

Youth Suicide Prevention Training Module for Middle and High School Teachers

**Supplemental Activities and Resources from the
Substance Abuse and Mental Health Services
Administration (SAMHSA)**

**Training Modules and Curriculum Developed for the Louisiana
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Schools**

Activity 1: Assessing School Readiness

Suicide Prevention Activities	Yes	No	Not Sure	If no or not sure
Protocols for helping students at risk of suicide				
We have a written protocol for helping students who may be at risk of suicide.				
We have a written protocol for responding to students who attempt suicide at school.				
We have established agreements with outside providers to provide effective and timely mental health services to our students.				
Protocols for after a suicide				
We have a written protocol for responding to the suicide of a student or other member of the school community.				
Staff who will implement the suicide response protocol are familiar with this protocol and the tools that will help them fulfill their responsibilities.				
We have identified community partners to help us.				
Staff education and training				
All professional and support staff have received information about the importance of school-based suicide prevention efforts.				
All professional and support staff have been trained to recognize and respond appropriately to students who may be at risk of suicide.				
Our school has staff who have been trained to assess, refer, and follow up with students identified as at risk of suicide.				
Parent/guardian education and outreach				

We educate the parents of our students about suicide and related mental health issues.				
Suicide Prevention Activities	Yes	No	Not Sure	If no or not sure
We have a sufficient level of participation in our programs to educate parents about suicide.				
Student education				
We have implemented at least one type of program to engage students in suicide prevention.				
Suicide prevention is integrated into other student health/mental health courses and initiatives.				
Screening				
We have implemented a suicide screening program.				
We have the support of parents, school staff, and community mental health providers for our suicide screening program.				

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Activity 2: Assessing School Connectedness

How is school climate measured? What is the Comprehensive School Climate Inventory?

The Comprehensive School Climate Inventory (CSCI) is a research-based needs assessment that helps schools measure, evaluate and improve school climate. It is a springboard for whole school improvement and provides a detailed profile of strengths and potential areas of need. The CSCI has been administered to thousands of students, staff and parents nationwide. Each school community member - including students, parents and school personnel - responds to an easy-to-understand CSCI survey that can be completed within 20 minutes (online or with paper and pencil).

Other measures:

- **Louisiana Safe and Supportive Schools Initiative (Climate Survey developed by WestED)**
- **Caring Communities Youth Survey**
- **Tiered Fidelity Inventory**
- **Olweus Bullying Questionnaire**
- **www.qokickboardforschools.com**

Activity 3: Chart of School Responsibilities

STAFF	Getting Started	Protocols for Helping Students at Risk	Protocols for After a Suicide	Staff Education and Training	Parent Guardian Education and Outreach	Student Programs	Screenings

Activity 4: Chart of Community Partners

Community Partners	Getting Started	Protocols for Helping Students at Risk	Protocols for After a Suicide	Staff Education and Training	Parent Guardian Education and Outreach	Student Programs	Screenings
Culturally diverse leaders							
Mental health providers							
Substance abuse counselors							
Crisis center workers							
Healthcare providers							
Emergency responders							
Hospital staff							
Clergy							
Social Services							
Child Welfare							
Juvenile Justice							
Coroner							
Media							
LBGTQ Represent.							
Other Youth Organizations							

Activity 5: Questions for Mental Health Providers

Asking the following questions of a mental health provider can help determine if he or she can meet the needs of students at risk of suicide.

- Are you able to provide services to people of high school age?
- What types of services can you provide to high school students?
- What are your major clinical skills and interests? Do you have any expertise in assessing and treating young people who are at risk of suicide?
- What experience and capacity do you have for providing services to LGBT youth and to the specific ethnic groups that make up your school's student body?
- Where are you located?
- What process do you follow after being called with a referral?
- What process do you follow in the event of a suicide crisis?
- Would you be able to come to our school to see a student if necessary?
- How long might it take for you to see a student with urgent problems? With non-urgent problems?
- What kind of follow-up can you provide students and school staff?
- Do you offer support groups for students or parents?
- What insurance plans do you accept?
- Do you have a sliding fee scale for people who pay out-of-pocket? What is the range of the fee scale?
- What are your procedures for ensuring student confidentiality?

Activity 6: Protocols for Helping a Student At-Risk for a Suicide

Suicide Risk Response Coordinator: _____

Backup to Coordinator: _____

Actions	Contacts	Supporting materials
Conduct a suicide risk assessment.	Who conducts assessment:	Suicide Risk Assessment Resources Self-Injury and Suicide Risk Information
Notify parents/guardians	Who notifies parents/guardians:	Guidelines for Notifying Parents Parent Contact Acknowledgement Form
Refer for services if needed.	Community mental health services provider:	Guidelines for Student Referrals
Document the process	Who completes the documentation form:	Student Suicide Risk Documentation Form

Activity 7: Suicide Risk Assessment Resources

Advanced Training in Suicide Risk Assessment (Used in Conjunction with Activity 6)

There are a variety of advanced training programs that may be used to teach appropriate professionals to assess suicide risk. They include:

