



# Comprehensive School Based Approach to Suicide

A Guide to Youth Suicide Prevention, Intervention  
and Postvention Procedures for School Districts in  
Deschutes County, Oregon

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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. The guidelines do not constitute legal advice, nor are they intended to do so.

## Quick Notes: What Schools Need To Know

- School staff are frequently considered the first line of contact in reaching suicidal students.
- While 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 if/when they raise concerns regarding suicidal behavior. Studies show that students often know, but do not tell adults, about suicidal peers because they do not know how they will respond or think they can’t help.
- Regardless of how comprehensive suicide prevention and intervention may be in a community, not all suicidal behavior can be prevented.
- 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 students and staff.

## STAFF

All staff receive training (or a refresher) once a year on the policies and procedures and best practices for intervening with students and/or staff at risk for suicide. The RESPONSE curriculum provides staff in-service training on best practices.

- **RECOMMENDATIONS:** Identify staff to deliver RESPONSE curriculum once a year. Review prevention and intervention protocols.

At least two staff per school 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 to be ASIST “go-to” people within the school. Ensure all staff know who the “go-to” people are within the school and are familiar with the intervention protocol.

## STUDENTS

Students receive information about suicide in health class. The purpose of this curriculum is to teach students how to access help at their schools 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.

## Parents/Community

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 newsletter. Partner with community agencies to offer parent information nights using research based programs such as QPR or RESPONSE. (2) Ensure cross communication between community agencies and schools within bounds of confidentiality.

## Recommended Resources

### For emergencies:

- 911
- Local emergency rooms
- Deschutes County Crisis Line (541) 322-7500

### To speak with a counselor or schedule an appointment:

- Deschutes County Behavioral Health (541) 322-7500
- St. Charles Behavioral Health Services (541) 706-2768

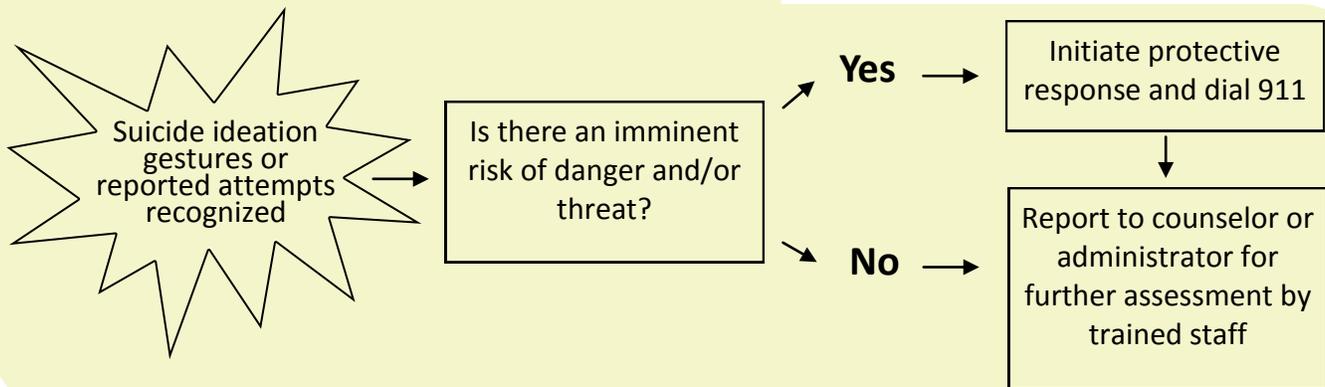
### Other resources:

- National Suicide Prevention Lifeline, 800-273-TALK, [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)
- [www.deschutes.org/suicideprevention](http://www.deschutes.org/suicideprevention)
- Youth focused - [www.reachout.com](http://www.reachout.com)
- Tri-County crisis response team (541) 325-9911

