

# **Sherman County School**



## **Comprehensive Suicide Prevention Plan**

A Procedure Guide for Youth Suicide

**Prevention**

**Intervention**

**Postvention**

Provided by

Sherman County School District

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# Purpose

## Purpose of Protocols and Procedures

The purpose of this plan is to provide school personnel with a clear understanding of factors that effect the likelihood of a youth suicide, and to lay out a clear plan of action for preventing, intervening, or recovering from a death by suicide.

## What Schools Need to Know

- School staff are frequently the first line of contact with potentially suicidal students.
- **Research has shown that talking about suicide, or asking someone if they are thinking of killing themselves will not put the idea into their head or cause them to kill themselves.** It can be a relief to a student who has suicidal ideation to know that someone cares enough to ask them about it.
- Most school personnel are not trained or expected to provide in-depth assessment or counseling for a student at-risk for suicide.
- School staff are responsible for taking reasonable and timely actions to help students at-risk, which may include notifying parents/guardians, making appropriate referrals, and securing outside assistance when needed.

# Purpose

## What Schools Need to Know (cont.)

- All school personnel need to know that Sherman County School has protocols in place to refer at-risk students to trained professionals.
- It is important to take students seriously if they speak of suicide or killing themselves, even if it is presented as a joke.
- It is important that school personnel, parents/guardians, and students know they can rely on getting help when they raise a concern about suicidal ideation or behavior. This may help to reduce student reluctance to speak up when concerned about a peer.
- Advanced planning is critical to providing an effective crisis response.

# 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 Acts 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 informations 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.”

# Confidentiality

## **Request From Student To Withhold From Parents**

Imminent risk of harm or danger to self or others **MUST** result in contacting parents. The school prevention screener (school counselor) 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 does not want to tell their parents, the staff member can ask the student, "What is your biggest fear?" This helps reduce anxiety and the student gains confidence to tell parents.

## **Exceptions for Parental Notification: Abuse or Neglect**

Parents must be contacted about their child's suicidal ideation unless a result of parental abuse or neglect is possible. The counselor is in the best position to make the determination. However, they will need to let the student know that other people would need to get involved on a need to know basis, if parents are not contacted.

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

# Prevention

## Prevention Protocol

**Senate Bill 52** requires each school district in the state of Oregon to adopt a comprehensive Prevention policy for grades K-12. Suicide can be prevented. Following these steps will help ensure a comprehensive school based approach to Prevention for staff and students.

### **Students:**

Students in grades 7-12 will learn about suicide and suicide prevention in health class. The curriculum will provide age-appropriate education specific to suicide prevention and accessing help. This will look different for each grade level and may be incorporated into K-6 curriculum.

The current curriculums being used are Kelso's Choice in the K-6, and More than Sad (American Foundation for Suicide Prevention) and Teen Mental Health.org in 7-12 Health classes. Students are taught about resources including the Safe Oregon Tip line and the National Suicide Hotline .

Sources of Strength will be implemented in K-12 in 2023-2024.

### **Parents:**

Parents will be provided with information on identifying risk of suicide in children. Information will include accessing local resources for support and will be supplied via the school handbook.

# Prevention

## Staff:

At a minimum, ALL staff should be trained (or provided a refresher training) on prevention annually. This training should incorporate identifying risk of suicidal behavior as well as best practices for suicide intervention. District and Building policies regarding Prevention should also be included. Staff who are hired after the start of the school year will complete a training in suicide prevention in the first month of their hire. All staff will be provided with suicide prevention protocol at the beginning of the year, or at the time of their hire if later.

Staff with questions or concerns about the protocol, please contact Andrea Dorzab.

### *Suggested trainings for best practices:*

- Routine Mandatory Training at onset of school year through ESD
- QPR Gatekeeper or QPR Prevention (1-2 hours)
- Youth Mental Health First Aid (provided bi-annually)
- Designated staff will participate in the Sources of Strength training (Adult Advisors/ Coaching lessons) to support student implementation.

Specialized training should be offered to at least TWO staff members. This training should cover best practices for assessing, intervening, and referring students (or staff) who are at risk for suicide.

