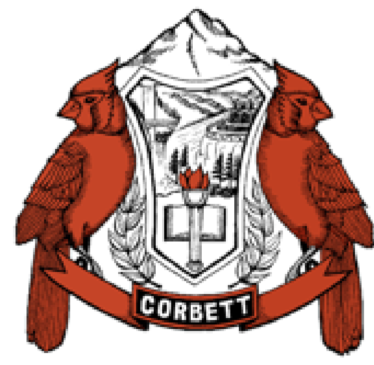

SEPTEMBER 2024

SUICIDE PREVENTION, INTERVENTION, & POSTVENTION

Corbett School District

*Adapted from Suicide Prevention: Step by Step created by Lines for Life and the 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 to everyone.**

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.

SUICIDE PREVENTION PROTOCOL

Senate Bill 52 requires each school district in the state of Oregon to adopt a comprehensive suicide prevention policy for grades K-1 2. 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 utilizing the QPR Suicide Prevention model.

RECOMMENDATION: All staff to receive QPR training. 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 RESPONSE. Students should be made aware each year of the staff that have received specialized training to help students at risk for suicide. (2) Consider engaging students to help increase awareness of resources (ie – handing out resources, advocating for mental health, being a leader).

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 others in their community that may be at risk for suicide.

RECOMMENDATIONS: (1) List resources in the school handbook or school website. (2) Partner with community agencies to offer parent information nights using research based programs such as QPR or Sources of Strength. (3) Ensure cross communication between community agencies and schools within bounds of confidentiality.

SUICIDE PREVENTION PROTOCOL

STAFF

All Corbett staff receive training (or refresher) once a year on the policies, procedures, and best practices for intervening with students and/or staff at risk for suicide. The Question, Persuade, and Refer (QPR). Suicide Prevention model has been the chosen training for staff members.

QPR Training Covers

- How to Question, Persuade, & Refer someone who may be suicidal
- How to get help for yourself or learn more about preventing suicide
- The common causes of suicidal behavior
- The warning signs of suicide
- How to get help for someone in crisis
- Level of appropriate response based on training and credentials

STUDENTS

Grade School, Middle School, and CAPS students receive weekly lessons through Wayfinder, which is a counseling curriculum that meets CASEL requirements.

The high school will utilize the Signs of Suicide (SOS) curriculum, a suicide prevention program that educates students about the relationship between suicide and depression. We encourage all students to seek help from trusted adults whether they have concerns about themselves or a friend using the ACT message.

PARENTS

The district provides information on community mental health supports and warning signs of suicide to parents via the school website and dedicated mental health website.

Suicidal Behavior Risk + Protective Factors

RISK FACTORS ARE PARTS OF SOMEONE'S LIFE STRESSORS OR THE OPPRESSION EXPERIENCED BY A PART OF THEIR IDENTITY THAT MIGHT INCREASE THEIR LIKELIHOOD OF THINKING ABOUT SUICIDE.

Older Youth:

- Family history for suicide
- History of maltreatment/abuse
- Previous attempt(s)
- Isolation
- Hopelessness
- History of substance abuse• History of mental health diagnoses
- Trauma
- Limited access to behavioral health care
- Chronic illness
- Loss
- Lack of social support
- Access to lethal means
- Perceived burdensomeness
- Mood disorders, Schizophrenia, SUDs, Eating Disorders, Borderline Personality Disorder
- **LGBTQ+, Native-American, Alaskan Native, Male**

Younger Youth (12 and younger):

- Multiple losses in the family
- Major disruptions in the family
- Suffered abuse/neglect
- Exposure to violence
- Witnessing/experiencing family abuse
- Learning difficulties
- Chronic medical illness

KEEP IN MIND: A person with an array of protective factors in place can still struggle with thoughts of suicide. It is important to consider this when conducting a risk assessment.

PROTECTIVE FACTORS ARE PARTS OF SOMEONE'S LIFE EXPERIENCE THAT MIGHT INCREASE THEIR ABILITY TO COPE WITH STRESSORS.

Older Youth:

- Effective clinical care for mental health diagnoses
- Social support
- Self esteem
- Sense of purpose
- Problem solving skills
- Healthy coping tools
- Cultural and religious beliefs
- Social competence
- Access of multiple intervention/support avenues for help
- Sense of purpose and future orientation
- Academic success

Younger Youth (12 and younger):

- School Climate
- Strong sense of self-worth or self-esteem
- Pets - responsibilities/duties to others
- Reasonably safe and stable environment
- Connectedness
  - Family
  - Peers
  - School
  - Trusted adults
  - Community

For more information about how traumatic experiences can impact your students, refer to the Adverse Childhood Experiences(ACEs) study via The Center for DiseaseControl and Prevention (CDC).www.cdc.gov/violenceprevention/childabuseandneglect/acestudy/index.html

SUICIDE INTERVENTION PROTOCOL

Warning Signs for Suicide

Many signs of suicide are similar to the signs of depression. However, keep in mind that depression is a risk factor for suicide, not a cause. Usually these signs last for a period of two weeks or longer, but many youth behave impulsively and may choose suicide as a solution to their problems quickly, especially if they have access to firearms or other lethal means.

