personnel or a designated personnel member to support students in crisis should assist the student in completing the care card. This may be appropriate when a student requires assistance in identifying coping strategies and establishing a support system. The care card may be completed prior to releasing the student to his/her parents or after a student has returned from a hospitalization. This is a student-led tool that may be kept confidential by the student unless he/she would like to share it with family/close friends. Alternatively, the Safety Plan (page 3.10) is to be filled out by personnel in order to identify warning signs and plan responses to maintain student safety. Please refer to the sample care card below, adapted from the *Idaho Guidelines for School-Based Suicide Intervention*:

Sample Care Card

Write on a small card and keep in pocket or purse:

1. If I have suicidal thoughts, I can:

- Physical stress relievers (2-3) such as walking, working out, yoga.
- Quiet, calming activities (2-3) such as take a bubble bath, write in my journal, spend time with pets, listen to music.
- Concentration activities (2-3) such as watch a funny show, read a novel, write a grocery list.

2. Five things to live for.

1. _____
2. _____
3. _____
4. _____
5. _____

3. Three things that I am grateful for.

1. _____
2. _____
3. _____

4. Four friends or family members I can call (these must be vetted, but list names and phone numbers).

1. _____
2. _____
3. _____
4. _____

5. If needed, I will call the following suicide hotline number _____.

6. If I feel that I am in danger of hurting myself, I will call 911 to receive help from emergency personnel.

GUIDELINES FOR NOTIFYING PARENTS OF STUDENTS AT RISK FOR SUICIDE

Parents or guardians should be contacted as soon as possible after a student has been identified as being at risk for suicide. The person who contacts the family is typically the principal, school psychologist, or personnel member with a special relationship with the student or family. Personnel need to be sensitive towards the family's culture, including attitudes towards suicide, mental health, privacy, and help-seeking.

1. Notify the parents about the situation and ask that they come to the school immediately.
2. When the parents arrive at the school, explain why you think their child is at risk for suicide.
3. Explain the importance of removing firearms and other dangerous items from the home, including over-the-counter and prescription medications and alcohol.
4. If the student is at a low or moderate suicide risk and does not need to be hospitalized, discuss available options for individual and/or family therapy. Provide the parents with the contact information of mental health service providers in the community. If possible, aid the parents in contacting community resources and making appointments.
5. Ask the parents to sign the Parent Contact Acknowledgment Form (Page 3.15) confirming that they were notified of their child's risk and received referrals to treatment.
6. Tell the parents that you will follow up with them in a specified number of days. If this follow-up conversation reveals that the parent has not contacted a mental health provider, revisit the importance of accessing support, discuss why they have not contacted a provider, and offer to assist with this process.
7. If the student does not need to be hospitalized, release the student to the parents.
8. If the parents refuse to seek services for a child under the age of 18 who you believe is in danger of suicide, you may need to notify Child Protective Services as a mandated reporter.
9. Document all contacts with the parents.
10. See "Considerations for At-Risk Students," (Section 4) to determine whether an assessment for special education eligibility and/or Educationally Related Mental Health Services (ERMHS) should be considered.

PARENT CONTACT ACKNOWLEDGMENT FORM

SUICIDE RISK

School: _____

Personnel Member Completing the Form: _____

Student: _____

This is to verify that I have spoken with personnel member _____ on _____ (date), concerning my child's suicidal risk. I have been advised to seek the services of a mental health agency or therapist immediately.

I understand that _____ (name of personnel member) will follow up with me, my child, and the agency to whom my child has been referred for services within two weeks.

Parent Signature: _____ Date: _____

Personnel Member Signature: _____ Date: _____

STUDENT SUICIDE RISK DOCUMENTATION FORM

This form is an example that can be used to document the school's response to a student who has been identified as at risk for suicide. It includes the results of a suicide risk assessment and the actions taken on the student's behalf.

It is recommended that this form be placed on your school's letterhead and adapted to your specific school policies, procedures, and student population.

Student Information

Student Name:	Date identified as possible risk:
Birthdate:	School Name:
Gender:	Grade:
Name of Parent/Guardian:	Parent/Guardian: Phone Number:
Address (may include directions to residence):	

If Native American, tribal status:

Identification of Risk

Who identified the student as being at risk:

- Self
- Parent: _____
- Teacher: _____
- Personnel: _____
- Student/Friend: _____
- Other: _____

Reason for Concern:

Assessment

Action taken to assess for suicide risk:

School personnel [_____] conducted assessment.

Outside provider [_____] conducted assessment.

Other: _____

Date of assessment: _____

Type of assessment conducted: _____

Results of assessment: _____

Notification of Parent

Personnel who notified parent/guardian/Tribal Court appointed guardian: _____

Date notified: _____

Parent acknowledgment form signed (circle one): Yes/No If no, reason: _____

Referral

Type of Referral:

School Personnel: _____

Outside Provider: _____

Hospital: _____

Law Enforcement: _____

Other: _____

Date of referral: _____

Follow-up scheduled: _____

WHEN TO CONTACT LAW ENFORCEMENT

In order to maintain the safety of a student who expressed an imminent threat of suicide, it may be appropriate for school personnel to contact law enforcement for further mental health and/or medical evaluation. The decision to contact law enforcement may be challenging for school personnel, therefore the information that follows is intended to serve as a guide in understanding the process and identifying indicators that may warrant law enforcement involvement.

It is recommended that a school administrator and/or site-based mental health professionals collaborate in decision making to ensure that all factors, including student privacy and law enforcement presence on campus, are considered.

The following is not an exhaustive nor prescriptive list as many variables often influence the decision to contact law enforcement. If personnel are unsure whether the student's behavior warrants law enforcement involvement, it is recommended that personnel continue to prioritize student safety which may require contacting law enforcement to allow officers to make the final determination regarding further psychiatric evaluation. Below are indicators that law enforcement should be contacted to maintain student safety:

- The student has expressed intent and has direct access to methods to end his/her life.
- The student is displaying significant emotional instability, lack of decision making ability, and/or appears to be an imminent risk to self.
- Parents cannot be reached and/or are non-responsive to threats made by the student.
- Student has made previous threats to end his/her life which have not been addressed within the home setting despite notification.
- Student has attempted suicide on the school campus.
- Student has made suicidal threats via social media, is not in attendance at school, and parents cannot be reached (i.e. request for welfare check).

It is recommended that parents be notified that law enforcement has been called. Reiterate that the student is not in trouble, and that school procedures require law enforcement involvement in order to maintain their child's safety when suicidal threats are made. If it is suspected that contacting parents may result in further harm to the student, consult with law enforcement to determine the best course of action prior to notifying parents.

Depending on the emotional status, age and/or developmental level of the student, you may also wish to inform him/her that officers will be arriving to ask questions about his/her safety and may require that he/she be seen by a mental health professional to determine next steps for support. Reiterate that the goal of their involvement is the student's safety and well-being. Do not notify the student if doing so will increase anxiety and/or heighten the risk of self-harm.

If law enforcement involvement is required, personnel may call the local non-emergency number _____ or simply dial 911. Once connected with a dispatcher, they will request pertinent information regarding the threat of suicide and officers will be dispatched to your location. It is recommended that a confidential space be secured prior to their arrival to allow the student to speak with officers while respecting privacy.

Once the officer(s) arrive, they will likely engage in a risk assessment interview with the student to determine if he/she should be transported to a hospital for further evaluation. If further evaluation is warranted, officers will make a recommendation regarding who will transport the student to the hospital or mental health facility, depending on severity of risk. In most cases the student will be transported via law enforcement or ambulance.

Depending on results of the evaluation by the psychiatric professional, the student may be held for up to 72 hours within a mental health facility for their safety. This is commonly referred to as a “5150 hold”. Code 5150 of the Welfare and Institution Code is a California law that refers to the involuntary commitment of a person who is unable to care for themselves or is a danger to themselves or others for psychiatric evaluation up to 72 hours. Once released, it is recommended that the school obtain copies of discharge paperwork, including any recommendations for care and an exchange of information with the professional who treated the student in order to collaborate regarding needed supports. Please see the section titled *School Re-entry Following Hospitalization* (page 5.1) for additional information.

SECTION 4

***Considerations for At-Risk Students:
Special Education and Educationally
Related Mental Health Services***

CONSIDERATIONS FOR AT-RISK STUDENTS: SPECIAL EDUCATION

EDUCATIONALLY RELATED MENTAL HEALTH SERVICES (ERMHS)

If a student with an Individualized Education Program (IEP) is displaying emotional needs, including but not limited to self-harm and/or suicidal ideation, it is recommended that the IEP team convene to discuss if Educationally Related Mental Health Services (ERMHS) are required. As with any other IEP related service, an assessment is required to identify areas of need to inform subsequent goals and services. Please see the *ERMHS Assessment* section for more information. If ERMHS services are already in place, the team will determine if goals should be updated and whether services should be increased and/or changed to address the student's escalating needs. This may include completing a Functional Behavior Assessment (FBA) in order to develop or update a Behavior Intervention Plan (BIP).

A brief overview of the background of ERMHS services, types of services, service providers and assessments are included in this section, however for additional information, please refer to the El Dorado SELPA/Charter SELPA ERMHS Program Guidelines found on the website.

Background

In 1984, Assembly Bill 3632 statutorily required a partnership between school districts and county mental health agencies to deliver mental health services to students with Individualized Education Programs (IEPs). In 2011, the California legislature passed Assembly Bill 114, which repealed the state mandate on special education and county mental health agencies and eliminated related references to mental health services in California statute. As a result of this legislation and in accordance with the Individuals with Disabilities Education Act (IDEA, 2004), school districts are solely responsible for ensuring that students with disabilities receive special education and educationally related mental health services (ERMHS) to meet their needs.

ERMHS Services and Providers per California Education Code

	Educational Psychologist	School Psychologist (PPS)	Licensed Psychologist	Marriage & Family Therapist (MFT)	Licensed Clinical Social Worker (LCSW)	School Counselor (PPS)	Licensed Professional Clinical Counselor	Special Education Instruction Credential	Health & Nursing Services Credential
Psychological Services*	X	X	X	X	X				
Social Work Services				X	X				
Counseling & Guidance	X	X	X	X	X	X	X		
Individual Counseling	X	X	X	X	X	X	X		
Parent Counseling & Training	X	X	X	X	X	X	X	X	X

*Psychological services do not include assessment and development of IEP

ERMHS Service Provision

Districts/local education agencies may opt to contract service providers with public agencies (other LEAs, county mental health agencies) or non-public agencies (NPAs) to provide IEP-based mental health services:

- **Public Agencies:** If a district/LEA opts to contract with a service provider via a public agency, they will complete a Memorandum of Understanding (MOU) between their district/LEA and the public agency.
- **Non-Public Agencies:** If districts/LEAs opt to contract with a service provider via a nonpublic Agency (NPA) or Nonpublic School (NPS) they must:
 - Refer to the CDE's approved list of NPA/NPS service providers (<https://goo.gl/au7z1C>) to select a CDE-certified NPA/NPS.
 - Complete a Master Contract between the district/LEA and the NPA/NPS.
 - Complete an Individual Service Agreement (ISA) for each student that the NPA/NPS serves.

Districts/LEAs may also directly employ mental health professionals (to provide related services), as follows:

- May be credentialed through Office of Consumer Affairs not California Commission on Teacher Credentialing (CTC).
- Must be supervised by the holder of an Administrative Credential.
- May contract with community-based mental health professionals.
- Self-employed, employed by a private agency, or employed by a public agency (such as county mental health).
- In all cases, community-based mental health professionals must be supervised in their school-based activities by an individual possessing Pupil Personnel Services (PPS) Credential.
- <http://www.cde.ca.gov/sp/se/ac/reqsecurervcs.asp>

CONSIDERATIONS FOR AT-RISK STUDENTS:

SPECIAL EDUCATION ERMHS ASSESSMENT

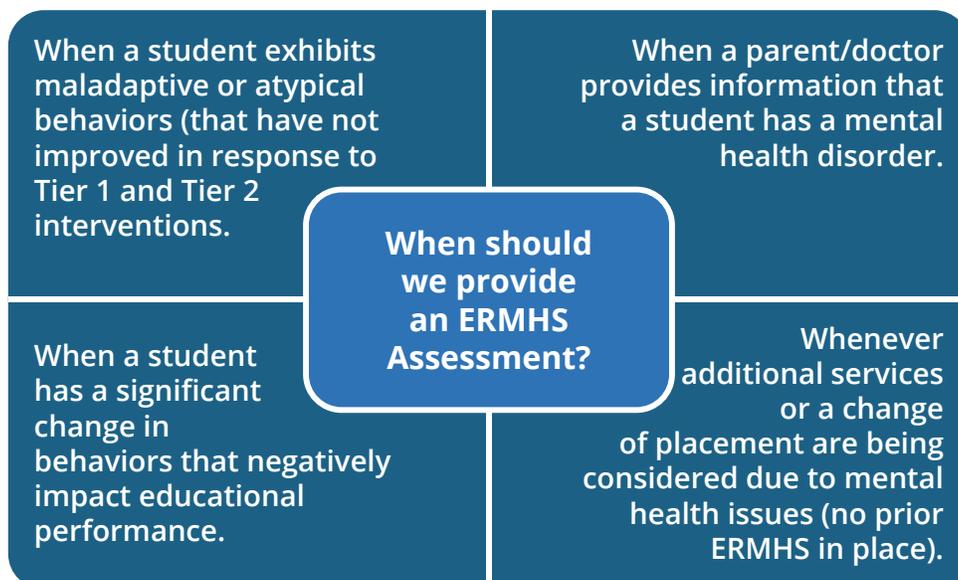
Guidance On ERMHS Assessments

In order to access ERMHS, an assessment must be completed. The assessment will determine if there is a significant need that necessitates ERMHS in order for the student to access his or her education. ERMHS assessments may be initiated any time an IEP team member believes a student may require mental health support (or more support) in order to access their Free and Appropriate Public Education (FAPE).