### *Recommended training:*

- ASIST: Applied Suicide Intervention Skills Training (16 hours in 2 days)
- PREPaRE: Prevent, Reaffirm, Evaluate, Provide and Respond and Examine

### Identified Staff with Training:

- Andrea Dorzab
- Sami Peterson



# Prevention

## Communicating the Prevention Plan

The Sherman County Suicide plan will be sent to each staff member via email at the beginning of each school year. Additionally, it will be posted to the Sherman County Website so that students, parents, and community members can access the information.

Information about how to contact the school counselor and how to access the school's mental health website will be posted around the school so students know who and how to reach out if they have concerns. Youthline posters will be posted as an additional resource.

**A review committee may meet annually to determine the effectiveness of the current suicide prevention plan, make any necessary changes, and ensure that all parts of the plan are being implemented. The review committee will be made up of designated staff members.**

# Suicidal Behavior Risk & Protective Factors

## Risk Factors

### Suicidal Ideation

- Current plan to kill self
- Thinking about suicide
- Talk of suicide, or frequent talk of death and dying
  - Preoccupied with death

### History with Suicide

- Previous suicide attempts
- Family history of suicide
- Exposure to suicide by others
- Recent discharge from psychiatric hospitalization

### Sudden Change of Habits

- Eating habits changing without intent or medical/health reason (not on a diet or going Gluten-free, etc.)
- Recent change in sleep habits, sleeping too little or too much
- Giving away possessions

### Identity

- LGBTQ+, Native American, Alaskan Native, male
- Discrimination

### Physical

- Chronic illness or health issues

### Emotional suffering

- History of mental health issues like major depression, panic attacks, conduct problems
- Current psychological/emotional pain
- Feeling isolated/alone
- Sense of hopelessness
- Self-hate
- Unwilling to see help

### Circumstances

- Access to means to kill self (weapon, pills, etc)
- Loss of a loved one, relationship, work, financial
- Current or past trauma (sexual abuse, domestic)

### Behaviors

- Current drug/alcohol use
- Current agitation
- Impulse or aggressive behaviors
- Discipline problems
- Conflict with others (friends/family)

### Bullying

- History of being bullied
- Being a bully
- Discrimination

**No single risk factor can predict or explain a suicide. Higher risk of suicide often (not always) involves the presence of *multiple* risk factors.**

# Prevention

## Protective Factors

- Engaged in effective health and/or mental health care
- Feel connected to others (family, friends, school, community, church, etc.)
- Basic needs are met: housing, food, health, clothing
- Positive problem solving skills
- Healthy coping skills
- Stable living environment
- Willing to access help and support
- Positive self-esteem
- Resilience
- High frustration tolerance
- Emotional regulation skills
- Cultural and/or religious belief that discourages suicide
- Has responsibility for others
- No means to commit the act (restricted access to guns, sharp objects, pills, etc.)
- Goal-oriented or future in mind

**INSIGHT:** A person can still struggle with suicidal thoughts and urges even with many Protective Factors in place. Please remember this while assessing risk.

# Prevention

## Warning Signs for Suicide

- Someone talking, joking, or writing about death, dying, or suicide
- Looking for a way to kill oneself (i.e. searching methods online, purchasing materials...)
- Talking about feeling hopeless or having no purpose
- Talking about feeling trapped or being in unbearable pain
- Talking about being a burden to others
- Acting anxious, agitated, or reckless – if out of character
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings
- Giving possessions away, especially those with sentimental value, commenting on not needing those items any longer

# Prevention

## Warning Signs that Indicate an Immediate Danger or Threat:

- Someone who has already taken action to kill themselves
- Someone threatening to kill themselves
- Someone looking for ways to kill themselves—seeking access to pills, weapons, or other means

