



Willamette
EDUCATION SERVICE DISTRICT

School Based Suicide Resource Guide

A Guide to Youth Suicide Prevention, Intervention
and Postvention procedures provided by
Willamette Education Service District

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Purpose of Protocols and Procedures

The U.S. Surgeon General promotes the adoption of suicide prevention protocols by local school districts to protect school personnel and to increase the safety of at-risk youth and the entire school community. This document is intended to help school staff understand their role and to provide accessible tools.

This document recognizes and builds on the skills and resources inherent in school systems. Schools are exceptionally resilient and resourceful organizations whose staff members may be called upon to deal with crises on any given day. Schools can be a source of support and stability for students and community members when a crisis occurs in their community.

School Boards and school personnel may choose to implement additional supportive measures to fit the specific needs of an individual school community. The purpose of these guidelines is to assist school administrators in their planning.

Quick Notes: What Schools Need To Know

- School staff are frequently considered the first line of contact with potentially suicidal students.
- Most school personnel are neither qualified, nor expected, to provide the in-depth assessment or counseling necessary for treating a suicidal student. They are responsible for taking reasonable and prudent actions to help at-risk students, such as notifying parents, making appropriate referrals, and securing outside assistance when needed.
- All school personnel need to know that protocols exist to refer at-risk students to trained professionals so that the burden of responsibility does not rest solely with the individual “on the scene”.
- Research has shown talking about suicide, or asking someone if they are feeling suicidal, will **not** put the idea in their head or cause them to kill themselves.
- School personnel, parents/guardians, and students need to be confident that help is available when they raise concerns regarding suicidal behavior. Students often know, but do not tell adults, about suicidal peers. Having supports in place may lessen this reluctance to speak up when students are concerned about a peer.
- Advanced planning is critical to providing an effective crisis response. Internal and external resources must be in place to address student issues and to normalize the learning environment for everyone.

Suicide Prevention Protocol

Suicide can be prevented. Following these simple steps will help ensure a comprehensive school based approach to suicide prevention for staff and students.

Staff:

All staff should receive training (or a refresher) once a year on the policies, procedures, and best practices for intervening with students and/or staff at risk for suicide.

- **RECOMMENDATION: All staff to receive gatekeeper training (i.e. QPR) once a year. Preview prevention, intervention, and postvention protocols.**

Specific staff members receive specialized training to intervene, assess, and refer students at risk for suicide. This training should be a best practice and specific to suicide such as the internationally known ASIST: Applied Suicide Intervention Skills Training.

- **RECOMMENDATION: Identify at least two staff members to be ASIST trained and be the “go-to” people within the school. All staff should know who the “go-to” people are within the school and are familiar with the intervention protocol.**

Students:

Students should receive information about suicide and suicide prevention in health class. The purpose of this curriculum is to teach students how to access help at their school for themselves, their peers, or others in the community.

- **RECOMMENDATIONS: (1) Use curriculum in line with Oregon State Standards for health such as SOS Signs of Suicide Prevention Program, Hazelden Lifelines Suicide Prevention Program or Response. (2) Students should be made aware each year of the staff that have received specialized training to help students at risk for suicide. (3) Consider engaging students to help increase awareness of resources.**

Parents:

Provide parents with informational materials to help them identify whether their child or another person is at risk for suicide. Information should include how to access school and community resources to support students or to others in their community that may be at risk for suicide.

- **RECOMMENDATIONS: (1) List resources in the school handbook or newsletter. Partner with community agencies to offer parent information nights using research based programs such as QPR . (2) Ensure cross communication between community agencies and schools within bounds of confidentiality.**

Suicide Intervention Protocol

Warning Signs for Suicide

Warning signs are the changes in a person's behavior, feelings, and beliefs about oneself that indicate risk. Many signs are similar to the signs of depression. Usually these signs last for a period of two weeks or longer, but some youths behave impulsively and may choose suicide as a solution to their problems very quickly, especially if they have access to firearms.