It is important to note that there are times when an ERMHS assessment may not be required. For example, if a student had a comprehensive psycho-educational evaluation for eligibility under Emotional Disturbance (ED) within the last 12 months, the assessor(s) should have gathered information in the ED assessment that would include interviews, observations, and rating scales to determine if the student requires ERMHS supports.

For students with significant mental health needs, the IEP team's goals should be to assess the student to identify maladaptive behaviors that impact his/her ability to access FAPE and also to provide special education supports to meet the student's defined needs. An IEP team does not conduct an ERMHS assessment to seek a clinical diagnosis, but rather to define how the student's behaviors manifest in the school setting and to develop appropriate supports and services. Therefore, the clinical name (diagnosis) for the student's maladaptive behaviors is not required in order for a student to be found eligible for ERMHS support. If a student has significant enough mental health needs to merit an ERMHS assessment, the team may additionally wish to assess for an ED eligibility (the ERMHS and ED assessments can be combined).

The following examples may be indicators that the student has underlying mental health issues that may make an ERMHS assessment prudent. If the student is displaying suicidal ideation, it is recommended that an ERMHS assessment be considered. This is not an exhaustive list of situations in which an ERMHS assessment should be conducted, rather illustrative examples.

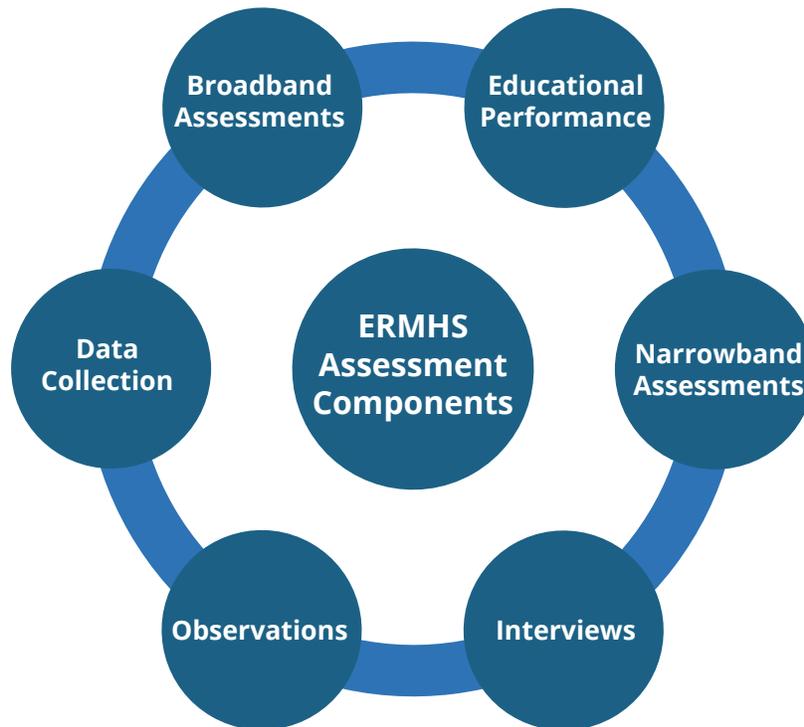


ERMHS assessments must:

- Be conducted by an appropriately certified professional.
 - Please refer to the ERMHS service provider chart included in the ERMHS section of this handbook for specific information regarding qualified personnel.
- Require a signed assessment plan.
- Examine behaviors that manifest in school setting(s) and impact educational performance.
- Must not seek medical diagnosis (DSM-IV), nor offer diagnosis, as it is an educational evaluation.
- Include a summary of student attendance, discipline records, and student health history.
- Include a combination of broadband and narrowband assessment tools, which may include rating scales completed by teachers/parents or student if age appropriate. Assessment tools should be valid, reliable, and conducted by trained personnel.
 - Examples of broadband tools might be a BASC (Behavior Assessment System for Children) rating scale, which looks at a variety of social and emotional domains. Others may be the BERS-2 (Behavioral & Emotional Rating Scale) or the School Social Behaviors Scale (SSBS-2).
 - Narrowband assessment tools are what an assessment professional uses after giving a broadband assessment. The broadband assessment might indicate that a student exhibits behaviors in an area of the rating scale (such as depression). The results of the broadband assessment allow the assessment professional to give a narrowband assessment tool that zeroes in on one area (such as depression) to see if the student's behaviors are atypical in that specific area. Areas of significant concern that are noted in the broadband assessment would lead the assessment professional to a narrowband assessment to focus on specific areas of concern. There are a wide array of narrowband assessment tools.
 - This combination of broadband and narrowband assessments would help the team determine specific areas of need for goals and ensure that no one score is used to determine eligibility. Rating scales should align with interview and observation data.
- Include interviews with the student, parent, and teachers related to their observations and interactions with the student in academic and social contexts.
- Include observations which examine the student's social skills or social engagement deficits across multiple settings. Observations done across multiple settings allow the assessor to rule out that the behaviors exhibited are not tied to a specific non-preferred task, subject, or instructor/peer group.
- Include data collection that focuses on persistent, pervasive, maladaptive behaviors. This data collection should show that over time the student's behavior has persisted and that the behaviors are not situationally related (such as a break up with a boy/girlfriend) or the result of trauma (such as death in the family or divorce).
- Include Tier 1 and Tier 2 supports that were implemented, how long they were implemented, and student's response to these interventions.
- Document short-term mental health needs, if present. Students may exhibit short-term mental health needs such as dealing with a parent's divorce, trauma, or grief and loss. These short-term needs may require support in school if their impact is such that a student's learning/social

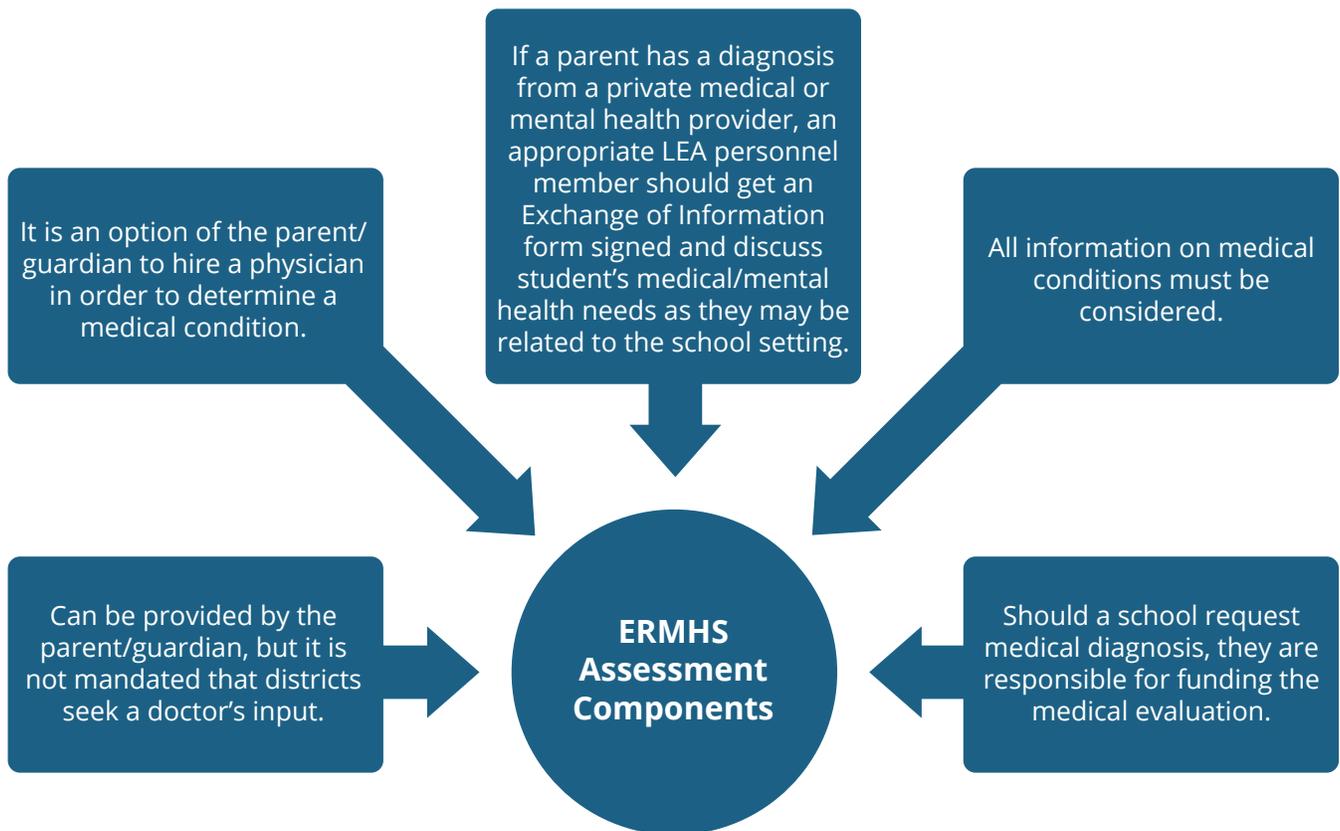
engagement is negatively impacted over time. Short-term trauma or grief, such as a boy/girlfriend break up, may be able to be addressed in a Tier 1 or 2 support, and an ERMHS assessment and access to more intensive IEP-related services might not be merited. However, if Tier 1 and Tier 2 supports were implemented and the student did not positively respond over time, then an ERMHS assessment may be merited and the previous interventions and outcomes should be documented in the assessment.

- Summarize findings of the assessment and make recommendations for student support-based on the needs of the student found and documented in the assessment. Summary should not include placement, service minutes, or providers, as that is the decision of the IEP team to make at an IEP meeting.



Independent Medical Reports

Independent medical reports and records are often submitted by families as documentation to merit immediate provision of mental health supports in school. These independent reports are completed privately by parents and not facilitated by the school via an assessment plan, nor part of an independent educational evaluation. Independent reports should be considered, but do not prompt automatic delivery of services. Although independent reports may be provided by the parent/guardian, it is not mandated that the district/LEA seek a doctor's input. Should a school request a medical diagnosis, they are responsible for the funding of the medical evaluation. All information on medical conditions must be considered by the IEP team and the information may be used them to help the IEP team determine needs.



The independent reports also serve as documentation of a suspected educational disability. Outside reports may provide medical information that is not specific to a school-based assessment, while ERMHS assessments are conducted by school staff or staff contracted under their supervision and specifically examine how a student's suspected or even documented mental health disorder impacts their ability to access learning and serve as an educational assessment.

Some students have mental health disorders that they manage independently with therapy and/or medications and are able to access their learning without further support in the school setting. Outside assessments do not dictate initiation or amount of ERMHS services, nor can they prescribe an IEP, but they should be considered by the IEP team and they do provide important information. Outside assessment reports should be reviewed by the school-based team. The IEP team may determine that the information provided in an outside report provides accurate data and may be used with additional school-based tools (such as school-based assessments, interviews, observations and file reviews) to help determine eligibility for ERMHS services and related goals.

ERMHS Goals

ERMHS services are a related IEP service. As such, similar to other related services, assessment data drives the "need" for a goal and subsequent service to support goal attainment. Assessment data also determines when it is appropriate to exit a student from services.

ERMHS services are not simply added or removed from a student's IEP. Instead, they are put in place or removed based on assessment data that determines there is a need for a goal and correlated service.

Resources

For more information, please refer to the El Dorado County SELPA/Charter SELPA ERMHS Program Guidelines found on the website. Additionally, an ERMHS report template is available in the SEIS document library.

ERMHS:

CONSIDERATIONS FOR A STUDENT WITHOUT AN IEP

When a general education student has displayed heightened social-emotional distress or increasing mental health needs, the following is recommended:

- Immediately provide supports as needed to ensure safety and wellbeing at school. This may include implementation of general education behavior intervention supports and/or development of a safety plan until a Student Study Team meeting can be held.

Student Study Team (SST) Meeting

The SST is a problem solving approach in meeting the needs of students and may include the school administrator, school support personnel (i.e., teachers, counselors, and mental health personnel) and members of the family. The referring person and administrator must always be present.

The SST shall address the following areas:

- Gather pertinent health, developmental, and/or behavioral history.
- Discuss observations and concerns with parents and team members.
- Learn about observations of behavior in the home, or possible environmental factors which may impact social-emotional wellbeing and/or behavior.
- Document previously attempted interventions in addressing the student's needs.
- Identify strengths and/or protective factors that the student possesses in order to assist the team in addressing areas of concern.
- Document areas of concern including areas of suspected disability, if applicable.
- Brainstorm interventions to support immediate needs.
- Interventions may include check-ins with supportive personnel, implementation of a safety plan, increased school-to-home communication, opportunity to learn and practice new coping skills, short-term access to general education counseling support, etc.
- Determine the "Action Plan" as well as a plan for monitoring progress and when/how the team will revisit effectiveness.
 - The team shall determine what interventions will be put in place and what the next steps are to implement these supports, including the person responsible for implementation, monitoring, and/or follow-up.
 - Lowest risk option: If appropriate, offer to assess student for special education services to include an Educationally Related Mental Health Services assessment. Provide continued access to necessary supports during the assessment period to maintain safety.