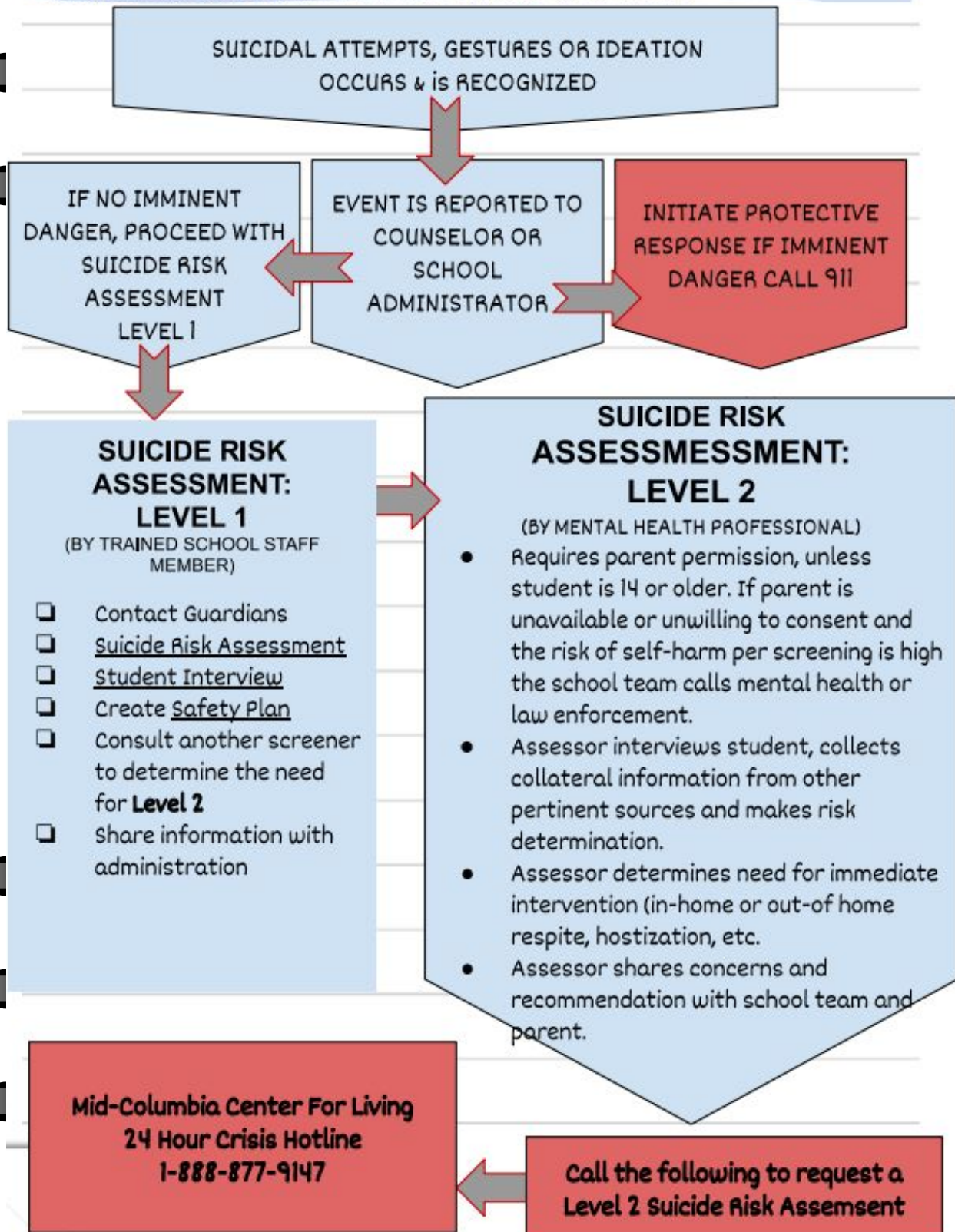
**ANY of these need to be addressed RIGHT AWAY! Do NOT leave the person alone. If able to do so safely, remove all objects which could be used as a weapon.**

**Follow the Suicide Intervention Flowchart on the next page.**



# Suicide Intervention

## School-Based Suicide Intervention FlowChart



Purpose

Confidentiality

Prevention

Intervention

Post-vention

Resources

# Suicide Intervention Protocol

## Suicide Risk Assessment & Safety Plan

**Level 1 Suicide Risk Assessment** is used by a trained school staff member. The screener will do the following:

- Interview student using Suicide Risk Screening Tool (see page 16).
- Complete a Suicide Safety Plan (see page 17)
- Contact parent/guardian to inform and obtain further information
- Determine need for a Level 2 Suicide Risk Assessment (contacting crisis services outside of school)
- Consult with administration or another trained screener before making a decision about a Level 2
- Inform administrator of screen results

### Student Safety Plan

In a student safety plan, the student identifies possible strengths and “tethers” to life, giving them insight and evidence against suicide. Student safety plan should be used following a level 1 Risk assessment.

