

Fossil School District



Suicide Prevention, Intervention and Postvention Plan

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 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. The QPR Suicide Prevention model provides training on best practices.

- **RECOMMENDATION:** All staff to receive QPR training once a year. Annual review of prevention, intervention, and postvention protocols.
- Schools wishing to use a module from PublicSchoolWorks.com may want to consider: The M-004 M-506 Suicide Prevention Module 2: Suicide Warning Signs and Response.

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

- **RECOMMENDATION:** School Counselors and one other staff member should be ASIST trained and be the “go-to” people within each school. All staff should know who the “go-to” people are within the school and be familiar with the intervention protocol. *ASIST Training should include two 1-hour “refreshers” each year and a full course every 3 years

Students: Students should receive developmentally-appropriate, student-centered education 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. Fossil School District is currently looking into Sources of Strength as a best practices curriculum.

- **RECOMMENDATIONS:** (1) Use curriculum in line with Oregon State Standards for health such as RESPONSE. Students should be made aware each year of the staff who have received specialized training to help students at risk for suicide. (2) Consider engaging students to help increase awareness of resources (<https://sourcesofstrength.org/peer-leaders/mission/>). (3) Consider providing supplemental small group suicide prevention for at risk students. (4) Develop a safe messaging plan, including distribution of print materials, social media/text messaging, crisis information (<https://oregonyouthline.org/step-by-step/>) (oregonyouthline.org/materials)

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. (2) Partner with community agencies to offer parent information nights using research based programs

such as QPR. (3) 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 may 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:

- ✓ Staff will take all suicidal behavior and comments seriously every time
- ✓ Call 911 if there is immediate danger
- ✓ It is critical that any school employee, who has knowledge of someone with suicidal thoughts or behaviors, communicate this information immediately and directly to a school based mental health person (school counselor), administrator, or an ASIST trained “gatekeeper”
- ✓ Staff will stay with the student until relieved by a school counselor, administrator or designated ASIST trained “gatekeeper”

✓ A Suicide Risk Assessment: Level 1 will be 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 Crisis Response 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

School Suicide Assessment and Intervention

Screener notifies admin of results immediately

Screener consults with another trained screener or assessor prior to making a decision to not proceed to level 2

Suicidal attempt, gesture, ideation is recognized

LEVEL 1 SUICIDE RISK SCREENER

Persons that can do Level 1 screening at your school:
1) Alisha Reed- 541.763.4146
Screener used: C-SSRS
Screener tasks:

SUICIDE RISK ASSESSMENT LEVEL 2: By mental health professional or 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.

Consult with your district policy

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-

A safe transition back to school after hospitalization may include:

- Obtain Release of Information from parent/guardia

ASSESS FOR RISK

Staff will utilize practices from QPR to assess for risk and

Mental health professional or staff trained in ASIST to assess if there is imminent danger

unsupervised during assessment process

Call 911 if there is imminent danger

STUDENT SAFETY PLAN

Collaboration with student, parent, counselor, administration

Refer to your school safety

Local Mental Health Resources and Crisis Support:

Call for Level 2 Assessment

Suicide Risk Assessment – Level 1

1. IDENTIFYING INFORMATION

Name: _____ School: _____ DOB: _____ Age: _____
IEP/504? _____ Address: _____
Parent/Guardian #1 name/phone # (s): _____
Parent/Guardian #2 name/phone # (s): _____
Screener's Name: _____ Position: _____
Contact Info: Screener consulted with: _____

2. REFERRAL INFORMATION

Who reported concern: Self Peer Staff Parent/Guardian Other

Contact Information: _____

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

3. PARENT/GUARDIAN CONTACT

1. Name of the parent/guardian contacted: _____ Date Contacted: _____
2. Was the parent/guardian aware of the student's suicidal thoughts/plans? Yes No
3. Parent/guardian's perception of threat? _____

4. INTERVIEW WITH THE STUDENT

a. Does the student exhibit any of the following warning signs?

- Withdrawal from others
- Written statements, poetry, stories, electronic media about suicide
- Preoccupation with death
- Feelings of hopelessness
- Substance Abuse/Mental Health Issue
- Current psychological/emotional pain
- Discipline issues Conflict with others (friends/family)
- Experiencing bullying or being a bully
- Recent personal or family loss or change (i.e., death, divorce)
- Recent changes in appetite
- Family problems
- Giving away possessions
- Current trauma (domestic/relational/sexual abuse)
- Crisis within the last 2 weeks
- Stresses from: gender ID, sexual orientation, ethnicity
- See Risk Factors Page for additional 8 signs: _____

Does the student admit to thinking about suicide? Yes No
Does the student admit to thinking about harming others? Yes No
Does the student admit to having a plan? Yes No
If so, what is the plan (how, when, where)? _____

Is the method to carry out the plan available? Yes No
Explain: _____
—

Is there a history of previous gesture(s) or attempts? Yes No If yes, describe:

Is there a family history of suicide? Yes No
Explain: _____

Has the student been exposed to suicide by others? Yes No
Explain: _____

Has the student been recently discharged from psychiatric care? Yes No
Date/Explain: _____