SECTION 5

Attempted Suicide: Protocols for School Re-Entry

SCHOOL RE-ENTRY

TIPS FOR A STUDENT WHO HAS ATTEMPTED SUICIDE OR MADE SERIOUS SUICIDAL THREATS

A student who attempted/threatened suicide is at greater risk for a suicide in the months following the crisis; therefore, it is extremely important to closely monitor his or her re-entry into school and to maintain close contact with parents and mental health professionals working with that student.

Assuming the student will be absent after a suicide attempt/serious threat and possibly hospitalized in a treatment facility, schools should follow these steps:

1. Develop a safety plan and convene either a Student Study Team (SST) meeting or IEP meeting (please refer to the Safety Plan section of this handbook for additional information and a sample plan).
2. Obtain a written Release of Information signed by the parents. This makes it possible for confidential information to be shared between school personnel and treatment providers.
3. Ask returning student if he or she has special requests about what is said/done by school.
4. Inform the student's teachers regarding the number of probable days of absence.
5. Instruct teachers to provide the students with assignments, if appropriate.
6. Once the student returns to school, a School Crisis Team member should maintain regular contact with the student. If the student has a previous, positive relationship with a trusted personnel member, provide support to that personnel member in maintaining ongoing contact with the student.
7. Seek recommendations for aftercare from the student's therapist and/or hospital that treated the student. If the student has been hospitalized, a School Crisis Team member should attend the discharge meeting at the hospital. If this is not possible, the school should request a copy of the student's discharge summary.
8. The School Crisis Team member should convey relevant non-confidential information to appropriate school personnel regarding the aftercare plan.
9. The school should maintain contact with the parents to provide progress reports and other appropriate information, and be kept informed of any changes in the aftercare plan.

SCHOOL RE-ENTRY FOLLOWING HOSPITALIZATION/SUICIDE ATTEMPT: STUDENT WITHOUT AN IEP

When a general education student has been hospitalized and returns to school or parents request an IEP or services related to a hospitalization, the following is advised:

- It is highly recommended that emergency behavior intervention supports and a safety plan be implemented in order to ensure safety at school.
- Hold a Student Study Team meeting immediately to:
 - Determine if reports are available from the hospitalization and/or review reports.
 - Document areas of concern.
 - Identify protective factors.
 - Document areas of suspected disability.
 - Develop an Action Plan to support the student. Lowest risk option: Offer to assess student for special education services/Educationally Related Mental Health Services assessment.

There are instances when a student does not demonstrate noticeable academic or social/emotional challenges prior to their mental health hospitalization or suicide attempt. Upon their return to school, it is recommended that the team prioritize the continued safety and well-being of the student/child by writing and immediately implementing a comprehensive safety plan (see page 3.10). School personnel may be concerned how to keep the student safe on a comprehensive campus, and there often is a feeling from school personnel that the student's problems are 'bigger' than they can handle. If appropriate, the first step is to hold an SST meeting to examine areas of concern. The SST meeting allows the school team to document the exact concerns, define what areas of assessment will be needed, discuss areas of suspected disability, and to continue to develop a short-term plan for keeping this student safe at school during the assessment period. Once an assessment plan is signed, the team has 60 days to conduct the assessment; however, the team may agree to expedite assessment to quickly resolve eligibility, goals and services.

SCHOOL RE-ENTRY FOLLOWING HOSPITALIZATION/SUICIDE ATTEMPT: STUDENT WITH AN IEP

When a student with an IEP has been hospitalized and returns to school, the following is advised:

Prior to the IEP meeting, request the discharge summary from the hospital and/or obtain a signed exchange of information to speak with the clinician(s) regarding the hospitalization and recommendations for continued mental health support.

Hold an IEP meeting as soon as possible in order to:

- Review reports from the hospitalization and/or review the hospital's recommendations upon discharge.
- Determine if there are newly identified areas of concern that have not been addressed through the student's current goals.
- Determine if there are new areas of suspected disability that have not been assessed. If so, present the parent with an assessment plan for review and consent.
- Determine if the supports and services in the IEP will continue to be enough to support this student.
- Assist personnel in better understanding the student's situation.

When a student with an IEP has been hospitalized to treat mental health issues, the IEP team should hold a meeting and document the above areas. If a student has a newly diagnosed mental health disorder, this may trigger the IEP team to conduct an assessment for Emotional Disturbance. For instance, if a student was previously eligible for services under another eligibility and then hospitalized and given a medical diagnosis of bipolar disorder, the team would likely consider that medical diagnosis indication of the presence of a new suspected disability and then evaluate this student for Emotional Disturbance with need for Educationally Related Mental Health Services (ERMHS) supports.

If the student is presently eligible under Emotional Disturbance and having suicidal ideations and/or attempts, it is also recommended that the team examine if there is a safety need for paraeducator support and/or a more restrictive environment. Additionally, the team needs to determine if the student's Behavior Intervention Plan (BIP) needs to be written/revised, or if there are goals that need to be written to help the student identify when they are feeling like self-harming and how to self-regulate.

INTERVENING FOLLOWING A MEDICAL EMERGENCY/SUICIDE ATTEMPT AT SCHOOL

The following procedures are to be used following a suicide attempt at school. A suicide attempt is to be handled as both a medical and psychiatric emergency. The first and most immediate actions are designed to deal with the medical emergency.

1. **Respond with appropriate first aid measures.** The first priority following a suicide attempt is to do all that is possible to maintain student health and safety. Thus, all appropriate first aid measures should be employed.
2. **As soon as possible call for emergency medical assistance.** Call 911 as soon as possible. Printout pertinent student information for first responders (i.e., student emergency card, current medications, etc.).
3. **Have another personnel member call the School Crisis/Suicide Crisis Coordinator immediately.** The School Crisis/Suicide Crisis Coordinator will take steps to contact parents or legal guardians.
4. **If the student has drug overdosed, find out what drug was taken.** If the student has taken a drug or chemical overdose, find out what drug/chemical was taken and try to locate the container or needle. Give this information to appropriate medical personnel.
5. **The student should be transported to the hospital as soon as the appropriate medical personnel arrive.** Personnel should avoid transporting the student to a hospital unless no other options exist. As a rule wait for the parents, paramedics, or the law enforcement to arrive. If medical attention is needed the student would be transported to the hospital as soon as the appropriate medical personnel arrive.
6. **Follow-up by calling the hospital to determine the current status of the student.** Stay informed about progress, plans for therapy, and the school's role in helping the student upon his or her return to school. In order to make such follow-ups an Authorization for Use and/or Disclosure of Information form will need to be signed by the parent in order for the school to gain this information.
7. **Follow procedures set forth in your school's Emergency Plan.** Shift intervention focus from the student who was injured or attempted suicide to other students and personnel who may have been traumatized by the incident. Initiate the site level Crisis Response Team (see 1.1).
8. **Consult with Mental Health personnel regarding appropriate school crisis interventions.** In order to minimize any possible contagion effect, it will be important to provide crisis intervention to students who are already at-risk and/or who were close to the individual who was injured/attempted suicide. Consultation with mental health personnel may help to determine the appropriate course of action with these students.

It would also be helpful to inform mental health personnel of any relevant information regarding the student who was injured or attempted suicide. Once the medical emergency has been taken care of the psychiatric emergency will need to be addressed. It is possible that mental health providers will be called upon to assist in this regard.

SECTION 6

***Initial Response Resources:
The First 48 Hours***

INITIAL RESPONSE RESOURCES

As you work through the steps outlined by the resources in this chapter, several resources require the identification of the names of the people who will play a role in planning and implementing each component of your program. Personnel with differing areas of expertise (i.e., credential, knowledge of school, knowledge of community) should be identified based on the role they are expected to fill. However, this does not mean that you will have to establish separate individuals/groups for each component, as you will probably find that many personnel may be involved in several areas.

SUICIDE INITIAL RESPONSE: ADMINISTRATOR'S CHECKLIST

Initial Response

1. Inform school site administrator(s).
2. Inform mental health personnel (i.e., school psychologist, school counselor, social worker).
3. Notify the School Crisis/Suicide Crisis Coordinator.

Administrator

1. Crisis/Suicide Response Team members.

- a. Community Media Spokesperson: _____
- b. Suicide Crisis Coordinator: _____
- c. Technical/Clerical Support Person(S): _____
- d. Student Flow/Campus Security: _____
- e. Team Member: _____
- f. Team Member: _____

2. Decide whether or not to call for added resource personnel.

a. YES

- 1) Do you need to contact:

Law enforcement (___) ___-___

Clergy (___) ___-___

Crisis Center Workers (___) ___-___

Volunteer Crisis Counselors (___) ___-___

*Call 2-1-1 (<http://www.211.org>) to identify local community crisis agencies

- 2) Call Your Local County Mental Health Department, if appropriate

(___) ___-___

b. NO: Crisis is handled within your school.

Locate and prepare announcement, letters, and phone statements. See the following chapters for quick references: Sample Announcements, Working with the Media, and Postvention Tips for Teachers: Supporting within the classroom.

Verify Facts

Law Enforcement: _____

Chaplain: _____

Coroner: _____

Assemble Crisis Response Team

Administrator or Crisis Coordinator assigns tasks (*see the first 48 hours checklist*)

Contact Family of Victim

Parent(s)/Guardian(s): _____

Phone number: _____

- Offer condolences
- Inquire what school can do and about family's wishes for disclosure of information
- Ask parents about funeral arrangements and/or procedure for donations (i.e., memorial fund, GoFundMe, etc.)
- Inquire about funeral arrangements (public or private service)
- Inform parents that school will return victim's personal belongings

- Inform parents that the school is providing counselors for students and personnel

Inform School Personnel

- Faculty and school personnel are informed of the death through internal communication systems
- Teachers are informed of personnel meeting to take place as soon as possible (before school, if possible)
 - Expresses condolences to the personnel
 - Acknowledges the efforts of the Crisis Response Team
 - Reviews the facts of the death, as known
 - Announces funeral arrangements, if known
 - Introduces all outside professionals
 - Gives a plan for the day as prepared by the Crisis Response Team
 - Team provides handout packet to personnel and shares information on grief
 - Team covers activities to encourage/discourage
 - Distribute the announcement to be read to the students, identify teachers that may require additional support to read the announcement
 - Encourage teachers who need assistance reading the announcement to contact the Crisis Coordinator
 - Answer questions and concerns of personnel
 - Announce debriefing meeting to be held, ideally at the end of the day

Inform Students' Families

- Letter describing the tragedy and the support services available is distributed to students at the end of the day and sent to the parents

THE FIRST 48 HOURS CHECKLIST

Crisis Team Members:

1. _____, Community/Media Spokesperson
2. _____, Crisis/Suicide Coordinator
3. _____, Technical/Clerical Support Person
4. _____, Student Flow, Campus Security
5. _____, Team Member
6. _____, Team Member

Date	Time	Initials	Responsibility
			1. The school is informed of the event <ul style="list-style-type: none"> <input type="checkbox"/> Administrator is notified <input type="checkbox"/> Executive Director is notified <input type="checkbox"/> Mental health personnel is notified (i.e., school psychologist, school counselor, social worker) <input type="checkbox"/> School Crisis/Suicide Coordinator and Crisis Team are notified
			2. Factual information is gathered <ul style="list-style-type: none"> <input type="checkbox"/> Law enforcement, if appropriate, is contacted by _____ and confirms event/death, identity of victim, and cause of death
			3. School Crisis/Suicide Crisis Team is assembled by Site Administrator <ul style="list-style-type: none"> <input type="checkbox"/> Students/personnel most affected by event are identified and contacted <input type="checkbox"/> Crisis Team develops the Crisis Response Plan and identifies trauma services needed <input type="checkbox"/> Crisis Team prepares the announcement that is to be read by teachers (may need to consult with Chaplain and family for appropriate information to release) <input type="checkbox"/> Administrator prepares letter to inform parents of the event/death as well as the support services available <input type="checkbox"/> Administrator appoints Community/Media Spokesperson

			<ul style="list-style-type: none"> <input type="checkbox"/> Technical/Clerical Support Person assigned to help with logistics for provision of trauma services <input type="checkbox"/> Crisis team member assigned to gather deceased's personal belongings for safekeeping <input type="checkbox"/> Student's name is removed from class rosters, mailing lists and automated attendance call lists <input type="checkbox"/> Crisis team identifies rooms for screening students
			<p>4. Crisis Team assesses the risk for contagion</p> <ul style="list-style-type: none"> <input type="checkbox"/> Crisis Coordinator identifies and contacts feeder schools and/or adjacent districts where students may be affected. Mental Health consultant contacts neighboring mental health providers, if appropriate
			<p>5. Faculty and school personnel are informed of the death through internal communication systems</p> <p>6. Teachers are informed of personnel meeting to take place as soon as possible (before school, if possible)</p>
			<p>7. Administrator/designee</p> <ul style="list-style-type: none"> <input type="checkbox"/> Contacts the victim's family <ul style="list-style-type: none"> △ Conveys the school's condolences △ Inquires about the family's wishes for disclosure of information △ Asks parents about funeral arrangements and/or procedure for donations (i.e., memorial fund, GoFundMe, etc.) △ Determines how the parents would like the school to participate in the funeral services △ Informs parents that school will return victim's personal belongings △ Informs parents that the school is providing counselors for students and personnel <input type="checkbox"/> Administrator holds faculty meeting before school or as soon as possible with all personnel affected by the crisis (including bus drivers, playground supervisors, janitors, etc.) <ul style="list-style-type: none"> △ Expresses condolences to the personnel △ Acknowledges the efforts of the Crisis Response Team △ Reviews the facts of the death as known △ Announces funeral arrangements if known △ Introduces all outside professionals △ Gives a plan for the day as prepared by the Crisis Team <ul style="list-style-type: none"> ○ Team provides handout packet to personnel and shares information on grief