## Suicide Risk SCREENING TOOL

### Ask the student:

1. In the past few weeks, have you wished you were dead?

☐ Yes ☐ No

2. In the past few weeks, have you felt that you or your family would be better off if you were dead?

☐ Yes ☐ No

3. In the past week, have you been having thoughts about killing yourself?

☐ Yes ☐ No

4. Have you ever tried to kill yourself?

☐ Yes ☐ No

If yes, how? \_\_\_\_\_

When? \_\_\_\_\_

*If the student answers "Yes" to any of the above, ask the following:*

5. Are you having thoughts of killing yourself right now?

☐ Yes ☐ No

If yes, do you have a plan? \_\_\_\_\_

### Next Steps:

- If student answers "No" to all questions 1 through 4, screening is complete. It is not necessary to ask question #5. No intervention is necessary. (\*Use your professional judgment!)
- If student answers "Yes" to ANY of the questions 1 through 4, or refuses to answer, (s)he is considered **AT-RISK**.

#### Ask question #5 to determine level of urgency:

- "No" to question #5 = *No immediate risk*. Potential risk is present.
  - **Make Referral** to local Mental Health professional for Risk/Safety Assessment.
  - Notify parent/guardian. Student cannot leave until assessment is complete.
  - Inform building Administrator as soon as possible.
- "Yes" to question #5 = **IMMEDIATE RISK IDENTIFIED!**
  - **Student requires immediate intervention!**
  - Student cannot be left alone for any amount of time. Keep student in sight!
  - Remove all dangerous objects from the room.
  - Call 911 or local emergency dispatch right away.
  - Notify Parent/Guardian immediately. Request that they come to the school.
  - Notify building Administrator as soon as possible.



# Student Safety Plan

Student Name: \_\_\_\_\_ Date: \_\_\_\_\_ Student Grade: \_\_\_\_\_

School: \_\_\_\_\_ Student's Phone Number: \_\_\_\_\_

Student's Current Location: \_\_\_\_\_

## Step 1: Warning Signs (thoughts, images, moods, situation, behavior) that a crisis may be developing:

How will I know when I'm feeling down?

## Step 2: "By Myself" Coping Tools

Things I can do to take my mind off my worries/problems without contacting another person (relaxation technique, physical activity):

## Step 3: People who care about me that I can ask for help:

Name	Relationship	Phone Number

## Step 4: Make the environment safe:

Remove or stay away from all self harm related instruments.

## Step 5: Positive thoughts

The one thing that is most important to me and worth living for is:

# Suicide Intervention Protocol

## Re-Entry Protocol

After high risk suicidal ideation or a suicide attempt, re-entry meetings will be held before the student returns to school to ensure a safety and support plan is in place.

Meetings scheduled in partnership with counselor/student support specialist, administrator, and family.

Family and school personnel who **MUST** participate include:

- Student
- Parent/guardian
- School Counselor
- Administrator

Optional attendees:

- Outside Therapist
- School Psychologist
- Family Advocate

# Suicide Intervention Protocol

## Purpose of Re-Entry Meeting

- Review steps taken by family and student to follow up on suicidal ideation or attempt
- Discuss resources in place or connect to additional resources
  - Family encouraged to bring Releases of Information
  - Family encouraged to bring assessment/appointment notes
- Share recommendations by student's medical practitioner and/or therapist
- Address questions/concerns about missed work, credits, absences, etc.
- Create or discuss Safety Plan
  - Lunch and passing periods
  - Access to bathrooms
  - Access to nurse
  - Notification of teachers/coaches/support staff/after-school activity supervisors
  - Supervision of after-school activities/sports
  - Duration of safety plan
- Next steps in case of continued safety concern
  - When a student is sent home and with whom

# Suicide Postvention

## Suicide Postvention Goals

Postvention is the support and assistance offered to those affected by a suicide attempt or suicide completion. The school's role in this is to respond quickly and appropriately by providing crisis intervention. Youth and other associated with the event are vulnerable to suicide contagion (increased risk for suicide).