Does the student have a support system? Yes No
List an adult the student can talk to **at home**: _____

List an adult the student can talk to **at school**: _____

Additional supports: _____

b. Protective Factors (see supplemental Risk & Protective Factor sheet and attach)

5. ACTIONS TAKEN

- Yes No Called 911 (contact date/time/name)
- Yes No Crisis Response Plan created with student CUM file
- Yes No Parent/guardian contacted
- Yes No Released back to class after parent (and/or agency) confirmed Crisis Response Plan And follow up plan established. Notes:
 - Yes No Called DHS
 - Yes No Released to parent/guardian
 - Yes No Parent/guardian took student to hospital
 - Yes No Parent/guardian scheduled mental health evaluation appointment Notes:
 - Yes No Provided student and family with resource materials and phone numbers
 - Yes No School Based Mental Health Provider follow up (date/time) scheduled:
 - Yes No School Administrator notified (date/time):
 - Limited or NO risk factors noted. NO FURTHER FOLLOW-UP NEEDED.
 - Several risk factors noted but no imminent danger. Completed Crisis Response Plan. Will follow up with student on Date/Time: _____
 - Several risk factors noted: referred for Level 2 Suicide Risk Assessment from County Mental Health or student's private counselor (contact date/time/name):
 - Consulted with and approved by: 1. _____ 2. _____

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen Version - Recent

	Past month	
Ask questions that are bolded and <u>underlined</u> .	Y E S	N O
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> <i>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."</i>		
4) <u>Have you had these thoughts and had some intention of acting on them?</u> <i>As opposed to "I have the thoughts but I definitely will not do anything about them."</i>		
5) <u>Have you started to work out or worked out the details of how to kill yourself? Did 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> Examples: Took pills, tried to shoot yourself, cut yourself, or hang yourself, 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, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc. If YES, ask: <u>Was this within the past three months?</u>	Y E S	N O

- Low Risk
- Moderate Risk
- High Risk

Suicide Behavior Risk and Protective Factors

RISK FACTORS (Mark all that apply)

- Current plan to kill self
- Current suicidal ideation
- Access to means to kill self
- Previous suicide attempts
- Family history of suicide Exposure to suicide by others
- Recent discharge from psychiatric hospitalization
- History of mental health issues (major depression, panic attacks, conduct problems) Current drug/alcohol use
- Sense of hopelessness
- Self-hate
- Current psychological/emotional pain
- Loss (relationship, work, financial)
- Discipline problems
- Conflict with others (friends/family)
- Current agitation Feeling isolated/alone
- Current/past trauma (sexual abuse, domestic violence)
- Bullying (as aggressor or as victim)
- Discrimination
- Severe illness/health problems
- Impulsive or aggressive behavior
- Unwilling to seek help
- LGBTQ+, Native-American, Alaskan Native, TAG, male

Protective Factors (mark all that apply)

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

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:

Identify reasons for living:

- 1.
- 2.
- 3.

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

- 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
- SAMHSA Suicide and Crisis Lifeways 988

My follow-up appointment is: _____ with _____

Copies, as agreed upon with student, will be sent to:

Suicide Postvention Protocol

Schools must be prepared to act and provide postvention support and activity in the event of a serious attempt or a suicide death. 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 (postvention) 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
- Reestablish 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. Do not “glorify” the death.
- ★ Mobilize the school’s Postvention Team and/or the North Central Flight Team (see resources)
- ★ Inform faculty and staff
- ★ Identify and refer 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 its 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 / help students identify and express emotions
- ❖ Stress alternatives and teach positive coping skills
- ❖ Help is available

CAUTIONS

- Avoid romanticizing or glorifying event or vilifying victim
- Do not provide excessive details or 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)

Confidentiality

HIPAA and FERPA

School employees, with the exception of nurses and psychologists 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.

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Resources:

Lines for Life: Preventing substance abuse and suicide; www.linesforlife.org

Sources of Strength: Best practice youth suicide prevention projects; <https://sourcesofstrength.org>

Character Strong: SEL curriculum; <https://characterstrong.com>

Community Counseling Solutions - 541-676-9161; Mon-Fri 8:00 a.m.- 5:00 p.m.; After hours 988

National 988 Suicide Prevention Hotline: 988 <https://988lifeline.org/>
1-800-273-TALK
1-800-273-8255

YouthLine: Nationwide teen to teen crisis support and help via phone, txt, chat and email daily from 4-10 pm PST.; Call - 877-968-8491; Text - teen2teen to 839863/ Chat - OregonYouthLine.org

North Central ESD Flight Team: Michelle Geer 541-980-9573

QPR - Suicide Prevention & Risk Reduction Training: <https://qprinstitute.com/organization-training>

ASIST Workshops - Statewide ASIST Coordinator: Tim Glascock, 503-399-7201;
tglascock@aocmhp.org; <https://www.livingworks.net/asist>

Youth Mental Health First Aid - www.mentalhealthfirstaid.org

Trauma Informed Care - www.traumainformedoregon.org