		<ul style="list-style-type: none"> ○ Team covers activities to encourage/discourage △ Distributes the announcement to be read to the students, identifies teachers that may require additional support to read the announcement △ Answers questions and concerns of personnel △ Encourages teachers who need assistance reading the announcement to contact the Crisis Coordinator □ Announces debriefing meeting to be held ideally at the end of the day
		8. Crisis Coordinator/Administrator contacts the funeral home <ul style="list-style-type: none"> △ Reviews specific funeral arrangements and family's wishes
		9. Letter to parents is approved by the Administrator <ul style="list-style-type: none"> □ Letter describing the tragedy and the support services available is distributed to students at the end of the day and sent to the parents
		8. Crisis Coordinator/Administrator contacts the funeral home <ul style="list-style-type: none"> △ Reviews specific funeral arrangements and family's wishes
		10. Debriefing held at end of day for personnel <ul style="list-style-type: none"> □ Allows opportunity to find out how personnel are doing and what level of support they may require, work with personnel or human resources to determine external personnel supports (i.e., Employee Assistance Program) □ Personnel can share experiences and hear other ideas they can use in their classroom □ Personnel can express their feelings about the crisis □ Personnel can discuss at-risk students and make referrals, as appropriate

ACTIVITIES TO ENCOURAGE OR DISCOURAGE AFTER A SUICIDE

Encourage

- The development of living memorials, such as student assistance programs that will help others cope with feelings and problems.
- Allowing students, with parental permission, to attend the funeral.
- Donating/collecting funds to help suicide prevention programs and/or helping families with funeral expenses.
- Holding scheduled school events as planned (fairs, open house, etc.).
- Getting things back to normal. By the end of the third day of the crisis, classes should be held as scheduled.

Discourage

- Large assemblies or public announcements. These make it difficult to provide support to students on an individual basis.
- Students and personnel contact with the media while at school. Media contacts can be disruptive and sometimes insensitive. Direct all media to the Community/Media spokesperson.
- Staying rigid with regard to curriculum and scheduling. Reactions will vary and decisions must be made on an individual basis.
- Not communicating with students, personnel, parents, and community on unfolding events.
- Treating death of students differently because of status or community position, etc.
- Treating the death differently because the student died by suicide.
- Sending all students from school to funerals, or stopping classes for a funeral.
- Having memorial or funeral services at school.
- Establishing permanent memorials such as plaques or dedicating yearbooks to the memory of suicide victims. *According to Suicide Prevention Research Center, permanent memorials can prove to be upsetting to bereaved students, and therefore disruptive to the school's goal of maintaining emotional regulation. Whenever possible, it is recommended that permanent memorials be established off school grounds.*
- Flying the flag at half-personnel.
- Observing a moment of silence in school.
- Allowing anyone to describe the suicide as a brave or heroic act.

WAYS TO AVOID SUICIDE CONTAGION

Key Considerations

Contagion describes the occurrence of a death by suicide contributing to additional deaths by suicide. Suicide contagion is rare; however, adolescents are much more susceptible than adults. If contagion appears to be prevalent, schools should take additional steps beyond their basic crisis response to provide additional support to students that may be vulnerable to imitative suicide. Below, you will find an overview of additional considerations to avoid suicide contagion.

<p>Identify Other Students at Possible Risk for Suicide</p>	<p>Utilize trained mental health professionals to identify students who are at heightened risk for suicide and may consider:</p> <ul style="list-style-type: none"> • Screening tools to identify students in the general student population who are at heightened risk for suicide • Assessing students with increased risk factors and decreased protective factors
<p>Connect with Local Mental Health Resources</p>	<p>Partner with local primary care and mental health resources to develop plans for students at-risk. Established plans be shared with the appropriate school personnel in order to effectively intervene and refer students accordingly for further evaluation (i.e., following a student’s Safety Plan).</p>
<p>Manage Heightened Emotional Reactions at School</p>	<p>In addition to providing crisis counseling as an initial response, schools may consider partnering with a local agency to provide a drop-in center for youth to access counseling after school hours. These centers may also be used during times of particularly heightened emotion such as graduation, or anniversary of death(s).</p>
<p>Monitor Media Coverage</p>	<p>When multiple suicides occur, contagion gains momentum and it is importable to encourage the media to adhere to guidelines established by the national suicide prevention organizations, including:</p> <ul style="list-style-type: none"> • Not glamorizing or romanticizing the victim • Not oversimplifying the causes of suicide • Not detailing the method • Not including photographs of the death scene or devastated mourners • Include hotline numbers (such as Lifeline: 800-273-8255) and information about local resources
<p>Build a Community Coalition</p>	<p>Schools may encourage the community to establish a coalition comprised of community members, including a representative from the school. The committee may assist in identifying risk factors within the local community and strengthening relationships with community agencies. Encourage establishing a coalition comprised of community members, including a representative from the school. The committee may assist in identifying risk factors within the local community agencies. For further guidance in establishing a community coalition, refer to: http://www.sprc.org/sites/default/files/migrate/library/AfteraSuicideToolkitforSchools.pdf</p>

Adapted from: American Foundation for Suicide Prevention and Suicide Prevention Resource Center. 2011. After a Suicide: A Toolkit for Schools.

TRIAGE FOLLOWING A CRISIS

AT-RISK STUDENTS

Triage consists of prioritizing, sorting, resource allocation, and providing services to students and personnel. The screening of at-risk students and personnel is required in order to provide immediate crisis intervention to those most affected by the suicide. Screening of at-risk students and personnel is required in order to provide immediate crisis intervention to those most affected by the suicide.

The initial screening is based on the degree of exposure, pervasiveness of risk factors and protective factors, previous trauma or loss and familiarity with the victim. One can expect students directly exposed to a suicide to manifest more severe emotional responses than those students who merely heard of the incident or were less familiar with the student. Having experienced previous trauma or loss, especially in recent months, may have significant impact on the emotional reactions of individuals – even if they did not directly witness the incident.

- All directly exposed individuals (this includes students as well as personnel) are best served by individual consultation.
- Any individual whose response to the crisis is out of proportion to the degree of exposure has to be evaluated for additional risk factors.

Additional risk factors that may lead to a higher risk of imitative behavior include students who:

- Facilitated the suicide.
- Failed to recognize the suicidal intent.
- Believe they may have caused the suicide.
- Had a relationship with the suicide victim.
- Identify with the suicide victim.
- Have a history of prior suicide behavior.
- Have a history of psychopathology.
- Shows symptoms of helplessness and/or hopelessness.
- Have suffered significant life stressors or losses.
- Lack internal and external resources.

Students who may be at risk for imitative behavior should be immediately referred to the school's mental health professional for a risk assessment.

Adapted from information provided by American Association of Suicidology (1998); Brent et al. (1989); Davidson, Rosenberg, Mercy, Franklin, & Simmons (1989); Gould (1992); O'Carroll et al (1988); Ruof and Harris (1988); and Sandoval & Brock (1996).

SUPPORT ROOMS

CREATING A SAFE SPACE

In the event of a crisis, school personnel shall designate separate spaces for students and personnel to process the emotions triggered by the event. A plan for staffing the two support rooms should be developed and may include mental health professionals, school personnel who are equipped to provide emotional support, and/or volunteer crisis workers. Support rooms provide a safe space away from distractions. Group counseling sessions should be held in a separate confidential space. The physical environment of support rooms should be spacious enough for a large group and have ample seating.

Student Support Room

- In addition to adult personnel, peer helpers may be utilized. Students may be able to provide peer-to-peer support for one another during times of crisis. Additionally, providing support to others may be a way for certain students to cope with their own emotions.
- Art Supplies (i.e., paper, markers, crayons, colored pencils).
 - You may suggest that students create condolence cards or letters for the family. Cards and letters should be screened by school personnel prior to being given to the family to ensure that messages do not contain offensive or inappropriate subject matter.
- Boxes of tissue.

A pass system works well to record student use of the support room. Passes may be kept on a corner of each classroom teacher's desk with a sign-out sheet. A student wishing to use the student support room signs out of their classroom, takes the pass to the support room and signs in there. Personnel will have students escorted if there is any cause for concern. Support room attendance sheets should be returned to the office each day by the support room personnel.

School Personnel Support Room

The personnel support room should be monitored by individual(s) with whom the personnel feels comfortable. It is important to consider the effect their disposition may have on others. This may include someone from a community mental health agency.

- Necessities to meet basic needs of personnel (e.g., water, snacks)
- Boxes of tissue.

DEBRIEFING

Following a crisis it is recommended that the personnel come together for debriefing. Although some personnel may be in obvious need of support, others may be less obvious about it. There are many reactions to grief and some personnel may be in shock and not fully aware of their feelings. Many people have already experienced a loss or a crisis and they will need support as they are reminded of those losses. Some teachers may experience guilt that they did not identify the student as being at risk for suicide. The most critical element in successful crisis intervention is the strength of the school community. The personnel must have the ability and opportunity to lend one another support, so they do not carry their burdens alone

What to Include in the Debriefing Meeting:

The personnel may need to review their interactions with students during the day in order to:

- Identify what they did well and get assurance.
- Talk to other teachers to find out what they did and get some new ideas for their own classrooms.
- Express feelings of their own about the crisis.
- Discuss at-risk students and understand how to make referrals.

The most common form of debriefing is called **Critical Incident Stress Debriefing (C.I.S.D.)** and is essential for the ongoing positive mental health of personnel following a suicide. This is facilitated by a professional trained in the process. Your LEA may consider reaching out to your local county mental health department or your LEA's Employee Assistance Program (EAP) to assist with debriefing. It is important to note that critical incident stress debriefing is not therapy. Instead, it is education in which mitigates the impact of the event. It also accelerates normal recovery and averts misinterpretation of the event by lessening the possibility of post-traumatic stress.

SECTION 7

Sample Announcements & Letters

SAMPLE ANNOUNCEMENTS

Making the Announcement

How the tragedy is announced sets the tone for addressing the loss. It is recommended that all school personnel are knowledgeable about the suicide prior to the announcement to the student body. **Note: If your school is an elementary school, you may not wish to share this information with the entire student body. It may be appropriate to limit the announcement to certain classrooms or grade levels.** The announcement may convey the facts of the incident in a sensitive and compassionate manner, contingent upon the family's wishes and consent. Keeping in mind the shock and the fight-or-flight responses to trauma, it is recommended that the announcement be made in a way that will contain varying emotional reactions.

Consider preparation of a formal statement to be read aloud to students. If possible, avoid making the announcement over the public address system in the school. It is also not recommended to make an announcement in a school-wide assembly forum. At the administrator's discretion, members of the suicide/crisis response team could visit each classroom to make the announcement. Additionally, a meeting could be called by the administrator and crisis coordinator. The goal of the meeting should be to notify the personnel, acknowledge their grief and loss, and prepare them to respond to the needs of their students. This would also allow personnel time to process the announcement that they will be responsible for sharing with their class(es). A prepared statement ensures consistency in delivering the announcement and can assist teachers who may find difficulty in sharing the announcement.

The sample announcements in this section can be used with personnel, students, and parents, as appropriate. Additionally, written communication that includes information about common reactions to suicide and how to respond, as well as suicide prevention information can also be sent to students and their families.

SAMPLE STUDENT ANNOUNCEMENTS

Day One

Sample Announcement for When a Suicide Has Occurred, Morning, Day One

“This morning we heard the extremely sad news that _____ took his/her life last night. I know we are all saddened by his/her death and send our condolences to his/her family and friends. Crisis stations will be located throughout the school today for students who wish to talk to a counselor. Information about the funeral will be provided when it is available, and students may attend with parental permission.”

Sample Announcement for When a Suspicious Death Not Yet Declared a Suicide, Morning, Day One

“This morning we heard the extremely sad news that _____ died last night from a gunshot wound. This is the only information we have officially received on the circumstances surrounding the event. I know we are all saddened by _____’s death and send our condolences to his/her family and friends. Crisis stations will be located throughout the school today for students who wish to talk to a counselor. Information about the funeral will be provided when it is available, and students may attend with parental permission.”

Additional comments to be considered:

“We would like to encourage students who are affected by this to seek out a trusted adult, such as a counselor, psychologist, teacher or parent to talk about your thoughts and feelings. Counselors are available to talk with students at school today and tomorrow. If you wish to see a counselor, inform your teacher and an escort will take you to the counseling area.

We have had a difficult time deciding what to say to you today about the recent tragedy. As adults, we are expected to have all the answers and control our feelings. However, we have no real understanding of the reasons for this tragedy and we are deeply affected by it just as many of you are. You will hear a lot of reasons for and discussions about it from your friends, teachers, families and the media but nobody will have all of the answers.”