### Crisis Team Responders

- Wes Owens
- Julia Fall
- Sami Peterson
- Andrea Dorzab
- Michelle Geer
- NCESD Regional Crisis Flight Team

### Goals of Crisis Team

- Support process of grieving
- Prevent suicide contagion
- Return school to a safe and healthy climate, return to baseline functioning
- Monitor climate of school and community
- Identify and incorporate protective factors

# Suicide Postvention Protocol

## Postvention Protocol

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

- Verify the suicide attempt or death by suicide and estimate the level of response resources needed
- Determine what and how information is to be shared (do NOT release information in a large assembly or over the intercom)
- Mobilize crisis response team
- Inform faculty and staff
- Identify at-risk students and staff
- 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.
- Create Safe Room for when students and staff return to campus

# Suicide Postvention

## Cautions and Safe Reporting

### CAUTIONS:

- Avoid romanticizing or glorifying event, or vilifying the 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.

### SAFE REPORTING:

There are safe and unsafe ways to share the news that someone has died by suicide. Safe reporting can help reduce the risk of suicide contagion.

- Do not share the means of death
- Avoid sensationalizing death
- Include resources for community members to get help if needed

# Suicide Postvention

## Risk Identification Strategies

- **IDENTIFY** students/staff who may have witnessed the suicide or its aftermath, have had personal connection/relationship with the survivor or 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 absences 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 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.

# Suicide Postvention

## Safe Room

A safe room is a place for students and/or staff to process a loss without disrupting normal academic routines in the building. This is a place for students to share stories and memories with one another, write letters or make cards for the family or the individual. The idea is to have somewhere private to cry, if needed, and work through pain.

A Safe Room should be set up after any student or staff member death; after any major crisis or loss of life, that has potential to affect the school family; Set it up as soon as possible, following an incident. Keep it open and available as long as needed.

### Who runs it?

The team should include counselors and other trained staff who are qualified to support the needs of both students and staff in a crisis.

Suggestions: School counselor and designated members of the crisis team. It is a good idea to include at least one local staff member who might be familiar with the students/staff impacted, such as an Instructional Assistant or Librarian. Remember, if the staff member is close to the incident and in need of support, they are NOT a good candidate to run or assist in the Safe Room. Ask if they are willing and in a good place, emotionally, before assigning staff.

Keep the room available for communication from those outside, (i.e. have a radio or cell phone handy). Designate a staff member as a “runner” to go gather more supplies when needed or make a food run.



# Suicide Postvention

## Safe Room Process

### 1. Identify/Announce location

Once the room(s) are ready, students/staff should be made aware. Try not to call it a "Safe Room" or "Counseling Room" or "Grief Room." Simply notify everyone that the room will not be open for regular use that day and that anyone who wishes to gather there may do so.

### 2. Sign in/out

Anyone entering the safe room, even staff should sign in and out. This creates a list of students/staff who may need a follow-up visit with school counselor or a parent contact to ensure safety and well-being.

### 3. Welcome each person who signs in

Point out the activities and resources available in the room. Offer to listen if they need to talk. Encourage them to ask if they need anything. This gives an opportunity to assess whether the student may need more support. Invite them to stay as long as they need.

### 4. Engage

Listen, validate, reflect. Do not guess how student/staff are feeling. Monitor room for rumor control and intended use. Provide facts without speculation. Ask students to avoid phone use or social media posting while they are in room.

### 5. Encourage

Help students prepare for what happens next. Ask them about their plans for self-care and their support at home. Make sure the students know they are welcome to come back after they leave, if needed. Encourage students to participate in recess or lunch with friends, if possible. This gives them a chance to burn some energy or take their mind off the pain for a while.

### 6. Debrief

Debrief twice: Before leaving for the day and the following business day. Meet with any staff member who participated in the Safe Room. Listen to any concerns, take names of students who need a follow-up check in or referral, and discuss what went well and what did not go so well. Hold a second meeting, the following business day, so staff can come with a list of any new thoughts, concerns, etc. It is also a good way to check back in and ensure all is well.

# Suicide Postvention

## Safe Room Location and Preparation

The safe room should be located in a place that allows for privacy and easy access. Do not choose a room that may have a strong association with the person deceased. The library program room and a designated classroom space in the high school wing are suggested spaces for a safe room. In many situations, there could be a need for two separate Safe Rooms: One for students and one for staff. DO NOT combine these into one Safe Room. Students need a safe place away from teachers. Teachers need a safe place to express their feelings without concern for upsetting students.