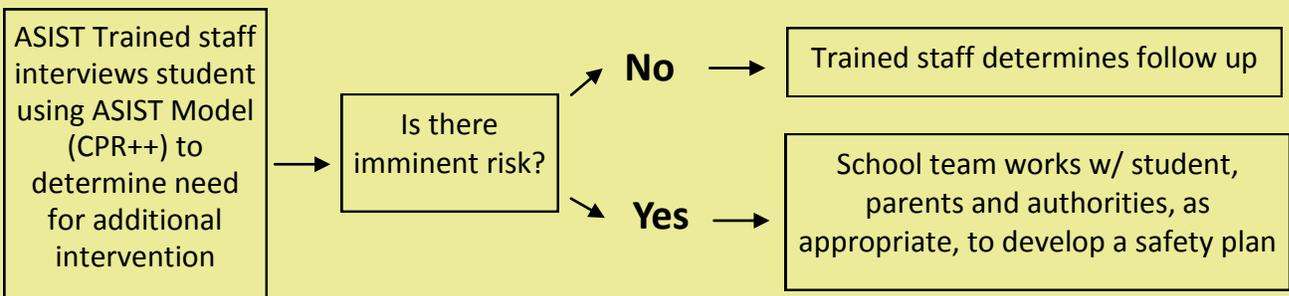
# Deschutes County Schools

## ADMIN Staff Suicide Intervention Protocol

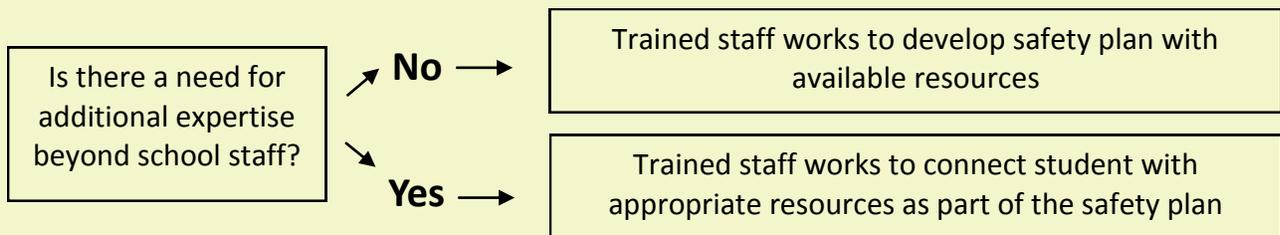
### Initial Identification of Risk (applies to all staff)



### Trained Staff Decides Level of Concern (applies to ASIST trained staff and school/community team as appropriate)



### Safety Plan Development (applies to ASIST trained staff and school/community team as appropriate)



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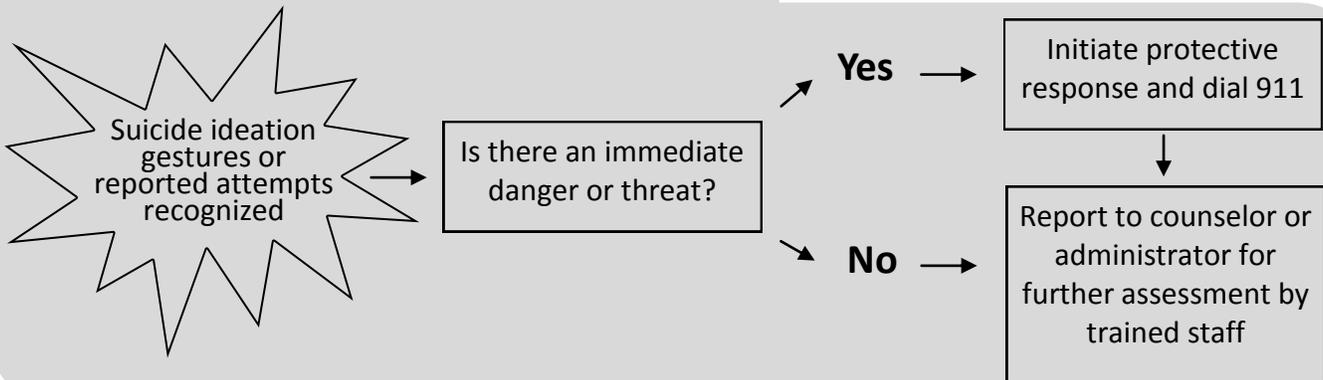
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- St. Charles Behavioral Health Services (541) 706-2768

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# All-Staff Suicide Intervention Protocol

## Initial Identification of Risk (applies to all staff)



## 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

### Warning signs that should be reported to a counselor or administrator for further assessment by a trained staff:

- ◆ Hopelessness
- ◆ Rage, anger, seeking revenge
- ◆ Acting reckless or engaging in risky activities, seemingly without thinking
- ◆ Feeling trapped—like there's no way out
- ◆ Increasing alcohol or drug use
- ◆ Withdrawing from friends, family, or society
- ◆ Anxiety, agitation, unable to sleep, or sleeping all the time
- ◆ Dramatic changes in mood
- ◆ No reason for living; no sense of purpose in life

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# Suicide POSTVENTION Protocol

Regardless of how comprehensive suicide prevention and intervention may be in a community, not all suicidal behavior can be prevented. It is as equally important to be prepared for prevention and intervention of suicide as it is to be prepared in the event of attempts or completed suicides.

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):

- ◆ 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.
- ◆ It is important to not "glorify" the suicide and to treat it sensitively when speaking about the event, particularly with the media.
- ◆ 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.
- ◆ Families and communities can be especially sensitive to the suicide event.
- ◆ Know your resources.

## What should a school do:

- ⇒ Identify staff who will take the lead in the event of a suicide attempt or completion.
- ⇒ Identified staff should review and discuss the resource, *After a Suicide: A Toolkit for Schools*, 2011. This resource is the latest comprehensive document dealing with this subject. It can be found at: [www.sprc.org](http://www.sprc.org) or [www.afsp.org](http://www.afsp.org).
- ⇒ Identified staff should meet once a year to establish roles and responsibilities in the event that there is an attempt or completion.
- ⇒ After an attempt or completion, consult the website resources referenced above. In addition, communicate with appropriate community partners for assistance and resources.
- ⇒ Work with community partners to address the immediate needs of students, staff and parents.
- ⇒ Be aware that persons may still be traumatized months after an event. Refresh staff on prevention protocols and be responsive to signs of risk.