Sample Announcement, End of Day One

At the end of the first day, another announcement to the whole school prior to dismissal can serve to join the whole school in their grieving in a simple, non-sensationalized way. In this case, it may appropriate for the administrator to make an announcement similar to the following over the loud speaker:

“Today has been a sad day for all of us. We encourage you to talk with your friends, your family, and whoever else gives you support. We will have special personnel here for you tomorrow to help in dealing with our loss.”

Day Two

On the second day following the death, many schools have found it helpful to start the day with another morning announcement. This announcement can include additional verified information, re-emphasize the availability of in-school resources, and provide information to facilitate grief. Here's a sample of how this announcement might be handled:

“We know that _____’s passing has been declared a suicide. Even though we might try to understand the reasons for his/her doing this, we can never really know what led to his/her decision to take his/her life. One thing that is important to remember is that there is never just one reason for a suicide. There are always many reasons or causes, which we may never know.

Today we begin the process of returning to a normal schedule in school. This may be difficult for some of us to do. Counselors are still available in school for those who would like to talk. If you feel the need to speak to a counselor, either alone or with a friend, tell a teacher, the principal, or the school nurse, and they will help make the arrangements.

We also have information about the funeral arrangements. There will be a funeral/mass on _____ at _____ held at _____. In order to be excused from school to attend the funeral, you will need to be accompanied by a parent or relative, or have your parent/guardian’s permission to attend.”

SAMPLE ANNOUNCEMENT FOR TEACHERS

(MEMORANDUM)

MEMORANDUM: TO: Faculty and Personnel

FROM: (Principal's name)

RE: Suicide of (Name of student)

DATE:

It is with great sadness that I must inform you that we have lost a member of our school community. *(Student's name)* unexpectedly passed away on _____. I am asking you to discuss the passing of *(student's name)*, a *(grade)* student, with your class at the beginning of school. In order to prepare for this conversation, a statement has been included below. Some students may already be aware of his/her suicide, yet others will be learning of the death from you. It is recommended that you give your class an opportunity to hear the facts as you present them, to ask questions, and to discuss their feelings. A statement to be read is attached to this memo.

Insert appropriate known details: It has been reported that *(student's name)* died by suicide yesterday evening around 8:00 p.m. The medical examiner has ruled his death a suicide. We do not know why *(student's name)* chose to take their own life and many students may ask for reasons or speculate. Attached you will find Talking Points for Students and Personnel After a Suicide which may assist conversations with students in dealing with this tragedy.

You can expect some students to be angry and upset as well as sad. Therefore, suicide/crisis team members will be in the school building throughout today and the rest of the week as needed. If you'd like assistance in discussing *(student's name)* death with your class, please contact *(designated person)* and a team member will come to your classroom. Also, please identify any student you think needs further support dealing with this tragedy and send him or her to the *(designated area)*. Today may be a very difficult one for you as well as for our students. Suicide/crisis team members will be in the *(designated area)* if you wish to talk further about this incident.

Students may be excused from classes for *(student's name)* funeral if they bring a written excuse from their parents. Funeral arrangements are still pending. Information will be provided as soon as it's received. *(The family will be at the funeral home tomorrow evening beginning at 7:00 pm).*

Thank you for your continued dedication to our school community during this difficult time.

SAMPLE ANNOUNCEMENT TO PERSONNEL

(MEMORANDUM)

(Please use in conjunction with Talking Points resource, page 7.7. Remove this reminder prior to sending)

TO: Faculty and Personnel

FROM: (Principal's name)

RE: Loss of a Student

Date:

It is with great sadness that I must inform you that we have lost a member of our school community. *(Student's name)* unexpectedly passed away on _____. At this point, we know that (facts about death/accident – when, where, how, etc.) The Crisis Response Team will be available to work with the personnel and students from our school to assist anyone who is upset by this tragedy.

Please refer any students who may require additional support to *(insert designated area)*. If you require support, you are encouraged to contact *(insert contact person)*.

Please be advised that this is an advance notice to allow you to prepare for the school day. At this time please do not notify any students of this loss, as the suicide/crisis response team will be supporting teachers in making the announcement at the appropriate time. Funeral arrangements are still pending and further information will be provided as it is received. Attached you will find talking points that may assist conversations with students in dealing with this tragedy.

Thank you for your continued dedication to our school community during this difficult time.

SAMPLE ANNOUNCEMENT FOR PARENTS

Dear Parents,

I am writing this letter with great sadness to inform you that one of our students took his/her life last evening. Our thoughts and deepest sympathies go out to his/her family and friends.

All of the students were given the news of the death by their teacher in (*enter location/time*). A copy of the announcement that was read is attached for your reference. Be assured that members of our crisis team met with students today and will be available to the students over the next days and weeks.

Information about funeral services will be given to the students once it has been made available. Students will be released to attend services only with parental permission and pick up, and we strongly encourage you to accompany your child to any services.

Information regarding suicide and helpful talking points are included with this letter. I am also including a list of school and community resources should you feel your child is in need of additional assistance (*insert instructions for parents to make a referral for their child*). If you need immediate assistance, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

Please do not hesitate to call myself or one of the counselors if you have questions or concerns.

Sincerely,

(Administrator)

TALKING POINTS FOR STUDENTS AND PERSONNEL AFTER A SUICIDE

Talking Points	What to Say
<p>Provide accurate information about suicide.</p> <p>Suicide is a complicated behavior. Help students understand the complexities.</p>	<p>“Suicide is not caused by a single event such as fighting with parents, or a bad grade, or the breakup of a relationship.”</p> <p>“In most cases, suicide is caused by mental health disorders like depression or substance abuse problems. Mental health disorders affect the way people feel and prevent them from thinking clearly and rationally. Having a mental health disorder is nothing to be ashamed of.”</p> <p>“There are effective treatments to help people who have mental health disorders or substance abuse problems. Suicide is never an answer.”</p>
<p>Address blaming and scapegoating.</p> <p>It is common to try and answer the question “why” by blaming others for the suicide.</p>	<p>“Blaming others for the suicide can hurt another person deeply and is unfair.”</p> <p>“Let’s focus on how to help others get the help they need.”</p>
<p>Do not talk about the method.</p> <p>Talking about the method can create images that are upsetting and it may increase the risk of imitative behavior by vulnerable youth.</p>	<p>“Let’s focus on talking about the feelings we are left with after _____’s death and figure out the best way to manage them.”</p>
<p>Address anger.</p> <p>Accept expressions of anger at the deceased. Help students know these feelings are normal.</p>	<p>“It is okay to feel angry. These feelings are normal, and it doesn’t mean that you didn’t care about the person. You can be angry at someone’s behavior and still care deeply about that person.”</p>

<p>Address feelings of responsibility.</p> <p>Help students understand that the only person responsible for the suicide is the deceased.</p> <p>Reassure those who have exaggerated feelings of responsibility, such as thinking they should have done something to save the deceased or seen the signs.</p>	<p>“This death is no one’s fault. We cannot always see the signs because a suicidal person may hide them well.”</p> <p>“We cannot always predict someone’s behavior.”</p>
<p>Encourage others to seek support.</p> <p>Encourage students to seek help from a trusted adult if they or a friend are feeling depressed or suicidal.</p>	<p>“We are always here to help you through any problem, no matter what. Who are the people you would go to if you or a friend were feeling worried, depressed, or had thoughts of suicide?”</p>

SECTION 8

Crisis Counselor Guidelines and Tools

GUIDELINES FOR OBTAINING AND UTILIZING VOLUNTEER SUICIDE CRISIS COUNSELORS

Following notification of a suicide the Suicide Crisis Coordinator determines the types of interventions needed at the school site and the number of additional crisis counselors needed. The Crisis Coordinator contacts Volunteer Community Crisis Counselors. Many variables determine the number of crisis counselors needed; however, it is recommended that schools use Volunteer Crisis Counselors from three or four different agencies and/or schools to lessen the impact on any one agency or district/LEA.

Day One:

Beginning of the Day:

If possible, it is recommended the Suicide Crisis Coordinator will meet with all Volunteer Crisis Counselors for a debrief meeting. The Suicide Crisis Coordinator and/or their designee will assign counseling duties and space to perform assigned duties. The Suicide Crisis Coordinator will establish a protocol, verbal or written, for parent contacts and for notifying Emergency Services of students who may be a danger to themselves or others. Additionally, the Suicide Crisis Counselor should remind all personnel interacting with students of the importance and limits of confidentiality (i.e. if the student is in imminent danger of harm, support personnel and the family will be notified).

The Volunteer Crisis Counselor will be provided with a log (see page 8.7) on which to maintain a list of all students seen and their disposition. Recommendations for needed services or follow-up will also be noted on the log.

End of the Day:

It is recommended that all crisis response counselors (school, private, and agency personnel) meet together with the Suicide Crisis Coordinator in order to complete the following:

1. Triage the students seen by each counselor, and;
2. Identify absent students that may need to be called at home.
3. Identify one person from each agency to return the next day and follow up with students who have been identified for follow-up services, and;
4. Participate in a defusing and/or debriefing session.
5. Match student needs with community and school resources:
 - Community agency service.
 - Available school resource.
 - Private sector counselor.

Day Two/Three:

Beginning of the Day:

Volunteer counselors will meet with the Suicide Crisis Coordinator for a brief meeting, in order to determine the following:

1. Cases assigned from a priority list of which students need follow-up that day.
2. Crisis Counselor duties assigned and space designated.

End of the Day:

At the end of the second and/or third day volunteer counselors meet with the Suicide Crisis Coordinator and determine if identified students requiring additional services. A disposition log listing students who continue to require intervention (crisis assessment or 5150 evaluation) and/or long term follow-up service (individual or group counseling) is recommended.

1. As responsibilities for follow-up are assigned, a referral log is made. The master referral log (who is responsible for what) should be provided to the Suicide Crisis Coordinator. The following responsibilities are delineated on the referral log:

- Who will contact emergency services for those students needing evaluations by law enforcement and/or a medical professional
- Who will coordinate individual student referrals to an outside agency or service
- Who will contact the student's parents
- Who will contact resources for on-site follow-up counseling groups

Note: Once a student is connected to follow-up services the responsibility for follow-up is transferred to the agency or professional providing services

2. The Suicide Crisis Coordinator, in consultation with Crisis Counselors, will determine how many counselors continue to be required. For example, the need for counselors may decrease rapidly after which only one or two Crisis Counselors are needed.
3. A final debriefing is scheduled to evaluate tactics, strategies, and areas of continued support.

The following forms are available to be used as determined appropriate by school administration and/or School Crisis Counselors:

- Volunteer Crisis Counselor Sign-In Sheet (page 8.4)
- Safety Plan (page 3.10, 3.12)
- Verification of Emergency Conference (page 8.5)
- Initial Counseling Referral Summary (page 8.6)
- Disposition Log (page 8.7)
- Report of Suicide Risk (page 8.8)
- Crisis Center Sign-In Sheet (page 8.9)

CONFIDENTIALITY OF STUDENT INFORMATION:

FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

Under the Family Educational Rights and Privacy Act (FERPA), parents are generally required to provide consent before school officials disclose personally identifiable information from students' education records. There are exceptions to FERPA's general consent rule, such as disclosures in connection with health or safety emergencies. This provision in FERPA permits school officials to disclose information on students, without consent, to appropriate parties if knowledge of the information is necessary to protect the health or safety of the student or other individuals. When a student is believed to be suicidal or has expressed suicidal thoughts, school officials may determine that an articulable and significant threat to the health or safety of the student exists and that such a disclosure to appropriate parties is warranted under this exception (Department of Education, 2010).

VERIFICATION OF EMERGENCY CONFERENCE

I, or we _____, the parents of _____, were involved in a conference with the school personnel on _____. We have been notified that our child has expressed suicidal ideation. We have been further advised that we should seek consultation with a community-based mental health clinician immediately. We have been provided information on community services. The school has clarified its role and will provide follow-up assistance to our child as needed to support the treatment services from the community.

Parent or Legal Guardian

Administrator

Parent or Legal Guardian

School Personnel Member, Title

INITIAL COUNSELING REFERRAL SUMMARY

Name of Student: _____ Date: _____

Who referred the student? _____ B/D: _____

Reasons for referral: (list somatic, emotional reactions): _____

Summary/Comments: _____

Area of Need: _____

Student Referred to: _____

Seen by: _____ Parent Notified: _____

Title: _____ Time: _____ From _____ To _____

PLEASE RETURN COMPLETED FORM TO SCHOOL CRISIS/SUICIDE CRISIS COORDINATOR

DISPOSITION LOG

Date _____

	<u>Student's Name/ Grade</u>	<u>Seen by</u>	<u>Returned to Class</u>	<u>Parent(s) Notified</u>	<u>Sent home with parents</u>	<u>Referred to MH</u>	<u>Referred to outside Agency</u>	<u>Hospitalized</u>	<u>Case Manager</u>	<u>Other</u>
1										
2										
3										
4										
5										
6										
7										
8										
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24										
25										

REPORT OF SUICIDE RISK

School: _____ Date: _____

Student: _____ B/D: _____

Address: _____ Parent Notified: ___ Yes ___ No

Parent(s): _____ Time: _____

Personnel Member Involved: _____

Presenting Problem: _____

Level of Risk: HIGH MODERATE LOW

Recommendations: _____

Results of Parent Contact: _____

PLEASE RETURN COMPLETED FORM TO SCHOOL CRISIS/SUICIDE CRISIS COORDINATOR



**EL DORADO COUNTY SELPA / CHARTER SELPA
AUTHORIZATION FOR USE AND/OR
DISCLOSURE OF INFORMATION**



Completion of this document authorizes the disclosure/release and/or use of individually identifiable health information, as set forth below, consistent with Federal and State Laws concerning the privacy of such information. Failure to provide all information requested may invalidate this authorization.