### Safe Room Preparation (suggested to have ready)

- List of local grief support resources and mental health providers
- Self-Care checklist
- Tips and Information on Processing Grief
- Coloring Sheets, crossword puzzles
- Signs to post in the hallway (i.e. "Gathering in Rm 10")
- Sign In/Out Sheets
- Pens/Pencils
- Name tags (optional)
- Boxes of Tissues
- Fidgets – stress balls, putty, Play-Doh
- Bottled Water, Juice
- Snacks – crackers, popcorn, granola bars (avoid foods high in sugar)
- Spill kits (paper towels, plastic bags, gloves)
- Art Supplies – cardstock, lined and blank paper, markers, stickers, poster board, etc.
- Age-Appropriate literature on topic of Grief (books, handouts)
- Soft blankets, pillows, stuffed animals
- Music!
- Large sticky-sheets for covering windows, if needed, for privacy

# Suicide Postvention

## Considerations after a Suicide

### Memorials

Memorials can contribute to suicide contagion, and shall therefore be discouraged on school campus, including

- Dedicated area to memorialize deceased
- Distribution of images or symbols of deceased on t-shirts, buttons, etc.
- Candle light services
- Flying flag at half-staff
- Student body assemblies for the purpose of suicide prevention, sudden death notification, or sudden death memorialization.
- Permanent Memorial on school grounds

### Safe Memorial Ideas

- Holding a day of community service or creating a school-based community service program in honor of the deceased.
- Putting together a team to participate in an awareness or fundraising event sponsored by one of the national mental health or suicide prevention organizations; i.e. Out of the Darkness walks, or holding a local fundraising event to support a local crisis hotline or other suicide prevention program.
- Purchasing books on mental health for the school or local library
- Gifting the family with memories - Students can write down memories of the deceased and turn it into the counseling office. Counseling office can review messages and determine how to share these memories with the family.

# Suicide Postvention

## Considerations after a Suicide

### Funerals and Memorial Services

Encourage services to occur at a location outside of the school if possible. Encourage services to occur at a time when parents/guardians can accompany youth. Do not close school for a memorial service and it is encouraged to have additional counselors or crisis team members attend if possible.

### School Newspapers and Yearbooks

The guiding principle is that all deaths should be treated the same way. So if there is a history of dedicating the yearbook (or a page of the yearbooks) to students who have died, that policy is equally applicable to a student who has died by suicide, provided that the final decisions are made by a school administrator.

Coverage of the student's death in a school newspaper may be seen as a kind of memorial; also articles can be used to educate students about suicide warnings signs and available resources. All articles should be reviewed by a school administrator with the considerations of safe messaging practices.

# Suicide Postvention

## Considerations after a Suicide

### Events

The student's family or classmates may wish to dedicate an event (such as a dance, performance, concert, or sporting event) to the deceased. The recommendation is that all deaths should be treated the same way. It is also highly recommended to not use the aftermath of a completed suicide as a time to promote suicide prevention. Having speakers present to students about suicide actually puts high-risk students at a higher risk of acting on their own suicidal thoughts.

### Graduation

Many times parents of deceased children would like an empty chair for their child placed amongst the graduation class, or a portrait placed, or a jersey, or some kind of tribute. The recommendation is to include the name of the deceased in the graduation program, along with the dates of his/her life. During the opening remarks by the administrator, a brief statement can be made acknowledging students who have died. Again, all deaths should be treated the same way. Empty chairs and portraits and tributes should not be part of the graduation ceremony. If it is customary to hang student collages during a celebratory event it is acceptable to have one of a deceased student as long as no reference to suicide or cause of death.

# Suicide Postvention

## Summary

- Grief is normal
- Help is available
- It is important to prepare before crisis occurs
- Healthy coping skills can be learned
- Suicide loss survivors are not responsible for the death
- Suicide is preventable

# Resources

## Suicide Rapid Response

- Call (503) 575-3758
- <https://www.linesforlife.org/srr/>

## Oregon Youth Line

- Call 877-968-8491
- Text teen2teen to 839863
- Chat, email & more at <https://oregonyouthline.org/>

## National Suicide Crisis Response

- 24/7 Crisis Line: Text HOME to 741741
- 24/7 Lifeline Chat: <https://suicidepreventionlifeline.org/chat/>
- 24/7 Phone Call: 1-800-273-8255
  - En Español: 1-888-628-9454
- <https://suicidepreventionlifeline.org/>

## The Trevor Project

- Supports LGBTQ+ students
- Call, text, chat information and more @ <https://www.thetrevorproject.org/get-help/>