Older Youth:

- Feeling like a burden
- Being isolated
- Increased anxiety
- Feeling trapped or in unbearable pain
- Increased substance use
- Looking for a way to access lethal means
- Increased anger or rage
- Extreme mood swings
- Expressing hopelessness
- Sleeping too little or too much
- Talking or posting about wanting to die
- Making plans for suicide

Younger Youth (12 and under):

- Excessive somatic complaints
- Anxiety/worry
- Sleep problems/nightmares
- Constant fidgeting/movement
- Expression in writing or art
- Withdrawal
- Crying spells
- Increased anger, frustration, temper tantrums
- Becoming less verbal
- Attempting self-harm
  - cutting skin
  - rubbing objects repeatedly to break skin
- Marked decline in school work
- Absenteeism
- Bullying/being bullied

Warning signs that indicate an immediate danger or threat:

- Someone who has already taken action to kill themselves
- Someone threatening to hurt or kill themselves
- Someone looking for ways to kill themselves – seeking access to pills, weapons, or other means
- Someone talking, joking, 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. If there is imminent danger, call 911. 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 (See Appendix).
- Complete a Student Support Plan, if needed (See Appendix).
- Contact parent/guardian to inform and obtain further information.
- Determine need for a Suicide Risk Assessment: Level 2 based on level of concern and noted risk factors.
- Consult with another trained screener prior to making a decision regarding a Level 2.
- Inform administrator of screening results.

*See following School Based Suicide Intervention Process flowchart for additional information.

SCHOOL-BASED SUICIDE INTERVENTION PROCESS

SUICIDAL ATTEMPT, GESTURES, OR IDEATION OCCURS & IS RECOGNIZED

EVENT IS REPORTED TO COUNSELOR OR SCHOOL ADMINISTRATOR

IF NO IMMINENT DANGER, PROCEED WITH SUICIDE RISK ASSESSMENT LEVEL 1

INITIATE PROTECTIVE RESPONSE IF IMMINENT DANGER EXISTS (911)

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

STUDENT SAFETY PLAN: (INITIATE A SUPPORT PLAN WHICH MAY INCLUDE):

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

- Screener interviews student using screening form
- Safety plan (See below chart)
- 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

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

- 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.

*See insurance information in the Appendix.

***Call the following to request a Level 2 Suicide Risk Assessment - Multnomah County Crisis Line - 503-232-1099**

SUICIDE POSTVENTION PROTOCOL

Schools must be prepared to act and provide postvention support and action in the event of a suicide attempt or 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). Postvention strategies after a suicide attempt or completion is very important. Schools should be aware that youth and others associated with the event are vulnerable to suicide contagion or, in other words, at increased risk for suicide. Families and communities can be especially sensitive after a suicide event.

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

POSTVENTION GOALS:

- Support the grieving process
- Prevent suicide contagion
- Reestablish healthy school climate
- Provide long-term surveillance
- Integrate and strengthen protective factors
  - (i.e., community, positive coping skills, resiliency, etc)

Resources

School-based: Counselor, School Psychologist, and Behavior Specialist
Community: YouthLine
County Supports: Multnomah County, Clackamas County, & Washington County Crisis Lines
Grief Support: The Dougy Center

HOW DO WE REACH THESE GOALS?

- Do not glorify or romanticize the suicide. Treat it sensitively when speaking about the event, particularly with the media.
- Address all deaths in a similar manner. For example, having one approach for a student who dies in a car accident and a different approach for a student who dies by suicide reinforces the stigma surrounding suicide.
- Research and identify the resources available in your community.

Suicide Postvention Protocol (continued)

Generally, postvention response includes, but is not limited to, the following actions:

- Verify the suicide attempt or completion
- 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 (see "risk identification strategies")
- Refresh faculty and staff on prevention protocols and be responsive to signs of risk. Be aware that persons may still be traumatized months after the event.

Key points to emphasize to students, parents, and media:

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

SAFE REPORTING

The way that media outlets, reporters, and others can safely share news that someone has died by suicide. Safe reporting can help reduce the risk of suicide contagion and/or cluster in a community. Examples of safe reporting practices include not sharing the means of death, avoiding sensationalizing the death, and including resources for community members to get help if needed.

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

Suicidal Postvention Protocol (continued)

RISK IDENTIFICATION STRATEGIES:

IDENTIFY students/staff that may have witnessed the suicide or its aftermath, have had a personal connection/relationship with the attempt survivor or 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 suicide attempt or completion. Groups that may be at higher risk include those who have a history of being bullied, who are LGBTQ+, who are isolated from the larger community, 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.

THEMES OF RESPONSIBLE POSTVENTION:

- **Grief is normal**
- **Help is available**
- **Youth and young adults are resilient**
- **Healthy coping skills can be learned**
- **Suicide loss survivors are not responsible for the death**
- **Suicide is preventable**

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

Suicide Rapid Response
SRR@linesforlife.org

SUICIDE RAPID RESPONSE PROGRAM

Program Summary

The Rapid Response Postvention Program is a collaborative effort between the Oregon Health Authority and Lines for Life. The program's purpose is to help communities heal after a loss to suicide and to limit further losses to suicide in the community. The Rapid Response program offers support and services to school-based communities that have been impacted by a loss to suicide of students age 10-24.

Reporting

Throughout the Rapid Response process, reporting is critical. Your local Community Mental Health Program (CMHP) holds the primary responsibility to report completed suicides to the Oregon Health Authority. Community-based surveys and evaluations take place after the Rapid Response has completed in order to strengthen our response. As awareness grows for the Rapid Response Program, this reporting process will become a standard procedure for local health authorities and systems.

CMHPs

The Rapid Response will involve coordination and collaboration with your local Community Mental Health Program (CMHP). They have a responsibility to report completed suicides to the Oregon Health Authority. The School Administrator or School Counselor should contact the Behavioral Health Prevention Coordinator with the Multnomah County Health Department.

Appendix

Suicide Screening Form A1

Salem Keizer Level 1 Student Interview........................A2

Corbett Student Support Plan A3

Student Resources...A4

Insurance Information and Resources A5