Name of student (list other names used)

Medical Record Number (if applicable)

Date of Birth

Address of student

Phone No.

Other Phone No.

I authorize the following individual or organization to disclose the above named individual's medical/educational information as described below:

Individual or Organization Disclosing/Receiving Information:

Individual or Organization Receiving/Receiving Information:

Disclosing party

Address

City, State, Zip Code

Telephone: FAX:

Receiving Party

Address

City, State, Zip Code

Telephone: FAX:

Duration: This authorization shall become effective immediately and shall remain in effect until (date) or for one year from the date of signature if no date is entered.

Revocation: I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the releasing agency. Written revocation will be effective upon receipt, but will not apply to information that has already been released in response to this authorization.

Redisclosure: I understand that the Requestor (School District) will protect this information as prescribed by the Family Equal Rights Protection Act (FERPA) and that the information becomes part of the student's educational record. The information will be shared with individuals working at or with the School District for the purpose of providing safe, appropriate, and least restrictive educational settings and school health services and programs.

Health Info: I understand that authorizing the disclosure of health information is voluntary. I can refuse to sign this authorization, and I do not need to sign this form in order to assure medical treatment.

Specify Record(s): Indicate type of information is to be disclosed:

- Medical
 Medication
 Psychiatric
 Mental Health
 Drug/Alcohol
 STD/HIV Test Results
 Educational
 Other:

Any and all information with regard to the above records may be released except as specifically provided here:

I request that the information released pursuant to this authorization be used for the following purposes only:

- Educational Assessment
 Educational Planning
 Other:

A copy of this authorization is as valid as an original. I understand that I have a right to receive a copy of this authorization for my records.

Signature of Student or Student's Representative

Relationship to Student

Date

EL CONDADO DE EL DORADO SELPA AUTORIZACION PARA EL USO Y/O DIVULGACION DE INFORMACION

Finalización de este documento autoriza la divulgación el uso de individualmente información de salud identificable, que se enuncian a continuación, de conformidad con las leyes Federales y del Estado en la confidencialidad de dicha información. Falta de proporcionar toda la información solicitada podrá invalidar esta autorización.

Nombre del Estudiante: _____ **Día de Nacimiento:** _____

Dirección de domicilio: _____ **Teléfono:** _____

Autorizo la siguiente persona o organización a revelar lo información médica y educativa del individuo nombrado anterior como se describe a continuación:

Individuo o Organización revelando o recibiendo información:	Individuo o Organización revelando o recibiendo información:
<u>Personas Revelando información:</u>	<u>Personas Recibiendo información:</u>
<u>Dirección:</u>	<u>Dirección:</u>
<u>Cuidad, Estado, Código Postal:</u>	<u>Cuidad, Estado, Código Postal:</u>
<u>Teléfono:</u> <u>Teléfono de Fax:</u>	<u>Teléfono:</u> <u>Teléfono de Fax:</u>

Duración: Esta autorización será puesta en efecto inmediatamente y permanecerá en vigor hasta _____ o por un año desde la fecha de la firma si no se introduce ninguna fecha.

Revocación: entiendo que tengo el derecho de revocar esta autorización, por escrito, en cualquier momento mediante el envío de dicha notificación por escrito a la organización que está revelando la información. Revocación escrita será efectiva tras la recepción, pero no se aplicara a la información que ya ha sido lanzado en respuesta a esta autorización.

Nueva divulgación: tengo entendido que el solicitante (distrito escolar) protegerá esta información según lo prescrito por la Protección de los Derechos de la Familia (FERPA) y que la información se convierte en parte de la educación del expediente. La información será compartida con personas que trabajan en o con el distrito escolar con el propósito de proporcionar programas de opciones educativas seguros, adecuados y menos restrictivos y programas y servicios de salud.

Información de Salud: entiendo que autorizar la divulgación de información de salud es voluntaria. Puedo negarme a firmar esta autorización, y no es necesario que firme este formulario con el fin de asegurar un tratamiento médico.

Especificar Registros: Indique tipo de información que se va a revelar:

Medico Medicación Psiquiátrica Salud Mental Droga/Alcohol
 Pruebas de HIV/STD Educativo Otro _____

Toda la información con respecto a los registros anteriores puede ser liberada excepto en los casos específicamente proporcionados aquí:

Solicito que la información que se divulgue en virtud de la presente autorización será utilizada no más para los siguientes propósitos:

Evaluación Educativa Planificación Educativa Otro _____

Una copia de esta autorización es tan válida como un original. Entiendo que tengo el derecho a recibir una copia de esta autorización de mi expediente.

Firma de estudiante o de representante

Relación al estudiante

Fecha

WARNING SIGNS OF AN OVEREXTENDED CRISIS INTERVENTION WORKER

- Excessive worry about crisis victims. This worry goes far beyond what is necessary to achieve adequate follow-up.
- Intense irritability when fellow team members attempt to advise a crisis intervenor about something they believe they already know.
- Obsessive thinking about the crisis intervention experience.
- Constant replays of the incident described in the crisis intervention even though the crisis intervenor was not present at the actual incident.
- Unfounded anger at one's fellow workers or one's loved ones after a crisis intervention.
- Loss of interest in one's own work after crisis interventions.
- Chronic feelings of fatigue for long periods after crisis interventions.
- Doing far more for individuals from a particular crisis intervention than one would do for any other person under similar circumstances.
- Maintaining a high degree of follow-up contacts when they are not necessary.
- Attempts to work independently of the team without appropriate supervision from team professional support personnel.
- Frequent, unexplained loss of emotional control after crisis interventions.
- Sleeplessness after crisis interventions.
- Agitation, restlessness after crisis interventions.
- Excessive withdrawal from contact with others after going through a crisis intervention.
- Excessive volunteering to take on more and more crisis interventions.
- Feeling upset and jealous whenever others are doing a crisis intervention in which the overextended person is not involved.
- Excessive belief that no one else could provide "proper" crisis intervention within the schools(s) serviced by the team.

SECTION 9

Working with the Media

TIPS FOR WORKING WITH THE MEDIA

1. **Establish a good working relationship with the media before a crisis occurs.**
2. **Know all facts before speaking with the media.** Have them written down and provide copies to the 2-3 people who will be talking to the public involved.
3. **Have a designated spokesperson.** This should be the individual who the media can trust and who has authority to speak for the school/district (Superintendent, Administrator).
4. **Be honest.** If you don't have an answer, give a timeline for getting back to them with the information. If you can't share information, report that you're unable to say and why.
5. **Avoid using "no comment" which may lead to suspicion.** Instead try, "This is still under investigation. We'll get back to you with those details as we are free to do so." Or, "It would be inappropriate for me to comment at this time."
6. **Give media a central contact, location and phone number.** They will be happy to make that one phone call instead of trying to track down answers.
7. **Establish a flow of information.** Tell media you'll get back to them, give timelines, even if there is no additional news.
8. **Have a statement prepared for phone calls and/or inquiries.** Ensure the appropriate clerical personnel have access to the statement (pages 9.1-9.3).
9. **Prepare a written statement before the press arrives.** Simply state the facts and avoid any subjective or speculative statements. The statement must be truthful. The principal or spokesperson reads the statement to the press and gives a written copy to everyone present. The spokesperson who addresses the media is usually determined by the superintendent.
10. **Keep your personnel informed throughout the crisis.** This acts as rumor control and gives the personnel the most up-to-date information.
11. **Include other community agencies.** If you hold a parent meeting, invite representatives from law enforcement, mental health, and other agencies to share the agenda. Arrange a press conference with all the agency representatives present to answer questions.

PRESS RELEASE GUIDELINES

1. **Report what happened.** Avoid sensational accounts of what occurred, and omit precise information on methods used in the attempt or the suicide so that impressionable individuals will not be able to copy the tragedy. For example, one might announce that a suicide was committed by carbon monoxide poisoning, but not go into details about how a hose acquired from a local store was connected between the tailpipe of a car and the driver's window and the individual then sat in a running car in a closed garage.
2. **Report who was involved in general terms.** Use general terms and not names of individuals, unless this information is public knowledge and next of kin have been notified. A victim may be described in terms of sex and grade in school and other relevant demographic facts, but usually not by name. If others were involved, the fact can be generally indicated without identifying data.
3. **Report when the suicide or attempt occurred or was discovered.** Give this information as precisely as known.
4. **To the extent relevant, report where it happened.** The location of the suicide or attempt can be reported, although addresses of private residences or businesses should not be released. If the location could lend itself to sensationalism, it would be best if it could be omitted, played down, or only vaguely mentioned.
5. **If someone is injured, report what the prognosis is for those involved.** Prognosis and status can be given as long as they have been verified. This information can often be left to the hospital.
6. **Indicate what the District/LEA will do or has done.** The emphasis should be on positive actions taken by school personnel or students. Communicate the fact that the district is concerned about the health and safety of all students and will provide resources as well as work with other community agencies to help the student body recover from the event and return to the basic task of learning.
7. **Indicate where troubled individuals in the community can get help.** Indicate what counseling services will be available to those upset by the event or who are having suicidal thoughts. The phone number of the suicide hot line, for example, might be listed.
8. **If asked, provide other sources of information.** The reporter may wish to consult with other individual experts or organizations who can supplement the story. A list of local and national groups related to suicide are included in Appendix A of this document.
9. **In interviews, avoid "no comment" answers.** This type of statement suggests that the spokesperson has something to hide. If you cannot make a comment, you might respond "I have not had enough time to talk to others" or "We have just received the information and must study it before giving an answer."

GUIDELINES FOR FACULTY PHONE STATEMENTS

These guidelines can help those who answer the telephone at a school to respond appropriately to telephone calls received in the early stages of the crisis. For crisis-related calls, use the following general schema:

- **Law enforcement or other security professionals:** Immediate transfer to principal.
- **Family members of deceased:** Immediate transfer to principal or anyone else they want to reach at the school. If principal is not available immediately, ask if they would like to speak to a school psychologist or social worker.
- **Other school administrators:** Give out basic information on death and crisis response and offer to transfer call to principal or others.
- **Parents regarding their child's immediate safety:** Reassure parents if you know their child was not involved and outline how children are being served and supported. If child may have been involved, transfer to a crisis team member who may have more information.
- **Persons who call with information about others at risk:** Take down information and get it to a crisis team member. Take a phone number where the person can be called back by a crisis team member.
- **Media:** Take messages and refer to principal.
- **Parents generally wanting to know how to respond:** Explain that children and personnel are being supported. Take messages to give to Student Services personnel from parents needing more detailed information.
- **Where to send parents who arrive unannounced on the scene:** Set aside a space for parents to wait and get information. Any person removing a student from school must be on the annual registration form as the parent or guardian. Records must be kept of who removed the child and when.

Adapted From: Madison Metropolitan School District. (Revised 2005). Sudden death-suicide-critical incident: Crisis response procedures for principals and student services personnel. Retrieved from http://www.mhawisconsin.org/Data/Sites/1/media/gls/gls_madisoncrisisplan.pdf

Phone Statement Template

All personnel receiving crisis-related phone calls should provide the following statement:

SECTION 10

***Tools for Personnel:
Supporting Students After a Suicide***

CLASSROOM DISCUSSION AFTER ANNOUNCEMENT TO SCHOOL

Discussion Introduction

“This is a time when we need to give support, encouragement and pull together. To help with this, let me make some suggestions”:

- “We need to respect each other’s emotions, no matter how differently we feel or act. Each of us has our own way of seeing, feeling about, reacting and coping with problems. It’s okay to cry, laugh, be angry or even do nothing.”
- “If you are having problems and feeling confused or upset, please ask for help. You do this when you have physical pain and problems and should do this when you have emotional pain. Either let me know, or talk with another teacher or a counselor.”
- “It frequently helps to talk about your feelings even if they feel uncomfortable. Someone else likely feels or has felt this way too.”
- “It’s normal to be afraid. All of us are at different times and to different degrees. We have to learn to accept this. There is not a way to predict or guarantee the future.”
- “For those of you that need more help, it will be available.” (GIVE DETAILS IF DESIRED AND AVAILABLE.)
- “Life will and must go on. Although things are difficult, now they will return to normal. After time for discussion and help, classes will be held as usual.” (MODIFY OR ADD TO THIS IF SCHEDULE DICTATES.)