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# 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 know as FERPA.

There are situations when confidentially must NOT BE MAINTAINED; if at any time, a student has shared information that indicates the student is an 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 s/he 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.

## PARENT INFORMATION (Option 1)

We are concerned about the safety and welfare of your child. We have been made aware that your child may be suicidal. All expressions of suicidal behavior are taken very seriously within our school district and we would like to support you and your student as much as possible during this crisis. To assure the safety of your child, we suggest the following:

- Your child needs to be supervised closely.
- Assure that your child does not have access to firearms or other lethal means, including medications and other weapons at your house or at the home of neighbors, friends, or other family members. The risk of suicide doubles if a firearm is in the house, even if the firearm is locked up. The local police department or your Student Resource Officer at your child's school can discuss with you different ways of removing, storing, or disposing of firearms.
- Seek professional help for your child. When a child is at risk for suicide it is extremely important they be seen by a qualified mental health professional for an assessment. Someone from your child's school can assist you in finding resources or you can contact your insurance company directly. Other options in Deschutes County are:
  - ◇ Deschutes County Behavioral Health (541) 322-7500
  - ◇ St. Charles Behavioral Health Services (541) 706-2768

Your child will need support during this crisis. Your child may need reassurance that you love them and will get them the care he/she needs. Experts recommend being sensitive to their needs by being patient and calm, conveying concern and showing love with no strings attached. Avoid teasing during this time. Take all threats and gestures seriously. Encourage open communication by being nonjudgmental and conveying empathy, warmth, and respect. Be careful not to display anger or resentment towards your child for bringing up this concern.

We may need to develop a re-entry plan with you before he/she can return to school. A representative from the school may contact you to schedule a meeting with you, your child, and school staff members. This is to ensure your child's safety while at school.

If you have an immediate concern for your child's safety, please call 911, go to the nearest hospital emergency room, or call the Deschutes County Crisis Line at 541-322-7500. Counselors are available 24 hours a day and can advise you on the most appropriate action to keep your child safe.

If you have questions or concerns or need further assistance from the school, please contact:

\_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Recommended Resources

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- Youth focused - [www.reachout.com](http://www.reachout.com)

PARENT LETTER (Option 2)

Dear:

We are concerned about the safety and welfare of your child \_\_\_\_\_. We have been made aware that your child may be suicidal. All expressions of suicidal behavior are taken very seriously within our school district and we would like to support you and your student as much as possible during this crisis. To assure the safety of your child, we suggest the following:

- Your child needs to be supervised closely.
- Assure that your child does not have access to firearms or other lethal means, including medications and other weapons at your house or at the home of neighbors, friends, or other family members. The risk of suicide doubles if a firearm is in the house, even if the firearm is locked up. The local police department or your Student Resource Officer at your child’s school can discuss with you different ways of removing, storing, or disposing of firearms.
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If you have questions or concerns or need further assistance from the school, please contact me at phone: \_\_\_\_\_ or e-mail: \_\_\_\_\_

Sincerely,

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## About this Guide

In 2009, Deschutes County received a Garrett Lee Smith Memorial Act Youth Suicide Prevention Grant award from the Oregon Health Authority. The funding required the Deschutes County Children & Families Commission and Health Services to work in partnership with the community and four high schools to implement a comprehensive approach to suicide prevention in schools and to bring awareness to the community. This guide is the result of that partnership and can be applied to any school district seeking to proactively address suicide. Information for this guide was derived from resources that uphold evidence based approaches. For more information please contact, the Deschutes County Prevention Coordinator at 541-330-4632.

## Acknowledgments

Several partners have made this guide possible. Considerable time was spent by staff from the following organizations. Their time, commitment, passion and administrative support are of honorable mention.

- ◆ Bend-La Pine School District
- ◆ Citizen Community Advisors
- ◆ Deschutes County Behavioral Health
- ◆ Deschutes County Children & Families Commission
- ◆ Oregon Public Health Division
- ◆ Redmond School District
- ◆ Sisters School District

## Research Sources

Information for this guide were derived from the following sources:

After A Suicide: A Toolkit for Schools. American Foundation for Suicide Prevention/Suicide Prevention Resource Center Workgroup, 2011.

King, Keith A., 15 "Prevalent Myths about Adolescent Suicide," Journal of School Health April 1999: Vol. 69, No. 4: 159.

Rudd, MD, Berman AL, Joiner, TE, Jr., Nock MK, Silverman, MM, Mandrusiak, M, et al. (2006). Warning signs for suicide: Theory, research, and clinical applications. *Suicide and Life-Threatening Behavior*, 36(3), 255-262.

Suicide Prevention, Intervention and Postvention Policies and Procedures. Developed by Washington County Suicide Prevention Effort, August 2010.

[www.oregon.gov/DHS/ph/ipe](http://www.oregon.gov/DHS/ph/ipe)

[www.surgeongeneral.gov](http://www.surgeongeneral.gov)