Warning signs that indicate an immediate danger or threat:

- Someone threatening to hurt or kill themselves
- Someone looking for ways to kill themselves – seeking access to pills, weapons, or other means
- Someone talking or writing about death, dying, or suicide

If a suicidal attempt, gesture, or ideation occurs or is recognized, report it to the school counselor or school administrator. Call 911, if there is imminent danger. A Suicide Risk Assessment: Level 1 is performed by a trained school staff member. The screener will do the following:

- ✓ Interview student using Suicide Risk Assessment: Level 1 screening form
- ✓ Complete a Suicide Student Coping Plan, if needed
- ✓ Contact parent to inform and to obtain further information
- ✓ Determine need for a Suicide Risk Assessment: Level 2 based on level of concern
- ✓ Consult with another trained screener prior to making a decision to not proceed to a Level 2
- ✓ Inform administrator of screening results

❖ See following School Based Suicide Intervention Process flowchart for additional information

Recommended Resources:

- **National Suicide Prevention Lifeline**
1-800-273-TALK,
www.suicidepreventionlifeline.org
- **Oregon YouthLine** 1-877-968-8491 or
Text teen2teen to 839863
www.oregonyouthline.org

To speak with a counselor or schedule an appointment:

Marion Co Youth & Family Crisis Svs (503) 576-4673
Polk County Mental Health (503) 623-9289
Yamhill Mental Health and Human Svs (503) 434-7462

For Emergencies: 911, local emergency room

SCHOOL-BASED SUICIDE INTERVENTION PROCESS FOR MARION, POLK AND YAMHILL COUNTIES

SUICIDAL ATTEMPT, GESTURES OR IDEATION OCCURS & IS RECOGNIZED

EVENT IS REPORTED TO COUNSELOR OR SCHOOL ADMINISTRATOR

INITIATE PROTECTIVE RESPONSE IF IMMINENT DANGER EXISTS (911)

SUICIDE RISK ASSESSMENT: LEVEL 1 (BY TRAINED SCHOOL STAFF MEMBER)

- Screener interviews student using screening form
- Screener contacts parents to inform and to obtain further information
- Screener determines need for level 2 suicide risk assessment based on level of concern
- Screener consults with another trained screener or assessor prior to making a decision to not proceed to a Level 2 Suicide Risk Assessment
- Screener informs administrator of screening results

SUICIDE RISK ASSESSMENT: LEVEL 2 (BY MENTAL HEALTH PROFESSIONAL [ASSESSOR])*

- Requires parent permission, unless student is 14 or older. If parent is unavailable or unwilling to consent and the risk of self-harm per screening is high, the school team calls mental health or law enforcement.
- Assessor interviews student, collects collateral information from other pertinent sources and makes risk determination.
- Assessor determines need for immediate intervention. (e.g. in-home or out-of-home respite, hospitalization, etc.)
- Assessor shares concerns and recommendations with school team and parent.

STUDENT SUPPORT PLAN

SCHOOL TEAM (ADMINISTRATOR AND COUNSELOR) WITH PARENT AND STUDENT INITIATES A SUPPORT PLAN WHICH MAY INCLUDE:

- School, family, community components
- Monitoring, supervision
- Confidentiality
- Personal safety plan
- Referral
- Precautionary removal of lethal means from student's environment
- Review

***Call the following to request a Level 2 - Suicide Risk Assessment**

- Marion County Youth & Family Crisis Services
503-576-4673
- Polk County Mental Health
503-623-9289, 1-800-560-5535 (after hours)
- Yamhill Family & Youth Services
503-434-7462, 1-800-842-8200 (after hours)



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Suicide Risk Assessment - Level 1

Date: _____

Time: _____

1. IDENTIFYING INFORMATION

Name: _____ ID: _____ School: _____ DOB: _____

Age: _____ IEP/504? _____ Medicine/Health information: _____

Address: _____

Parent/Guardian #1 name/phone # (s): _____

Parent/Guardian #2 name/phone # (s): _____

Screener's name: _____ Position: _____

Contact Info: _____

2. REFERRAL INFORMATION

Who reported concern: Self Peer Staff Parent/Guardian Other

When was concern disclosed: _____ Contact information (If applicable): _____

What information did this person share that raised concern about suicide risk? _____

3. WARNING SIGNS/RISK FACTORS

- Expressions of wanting to die, of being gone, or of death in any manner in their:
 - Writing
 - Verbal
 - Drawing
 - Social Media
- Withdrawal from others
- Preoccupation with death
- Feelings of hopelessness/self-hate
- Substance Abuse
- Current psychological/emotional pain
- Discipline problems
- Conflict with others (friends/family)
- Experiencing bullying or being a bully
- Recent personal or family loss or change (i.e., suicide, death, divorce)
- Recent changes in appetite, behavior, sleep
- Family problems
- Giving away possessions
- Current/past trauma (domestic/relational/sexual abuse)
- Crisis within the last 2 weeks
- Stresses from: gender ID, sexual orientation, ethnicity
- Engages in high risk behavior
- Exposure and/or access to weapons, violent video games
- Unmet basic needs
- Mental Health concerns
- Self-Injury (see NSSI Assessment & Protocol)
- Other signs: _____

4. COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS) – Fill out and attach separate screening form

LOW RISK MEDIUM RISK HIGH RISK

5. PROTECTIVE FACTORS

- Engaged in effective health and/or MH care
- Positive problem solving skills
- Positive coping skills
- Restricted access to means to kill self
- Stable living environment
- Willing to access support/help
- Positive self esteem
- Resiliency
- High frustration tolerance
- Emotional regulation
- Cultural and/or religious beliefs that discourage suicide
- Does well in school
- Feels well connected to others (family, school, friends)
- Has responsibility for others

6. PARENT/GUARDIAN CONTACT

Name of parent/guardian contacted: _____ Date contacted: _____

<input type="radio"/> Left a Voicemail Date: _____ Time: _____ <input type="radio"/> Parent/Guardian Called Back Date: _____ Time: _____	<input type="radio"/> Parent/Guardian Answered Was the parent/guardian aware of the student's suicidal thoughts/plans? Yes <input type="radio"/> No <input type="radio"/> Parent/Guardian's perception of threat _____ _____ _____
Parent Action Plan – <input type="radio"/> Will transport child to a mental health evaluator (i.e. hospital, County Mental Health, private therapist) <input type="radio"/> Mental Health evaluation appointment date: _____ <input type="radio"/> Needs additional support <input type="radio"/> Other: _____	Additional Notes: _____ _____ _____

7. CONSULTED WITH administrator (recommended) and/or another trained professional

1. _____
2. _____

8. POTENTIAL SCHOOL ACTION PLANS

- Determined if Student Coping Plan was needed
 - Limited risk factors; Student Coping Plan not needed
 - Filled out a Student Coping Plan. One copy given to student, original placed in Confidential file and/or CUM file
- Provided student and family with resource materials and phone numbers
- Parent/guardian contacted
- Released back to class after Limited or NO risk factors noted
- Released back to class after parent (and/or Agency) contacted and follow up plan established
- Released to parent/guardian
- Called 911. Contact name/date/time: _____
- Parent/guardian took student to hospital
- Parent/guardian scheduled mental health evaluation appointment - Notes: _____
- School Counselor/School Psychologist/School Nurse follow up scheduled - Date/Time: _____

- Limited risk factors noted. NO FURTHER FOLLOW-UP NEEDED.
- Several risk factors noted but no imminent danger. Completed Student Coping Plan with student. Will follow up with student on
Date/time: _____
- Several risk factors noted and referred for a Suicide Risk Assessment - Level 2 with a crisis worker from the county
(Contact date/time/name): _____

Student Name: _____

Screeener Name: _____

Date: _____

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen Version - Recent

SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
	YES	NO
Ask questions that are bolded and <u>underlined</u> .		
Ask Questions 1 and 2		
1) <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) <u>Have you been thinking about how you might do this?</u> E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it...and I would never go through with it."		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> As opposed to "I have the thoughts but I definitely will not do anything about them."		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		

6) <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u>	YES	NO
	Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <u>Was this within the past three months?</u>	

- Low Risk
- Moderate Risk
- High Risk

NOTES:

*For inquiries and training information contact: Kelly Posner, Ph.D.
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STUDENT COPING PLAN

Student Name: _____ DOB: _____ Date of Plan: _____

Warning signs that I am not safe:

- 1.
- 2.
- 3.

Things I can do to keep myself safe (in the case that I was thinking about suicide):

- 1.
- 2.
- 3.

An adult I can talk to at home when I feel it would be better if I were not alive:

An adult I can talk to at school when I feel it would be better if I were not alive:

My plan to reduce or stop use of alcohol/drugs:

- 1.
- 2.
- 3.

Identify reasons for living:

- 1.
- 2.
- 3.

I can call any of the numbers below for 24 Hour Crisis Support.

National Suicide Prevention Lifeline 1-800-273-TALK [8255]
Oregon Youthline 1-877-968-8491 or text "teen2teen" to 839-863

Marion County Crisis Line: (503) 576-HOPE (4673)
Polk County Crisis Line: (503) 623-9289, 1-800-560-5535 (after hours)
Yamhill Crisis Line: 503-434-7462, 1-800-842-8200 (after hours)

My follow-up appointment is: _____ with _____

Suicide Postvention Protocol

Schools must be prepared to act and provide postvention support and activity in the event of a serious attempt or a completed suicide. Suicide Postvention has been defined as “the provision of crisis intervention, support and assistance for those affected by a suicide” (American Association of Suicidology).

The school’s primary responsibility in these cases is to respond to the tragedy in a manner which appropriately supports students and the school community impacted by the tragedy. This includes having a system in place to work with the multitude of groups that may eventually be involved, such as students, staff, parents, community, media, law enforcement, etc.