SUGGESTIONS FOR DISCUSSIONS DURING CRISIS

Things To Do:

- ☑ Make yourself available and accessible to those who want to talk. Try to be flexible and responsive to the needs of others.
- ☑ Give accurate information about the incident. When you don't know something, say so, offer to find (and report back) the answer for them, or explain that some things may not have an answer or ever be known.
- ☑ Emphasize the confidentiality of what is said during the discussion and that everyone should respect the feelings and rights of others.
- ☑ Be prepared for and allow others to express any and all thoughts, feelings, and perceptions, even some which may seem illogical or inexplicable, about the situation. A variety of behaviors, including laughter (often from tension) and no reaction, are likely and acceptable. Since children and adolescents frequently "act out" their feelings, observe their behavior.
- ☑ Expect (and address) feelings from or about previous trauma/problems to emerge in response to the current situation. It may be directly related or relevant to past experiences and feelings or may be symbolic of them.
- ☑ Listen and give people time to express themselves and respond to questions. Don't restrict the time they are allowed to talk or minimize the loss.
- ☑ Try to validate the feelings of others by telling them that it is all right to feel that way and by helping them see that many people feel similarly.
- ☑ Express your own feelings, thoughts, and perceptions openly and honestly as a means of encouraging discussion. Try to maintain a relatively even and calm affect/demeanor and tone of voice, however.
- ☑ Encourage others to ask for clarification, information, and help when needed. Provide information about where these might be available.
- ☑ Encourage others to identify and seek out support/resources and to take action. This will foster independence, self-reliance and coping skills, and help them feel better.
- ☑ Allow students to lean on each other for support. Encourage students to talk to one another and seek help for a friend if they need it.
- ☑ Reassure people that they do not bear responsibility for what happened and that no one could have foreseen such a thing occurring. Discourage guilt and unrealistic expectations of or demands on themselves.
- ☑ Seek help when you need it. Acknowledge and accept your own limitations in supporting students in crisis.

Discussion Guidelines

- Inform students of locations for grief support.
- Review the facts and dispel rumors.
- Discuss facts and myths about suicide.
- Encourage students to express their reactions in a way that is appropriate for them and affirm the appropriateness of all responses from severe upset to no visible reaction whatsoever.
- Discuss possible guilt feelings or feelings of responsibility.
- Discuss students' possible fears for their safety and that of their peers and siblings.
- Ask students to support one another and to escort any friend who needs additional help to one of the designated locations for grief support.
- Reassure students that any adult in the building is available to help.
- Allow students to discuss other losses they have experienced. Help them understand this loss often brings up past losses; this is a normal occurrence.
- Encourage students to discuss their feelings with their parents/families.
- Have students identify a peer and write down their name and telephone number so they can connect with a friend after school, if needed.

Suggested Questions

- "What was it like for you when you heard the news?"
- "Did/will you discuss it at home?"
- "If you were a member of _____'s family, what do you think you would want at a time like this?"
- "How can you help each other through this?"
- "What other losses have you experienced?"
- "What thoughts and feelings does this bring up for you?"
- "What is your biggest concern about the immediate future?"
- "What would help you feel safer right now?"

Classroom Activities

- Writing stories about the victim or incident.
- Discussing ways to cope with traumatic situations.
- Discussing grief reactions.
- Encouraging students to keep a journal of events and of their reactions.
- Placing a collection box in the class for notes to the family.
- Making cards for the family.

- Urging students to write the things they wish they could have said to the deceased.
- Discuss alternatives for coping with depression.
- Writing a reaction paper
- Writing a “where I was or, how I felt when I heard” report.
- Reading to the class.
- Encouraging mutual support.
- Discussing and preparing children for funeral (what to expect, people’s reactions, what to do, what to say).
- Directing energy to creative pursuits, physical exercise, or verbal expression when anger arises.
- Listing the following “I – Statements” on the board and asking students to pick as many of them as they feel applies to them and complete the sentences. Have students end with the “I wish” statement.

I feel sad that...

I feel angry that/when...

I feel disappointed that...

I feel hurt that...

I feel mad that/when...

I feel lonely now because...

I feel betrayed by/because...

I feel upset that...

I feel sorry that...

I wish...

- Asking students to share something good they remember about the student if the student was a member of the class.
- Writing a group letter to express feelings. This can be dictated to the teacher.
- Having students write about their feelings by completing sentences or using sentence stems to write a letter:

- Anger

a) I’m angry that...

c) I can’t stand...

b) I resent...

d) I don’t like...

- Hurt

a) I feel hurt...

d) I am hurt that...

b) I feel sad...

e) I feel upset...

c) I feel disappointed that...

- Fear

a) I am afraid...

b) I am scared...

- Want(s)
 - a) All I ever wanted...
 - b) I wanted you to...
- Regret
 - a) I'm sorry...
 - b) I love you because...
 - c) I forgive you for...
 - d) I love you...

Students may have other feelings and statements that they will wish to add.

- Having students draw pictures about the person, the incident or their feelings and talk about their pictures when done.

Coping Strategies for Students

Encourage students to think about specific things they can do when intense emotions such as worry or sadness begin to surface, including:

- Simple relaxation and distraction skills, such as taking three deep slow breaths, counting to 10, or picturing themselves in a favorite calm and relaxing place.
- Engaging in favorite activities or hobbies such as music, talking with a friend, reading, or going to a movie.
- Exercising.
- Thinking about how they've coped with difficulties in the past and reminding themselves that they can use those same coping skills now.
- Writing a list of people they can turn to for support.
- Writing a list of things they're looking forward to.
- Focusing on individual goals, such as returning to a class or spending time with mutual friends.

For additional guidance in providing support from teachers, see Appendix I, The Role of High School Teachers in Preventing Suicide.

TEACHER STATEMENTS AND ACTIONS TO ASSIST GRIEVING STUDENTS RETURNING TO SCHOOL

1. Make a plan with the student so he/she may leave the room if she/he is upset.
2. Find a safe place that the student can go during the school day, at recess, at lunch, or during class if he/she wants some time alone.
3. Find a safe person that the student can go to during the day if he/she is upset, i.e.: administrator, counselor, mental health provider, school nurse.
4. Encourage the student to answer questions only when he/she feels comfortable doing so. If the student does not want to answer others' questions, suggest that they come up with one or two options for replying, such as, "I'm not ready to talk right now" or "I'd rather focus on school right now."
5. Offer the student a journal as a gift. Encourage the student to write/draw about feelings, thoughts and/or memories in the journal during the school day when needed, especially during times the student is not able to concentrate on school work. Offer crayons and a blank drawing book to a younger child. Make sure all of the teachers are aware of the journal to avoid disciplinary actions for utilizing the journal during class time.
6. Negotiate, on an ongoing basis, homework and classroom assignment expectations. Grief takes tremendous physical and emotional energy. It will take time for the student to return to previous standards of performance.
7. Offer yourself as a listener or friend to the student if you want to do so. Designate times when you are available, i.e. lunch, recess, after school.

DEATH AND GRIEF:

SUPPORTING CHILDREN AND YOUTH

Death and loss within a school community can affect anyone, particularly children and adolescents. Whether the death of a classmate, family member, or personnel member, students may need support in coping with their grief. Reactions will vary depending on the circumstances of the death and how well known the deceased is both to individual students and to the school community-at-large. Students who have lost a family member or someone close to them will need particular attention. It is important for adults to understand the reactions they may observe and to be able to identify children or adolescents who require support. Parents, teachers, and other caregivers should also understand how their own grief reactions and responses to a loss may impact the experience of a child.

Grief Reactions

There is no right or wrong way to react to a loss. No two individuals will react in exactly the same way. Grief reactions among children and adolescents are influenced by their developmental level, personal characteristics, mental health, family and cultural influences, and previous exposure to crisis, death, and loss. However, some general trends exist that can help adults understand typical and atypical reactions of bereaved children. Sadness, confusion, and anxiety are among the most common grief responses and are likely to occur for children of all ages.

The Grief Process

Although grief does not follow a specified pattern, there are common stages that children and adolescents may experience with varying sequencing and intensity. The general stages of the grief process are:

1. **Denial**: ‘Shock’ occurs when a person is not able to face the loss that has just occurred. This may be expressed by feeling nothing or insisting there has been no change. This is an important stage and gives people a “time out” to recognize, reorganize, and begin to deal with the loss.

Typical Symptoms: Fantasize or state that trauma has not occurred or is temporary.

Concerning Symptoms: Prolonged fantasy; difficulty distinguishing reality from fantasy.

2. **Anger**: Often, after denying a situation, people turn around and react through anger. It can be expressed through nightmares, fears, and/or aggressive behaviors. People in this phase need opportunities to express anger in a positive and healthy way. They may blame themselves or others.

Typical Symptoms: Mild illness or injuries; nervousness; acting out; anger directed at unrelated parties.

Concerning Symptoms: Prolonged fears or nightmares; rage; uncontrolled violence.

3. **Bargaining**: The purpose of bargaining is to regain a loss. Consequently, a promise is made to do something in order to get something in return.

Typical Symptoms: Threats; making promises; angelic behavior.

Concerning Symptoms: Continual tantrums; need to control environment.

4. **Depression**: A feeling of loss or sadness due to missing the way things were before the traumatic event. Depression sets in when it is realized that anger and bargaining will not work and that the change most likely will be permanent. This is the reaction most associated with “grieving” for whom or whatever has been lost. People experiencing depression need to know that others understand and are concerned about their feelings.

Typical Symptoms: Apathy; withdrawal; loss of interest; daydreaming.

Concerning Symptoms: Loss of appetite; self-harming actions; prolonged sense of helplessness.

5. **Acceptance**: Ability to passively adapt to change and resume normal activity. A time when the loss or death is acknowledged. A period of calm following the release of emotions, demonstrated by a lifting of sadness and a willingness to continue living in spite of the loss.

Typical Symptoms: Lift of apathy and mechanical responses.

Concerning Symptoms: Pretending to accept situation without really having gone through previous stages.

6. **Hope**: Evidenced by a revitalization of energy, a renewed interest in old friendships and the development of new friendships. Although possibly wishing for things to return to the remembered past, the individual can acknowledge good things that resulted from the change.

Typical Symptoms: Renewed interest in old activities; return of sense of humor.

Concerning Symptoms: Sarcasm; pretending or presenting false hope which is still a form of denial.

Grief Reactions of Concern

The above behaviors are expected and natural reactions to a loss. However, the following behaviors may warrant further attention:

Preschool level:

- Decreased verbalization
- Increased anxiety (e.g., clinginess, fear of separation)
- Regressive behaviors (e.g., bedwetting, thumb sucking)

Elementary school level:

- Difficulty concentrating or inattention
- Somatic complaints (e.g., headaches, stomach problems)
- Sleep disturbances (e.g., nightmares, fear of the dark)
- Repeated telling and acting out of the event
- Withdrawal

- Increased irritability, disruptive behavior, or aggressive behavior
- Increased anxiety (e.g., clinging, whining)
- Depression, guilt, or anger

Middle and high school level:

- Flashbacks
- Emotional numbing or depression
- Nightmares
- Avoidance or withdrawal
- Peer relationship problems
- Substance abuse or other high-risk behavior

Signs that Additional Help is Needed

Adults should be particularly alert to any of the following as indicators that trained mental health professional (school psychologist or counselor) should be consulted for intervention and possible referral:

- Severe loss of interest in daily activities (e.g., extracurricular activities and friends)
- Disruption in ability to eat or sleep
- School refusal
- Fear of being alone
- Repeated wish to join the deceased
- Severe drop in school achievement
- Suicidal references or behavior

Risk Factors for Increased Reactions

Some students (and adults) may be at greater risk for grief reactions that require professional intervention. This includes individuals who:

- Were very close to the person(s) who died
- Were present when the person died
- Have suffered a recent loss
- Have experienced a traumatic event
- Are isolated or lack a personal support network
- Suffer from depression, Post-traumatic Stress Disorder, or other mental illness

Keep in mind that groups, particularly adolescents, can experience collective or even vicarious grief. Students may feel grief, anxiety or stress because they see classmates who were directly affected by a loss, even if they didn't personally know the deceased. Additional risk factors include the deceased being popular or well-known, extensive media coverage, a sudden or traumatic death, homicides or suicides.

Supporting Grieving Children and Youth

How adults in a family or school community grieve following a loss will influence how children and youth grieve. When adults are able to talk about the loss, express their feelings, and provide support for children and youth in the aftermath of a loss, they are better able to develop healthy coping strategies.

Adults are encouraged to:

- Talk about the loss. This gives children permission to talk about it, too.
- Ask questions to determine how children understand the loss, and gauge their physical and emotional reactions.
- Listen patiently. Remember that each person is unique and will grieve in his or her own way.
- Be prepared to discuss the loss repeatedly. Children should be encouraged to talk about, act out, or express through writing or art the details of the loss as well as their feelings about it, about the deceased person, and about other changes that have occurred in their lives as a result of the loss.
- Give children important facts about the event at an appropriate developmental level. This may include helping children accurately understand what death is.
- Help children understand the death and intervene to correct false perceptions about the cause of the event, ensuring that they do not blame themselves or others for the situation.
- Provide a model of healthy mourning by being open about your own feelings of sadness and grief.
- Create structure and routine for children so they experience predictability and stability.
- Engage in self-care so you can assist others. Prolonged, intense grieving or unhealthy grief reactions will inhibit your ability to provide adequate support.
- Acknowledge that it will take time to mourn and that bereavement is a process that occurs over months and years. Be aware that normal grief reactions often last longer than six months, depending on the type of loss and proximity to the child.
- Take advantage of school and community resources such as counseling, especially if children and youth do not seem to be coping well with grief and loss.