Key Points: (derived from *After a Suicide: A Toolkit for Schools, 2011*):

1. Prevention after a suicide attempt or completion is very important. Schools should be aware that adolescents and others associated with the event are vulnerable to suicide contagion or, in other words, increased risk for suicide.
2. It is important to not “glorify” the suicide and to treat it sensitively when speaking about the event, particularly with the media.
3. It is important to address all deaths in a similar manner. Having one approach for a student who dies of cancer, for example, and a different approach for a student who dies by suicide reinforces the stigma that still surrounds suicide.
4. Families and communities can be especially sensitive to the suicide event.
5. Know your resources.

Postvention Goals:

- Support the grieving process
- Prevent imitative suicides – identify and refer at-risk survivors and reduce identification with victim
- Re-establish healthy school climate
- Provide long-term surveillance

Postvention Response Protocol:

- ✓ Verify suicide
- ✓ Estimate level of response resources required
- ✓ Determine what and how information is to be shared – do NOT release information in a large assembly or over the intercom
- ✓ Mobilize the Crisis Response Team
- ✓ Inform faculty and staff
- ✓ Identify at-risk students and staff
- ✓ Be aware that persons may still be traumatized months after the event. Refresh staff on prevention protocols and be responsive to signs of risk

Risk Identification Strategies:

- **IDENTIFY** students/staff that may have witnessed the suicide or it's aftermath, have had a personal connection/relationship with the deceased, who have previously demonstrated suicidal behavior, have a mental illness, have a history of familial suicide, or who have experienced a recent loss.
- **MONITOR** student absentees in the days following a student suicide, those who have a history of being bullied, who are LGBTQ, who are participants in fringe groups, and those who have weak levels of social/familial support
- **NOTIFY** parents of highly affected students, provide recommendations for community-based mental health services, hold evening meetings for parents, provide information on community based funeral services/memorials, and collaborate with media, law enforcement and community agencies.

Key Points to emphasize to students, parents, media:

- ◆ Prevention (warning signs, risk factors)
- ◆ Survivors are not responsible for the death
- ◆ Mental illness etiology
- ◆ Normalize anger
- ◆ Stress alternatives
- ◆ Help is available

CAUTIONS:

- ◆ **Avoid romanticizing or glorifying event or vilifying victim**
- ◆ **Do not provide excessive details, describe the event as courageous or rational**
- ◆ **Do not eulogize victim or conduct school-based memorial services**
- ◆ **Address loss but avoid school disruption as best as possible**

(School Postvention – www.sprc.org)

Recommended Resources:

- After A Suicide: A Toolkit for Schools
www.afsp.org
- Suicide Prevention Resource Center
www.sprc.org
- American Foundation for Suicide Prevention
www.afsp.org

To speak with a counselor or schedule an appointment:

Marion Co Youth & Family Crisis Svs (503) 576-4673
Polk County Mental Health (503) 623-9289
Yamhill Mental Health and Human Svs (503) 434-7462

For Emergencies: 911, local emergency room

Confidentiality

HIPAA and FERPA

School employees, with the exception of nurses and psychologist who are bound by HIPAA, are bound by laws of The Family Education Rights and Privacy Act of 1974; commonly known as FERPA.

There are situations when confidentiality must NOT BE MAINTAINED; if at any time, a student has shared information that indicates the student is in imminent risk of harm/danger to self or others, that information MUST BE shared. The details regarding the student can be discussed with those who need to intervene to keep the student safe. This is in compliance with the spirit of FERPA and HIPAA known as “minimum necessary disclosure”.

Request from student to withhold from parents

The school suicide prevention contact person can say “I know that this is scary to you, and I care, but this is too big for me to handle alone.” If the student still doesn’t want to tell his/her parents, the staff suicide contact can address the fear by asking, “What is your biggest fear?” This helps reduce anxiety and the student gains confidence to tell parents. It also increases the likelihood that the student will come to that school staff again if he/she needs additional help.

EXCEPTIONS for parental notification: Abuse or Neglect

Parents need to know about a student’s suicidal ideation unless a result of parental abuse or neglect is possible. The counselor or staff suicide contact person is in the best position to make the determination. The school staff will need to let the student know that other people would need to get involved on a need to know basis.

If a student makes a statement such as “My dad/mom would kill me” as a reason to refuse, the school staff can ask questions to determine if parental abuse or neglect is involved. If there is no indication that abuse or neglect is involved, compassionately disclose that the parent needs to be involved.

Acknowledgments

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Research Sources

Information for this guide was derived from the following sources:

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6. www.surgeongeneral.gov
7. www.sprc.org