Tips for Children and Teens with Grieving Friends and Classmates

Seeing a friend try to cope with a loss may scare or upset children who have had little or no experience with death and grieving. Some suggestions teachers and parents can provide to children and youth to deal with this “secondary” loss:

- Particularly with younger children, it will be important to help clarify their understanding of death. See tips above under “helping children cope.”
- Seeing their classmates’ reactions to loss may bring about some fears of losing their own parents or siblings. Children need reassurance from caretakers and teachers that their own families are safe. For children who have experienced their own loss (previous death of a parent, grandparent, sibling), observing the grief of a friend can bring back painful memories. These children are at greater risk for developing more serious stress reactions and should be given extra support as needed.
- Children (and many adults) need help in communicating condolence or comfort messages.
- Provide children with age-appropriate guidance for supporting their peers. Help them decide what to say (e.g., “Steve, I am so sorry about your father. I know you will miss him very much.”)
- Offer to help with daily routines. For example, “Let me know if I can help you with _____.”
- Help children anticipate some changes in friends’ behavior. It is important that children understand that their grieving friends may act differently, may withdraw from their friends for a while, might seem angry or very sad, etc., but that this does not mean a lasting change in their relationship.
- Explain to children that their “regular” friendship may be an important source of support for friends and classmates. Even normal social activities such as inviting a friend over to play, going to the park, playing sports, watching a movie, or a trip to the mall may offer a much needed distraction and sense of connection and normalcy.
- Children need to have some options for providing support—it will help them deal with their fears and concerns if they have some concrete actions that they can take to help. Suggest making cards, drawings, helping with chores or homework, etc. Older teens might offer to help the family with some shopping, cleaning, errands, etc., or with babysitting for younger children.
- Encourage children who are worried about a friend to talk to a caring adult. This can help alleviate their own concern or potential sense of responsibility for making their friend feel better. Children may also share important information about a friend who is at risk of more serious grief reactions.
- Parents and teachers need to be alert to children in their care who may be reacting to a friend’s loss of a loved one. These children will need some extra support to help them deal with the sense of frustration and helplessness that many people are feeling at this time.

Adapted from “Death and Grief in the Family: Tips for Parents” in *Helping Children at Home and School III*, NASP, 2010 and from materials posted on the NASP website after September 11, 2001.

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MEMORIAL ACTIVITIES AT SCHOOL:

A LIST OF "DO'S" AND "DON'TS"

Memorial activities can be a valuable way for schools to help students and personnel deal with trauma and loss. How a school approaches a memorial can make the difference in the healing nature of the process. Schools may appear to provide an obvious choice for a funeral or memorial service, however it is strongly advised that such services are not held on school grounds, to allow the school to focus on maintaining the regular schedule, and routine.

The following are a few Do's and Don'ts to avoid traumatizing students and promote a positive experience. For more information on memorials and helping children cope, go to www.nasponline.org or <http://www.sprc.org>.

DO

- ☑ Memorialize all student deaths in the same way, a different approach for suicide may reinforce stigma and be unfairly painful to family and friends.
- ☑ Prepare for the needs of youth both preceding and following memorial activities in the community or school.
- ☑ Keep parents and personnel informed of all upcoming activities related to the memorial plan, and allow any student, with parental permission, to attend a memorial activity.
- ☑ Provide personnel and parents with information regarding possible related behaviors and emotions that students may display.
- ☑ Focus on the needs and goals related to the students, and include parents and community members in activities as appropriate.
- ☑ Be sensitive to developmental and cultural differences when developing memorials.
- ☑ Develop living memorials that address the problems that lead to the crisis event.
- ☑ Something to prevent other crises from happening. Try to move students from the role of "victims" to the role of "doers."
- ☑ Emphasize signs of recovery and hope in any memorial activity.
- ☑ Allow students to discuss, in small group settings, such as classrooms, how they feel about their memorial experiences.
- ☑ Encourage communication (e.g., Writing letters and exchange of ideas) related to memorial activities.
- ☑ Provide a referral system (school and community-based) to identify youth who display complicated grief reactions and ensure appropriate support services are available.
- ☑ Establish an infrastructure (plans and processes) to provide assistance and support to students in immediate need.

DO NOT

- ☒ Underestimate the resurfacing of intense reactions after a service/memorial, including sadness and anger.
- ☒ Require all students or personnel to attend a memorial activity.
- ☒ Pathologize normal grief reactions. Conversely, do not minimize serious, atypical grief reactions that may require closer clinical investigation.
- ☒ Remove spontaneous memorials (decorating lockers, posters, etc.) too soon. Allow for them to stay up until the funeral or for approximately 5 days.
- ☒ Try to accomplish all things in the school context; there are multiple forums to which the school personnel, administration, and faculty may contribute that do not occur at school.
- ☒ Assume that “one size fits all” when it comes to developing a memorial.
- ☒ Allow the memorials to be a forum for expressions of hatred and/or anger
- ☒ Focus the memorial on the uncontrollable aspects of the crisis.
- ☒ Allow a memorial to simply recount tales of the traumatic stressor.
- ☒ Schedule a memorial at such a time that it will not allow students to discuss or process their experiences.
- ☒ Force students to participate or share feelings and ideas.
- ☒ Expect that personnel and faculty will be able to independently identify individuals in need of mental health assistance.
- ☒ Anticipate that students will independently seek out the appropriate professional assistance.

Adapted From: American Foundation for Suicide Prevention and Suicide Prevention Resource Center. 2011. After a Suicide: A Toolkit for Schools. Newton, MA: Education Development Center, Inc. & J. Sandoval & S. E. Brock, 1995, The school psychologist’s role in suicide prevention. School Psychology Quarterly. © 2002, National Association of School Psychologists, 4340 East West Hwy #402; Bethesda, MD 20814, www.nasponline.org, phone (301) 657-0270, fax (301) 657-0275, TTY (301) 657-4155

SECTION 11

***Long-Term Response:
Ongoing Support***

LONG-TERM RESPONSE PROTOCOL

Continued healing requires addressing the aftermath of the crisis, including how to handle long-term mental health needs and the ongoing process of recovery. Healing takes time and everyone reacts to tragedies differently. The rate of recovery differs for each person based on many factors such as age, experience, and closeness to the incident. Below are recommendations in managing the long-term mental health needs of students and personnel:

Steps to take for Long Term	School Personnel Responsible	Relevant Contacts	Tools
1. Coordinate implementation of long-term response protocol	Lead: Backup:		
2. Monitor and assist vulnerable students; long-term response for universal screening	Lead: Backup:	Community mental health professionals:	
3. Prepare for anniversaries of the death	Lead: Backup:		Guidelines for Anniversaries of a Death
4. Prepare for long-term memorials	Lead: Backup:		Memorial Activities: Do's and Don'ts
5. Prepare to provide support to siblings of the deceased who may be enrolling in the high school	Lead: Backup:		

Adapted from: Substance Abuse and Mental Health Services Administration. Preventing Suicide: A Toolkit for High Schools. HHS Publication No. SMA-12-4669. Rockville, MD: Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, 2012.

POSTVENTION AND SOCIAL MEDIA

Overview

Following a suicide, the deceased student's online social media profile may become a space for friends and family to talk about the suicide and memorialize the person who died. Exposure to suicide, whether through a personal connection or through the media, is an established risk factor for suicide. There is substantial evidence that certain messages (e.g., those that glamorize the suicide) and certain information (e.g., details regarding the method of suicide used) may contribute to contagion. The comments posted on these profiles can contain unsafe messages and sometimes include expressions of suicidal ideation by others.

When implementing postvention strategies in a community or school, it is important to also consider the role of social media and to ensure that postvention initiatives also target existing online communities. Students are most likely already engaging in conversation about the suicide online. This affords those undertaking postvention efforts an important and efficient means of distributing information and resources, as well as of monitoring those connected to the bereaved for any indications of suicide risk. Additionally, school personnel may wish to collaborate with parents and guardians to encourage that they monitor their children's use of social media.

The recommendations below detail how to safely memorialize someone who has died by suicide. These messaging guidelines can also be applied to online memorials and online messages about the deceased.

Possible Online Postvention Activities

If appropriate, school personnel may wish to post resources in the comments section of the deceased student's social media profile. While each community has numerous resources to offer, it is important that the resources posted online be consistent across sites. Those managing online postvention efforts should determine beforehand the key resources to be posted. It is also recommended that national resources be provided as well, since online social networks can extend beyond county and state borders.

The National Suicide Prevention Lifeline is a national 24-hour, toll-free suicide prevention service available to anyone in emotional distress or suicidal crisis. Comprised of more than 140 centers across the United States, the National Suicide Prevention Lifeline seamlessly routes callers to the closest crisis center based on the caller's location. By offering this resource, those heading postvention efforts are ensuring that those in need have access to a free service around the clock and across the nation, which has the capacity to provide callers with resources and referrals within their own community.

School personnel may also choose to monitor comments on social media for content indicating that friends are in suicidal crisis or emotional distress. If possible, meet with the student (if at school) and conduct a suicide risk assessment. Notify the family immediately. If the student is not currently in school, contact the family and/or emergency services within the jurisdiction of the student's home, if appropriate, to determine if a welfare check is required.

(For Schools Only) Letter to Parents from Schools

It is recommended that the district/LEA distribute a letter to parents in order to 1) alert them that students may use social media and other online venues to communicate about the suicide, and 2) encourage them to monitor their child's internet use.

Below is a sample letter developed by the National Suicide Prevention Lifeline that has already been provided to various schools following the suicide of a student. This letter encourages parents to ask their children to post an offer of help (e.g., the National Suicide Prevention Lifeline number, 2-800-273-TALK) on their social media profiles and provides sample language as well as some background information on the Lifeline.

Dear parents and family members of [example: Bowling Green High School],

Thank you for the chance to work together to help prevent suicide. The National Suicide Prevention Lifeline is so sorry to hear about the recent losses in your community, high school, and homes. While there is nothing we can do to erase these tragedies, it is our hope that we can prevent other families in your community from experiencing a similar loss. Please look at the message below, which we crafted for possible use on your child's social media profiles. The Lifeline recommends working with your child to post these messages online. By doing so, you will be offering help to the people that were affected by these deaths.

Suicide can best be prevented through treatment and support. You can honor (person's name) by seeking help if you or someone you know is struggling. If you're feeling lost, desperate, or alone—please call the National Suicide Prevention Lifeline: 1-800-273-TALK. The call is free and confidential, and crisis workers are available 24/7 to assist you. To learn more about the Lifeline, visit www.suicidepreventionlifeline.org.

Messages posted online (e.g., on social media profiles) following a suicide are important as they can have a negative or positive effect and can help to prevent future tragedies. While the messages posted online following a suicide should honor the person who died and comfort those left behind, it is important to make sure that those reading about the deceased online can understand that there are a number of measures that can be taken to help prevent suicide.

The Lifeline also recommends that your child's internet use be monitored during this time. When someone dies by suicide, the social media profiles of the deceased often become hubs for conversation about the suicide. Please be aware of your child's online activities.

About the Lifeline

The federally-funded National Suicide Prevention Lifeline-- 1-800-273-TALK (8255)—is a network of crisis centers committed to suicide prevention that are located in communities across the country. People in emotional distress or suicidal crisis can call anytime from anywhere in the nation and speak to a trained worker who will listen to and assist callers with getting the help they need. Calls are routed to the nearest available center of the more than 140 centers that are currently participating in the network.

The Lifeline is administered by Link2Health Solutions, a wholly-owned subsidiary of the Mental Health Association of New York City and is funded through a grant from the Substance Abuse and Mental Health Services Administration, a division of the U.S. Department of Health and Human Services.

Questions

If you or another member of the community has questions about the National Suicide Prevention Lifeline, please find us online at www.suicidepreventionlifeline.org.

GUIDELINES FOR ANNIVERSARIES OF A DEATH

The postvention team may consider having a plan to prepare for students' reactions on the anniversary date. The school should be prepared for grief and emotions associated with the death that may also occur on other occasions, such as:

- The birthday of the person who died
- Holidays
- Athletic or other events in which the deceased would have participated
- The start of the school year
- School dances
- Graduation

The following actions can help a school prepare for such an anniversary:

- Remind personnel to be aware the students may experience emotional reactions
- Educate personnel about the warning signs of suicide and how to recognize and respond to students who may be at risk or experience severe emotions
- Remind personnel that they may also experience an emotional reaction on this date
- Have grief counselors and/or mental health professionals on call

EVALUATING THE SUICIDE CRISIS RESPONSE

It is recommended that the Suicide Crisis Coordinator have processes in place to evaluate each crisis response and a plan for follow-up. For example, did the team:

- Notify the appropriate individual at the onset?
- Activate resources immediately to meet the needs of the students, families and personnel?
- Provide regular information updates and maintain open communication with teachers, other personnel and parents?
- Monitor rumors and maintain timely, accurate information?
- Speak through one spokesperson to provide factual information to the media?
- Develop media messages that communicated ways that parents can support the recovery of their children?
- Provide mental health resources for those in emotional distress and identify and follow up with vulnerable students and personnel during the recovery period?
- Identify during the aftermath any cues that could be traumatic reminders of the crisis and monitor behaviors among students and personnel?
- Appropriately monitor social media activities?
- Support personnel in implementing their own self-care?
- Develop a process for reviewing and reevaluating your suicide crisis response plan and making subsequent changes?

List other important factors to consider for your school community below:

- _____
- _____
- _____
- _____

It is recommended that the Suicide Crisis Coordinator meet with the school site administrator to review the school's crisis response and identify areas of improvement for future crisis responses. The school site administrator should communicate gratitude to school personnel for providing additional support during the crisis response which may include a written letter, email, or verbal acknowledgment in a personnel meeting.

SECTION 12

Appendix

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