- Applied Suicide Intervention Skills Training (ASIST)
- Assessing and Managing Suicide Risk (AMSR)
- Recognizing and Responding to Suicide Risk (RRSR)
- QPRT Suicide Risk Assessment and Risk Management Training Program

Assessment Tools

There are a variety of assessment tools that qualified mental health professionals can use to assess student suicide risk. They include:

- Beck Scale for Suicide Ideation (Pearson, <http://www.pearsonassessments.com/HAIWEB/Cultures/en-us/Productdetail.htm?Pid=015-8018-443&Mode=summary>)
- Suicide Ideation Questionnaire (PAR, <http://www4.parinc.com/Products/Product.aspx?ProductID=SIQ>)
- Suicide Ideation Questionnaire—JR (SIQ—JR) (PAR, <http://www4.parinc.com/Products/Product.aspx?ProductID=SIQ>)
- Suicide Probability Scale (Western Psychological Services, http://portal.wpspublish.com/portal/page?_pageid=53,69317&_dad=portal&_schema=PORTAL)
- Inventory of Suicide Orientation—30 (Pearson, http://psychcorp.pearsonassessments.com/haiweb/cultures/en-us/productdetail.htm?pid=PAg126&Community=CA_Psych_AI_Behavior)

All of these tools are published, validated by research, have been used with adolescents, and take about 10 minutes to complete. The Beck Scale is also available in Spanish.

The Suicide Prevention Unit of the Los Angeles Unified School District uses a simpler assessment for students who may be at risk for suicide (http://notebook.lausd.net/pls/ptl/docs/PAGE/CA_LAUSD/FLDR_ORGANIZATIONS/STUDENT_HEALTH_HUMAN_SERVICES/SHHS/MENTAL/SMH_SUICIDE_PREVENTION/SMH_SUICIDE_PREVENTION_RESOURCE/INTERVENING%20WITH%20SUICIDAL%20YOUTH%202009.PDF).

Activity 8: Sample Suicide Risk Assessment

Informal Suicide Risk Screener - Child

Demographics

- Age → 7-11 12-14 15-19 20-24
 Sex/Gender → Male Female Transgender
 Race → White, N-H Hispanic Black N-A Other
 SES → Low Median High

School History

- Bullying → victim perpetrator both
 Bullying → physical verbal both
 Grade retention
 Academic failure
 Drop out
 Disciplinary problems → suspensions expulsions
 numerous ODRs ISS
 Nonengagement (incomplete class-/homework)

Suicidal Behavior History

- Suicidal Ideation → wk mo 6 mos yr earlier
 Suicide gestures → wk mo 6 mos yr earlier
 Suicide attempt → wk mo 6 mos yr earlier

Peer Relationship History

- Long term → no friends; few friends many friends
 best friend
 Recent Peer Relations → poor worse better good
 Suicidal friends →

Suicidal Plan History

- Current → self-report other-report while hospitalized
 Prior → self-report other-report while hospitalized
 Immediacy of Plan → distant not sure when imminent
 Means → gun meds hanging cutting car wreck
 jumping
 Means accessibility → low moderate high

Social Support History

- Family Support Loss →
 Peer Support Loss →

Loss History

- Significant relationship →
 Employment status →
 Career goal status →
 Physical health →
 Loss anniversary →
 Homelessness →
 Peer/relative by suicide →

Clinical Disorder History

- Depressive DO Dx
 Bipolar DO Dx
 Borderline Personality DO Dx
 Any Cluster B or C Personality DO Dx →
 Anxiety DO Dx →
 Substance Use DO Dx →
 Schizophrenia DO Dx
 Conduct/Disruptive behavior DO Dx →
 Chronic Pain →
 Multiple psychiatric Dx →

Family History

- Parental Loss →
- Family history of suicide →
- Family of origin violence →
- Physical/sexual abuse →
- Negligent, overprotective, or ineffective parenting →
- Family history of substance abuse →
- Family dissolution
- Family turbulence

Cognitive History

- Cognitive constriction (tunnel vision)
- Loss of executive function
- Loss of previous level of rational thought processes
- Dichotomous thought
- Command hallucinations
- Internalized homophobia
- Closeted homosexuality

Affective History

- Impulsivity
- Frequent severely depressed mood
- Anhedonia
- Anger
- Irritability
- Emotional numbing
- Intense distress and/or despair
- Hopelessness/Helplessness →

Other Risk Factor History

- Pregnancy
- Lack of spirituality
- Living alone
- Absence of future plans
- Current/recent legal challenges →
- Low stress tolerance
- Low self-esteem (poor body image, self as burden, poor friend, family member, student, etc.)
- Trauma →

Behavioral History

- Giving away possessions
- Isolation from support system
- Sudden drop in grades
- Purchase of suicidal implements
- Changes in eating/sleeping habits
- Deterioration in personal hygiene
- Expressions of low self-worth
- Feelings of guilt/shame/failure
- Sudden mood change (up or down)
- Lack of expression of bereavement after loss
- High risk behaviors/recklessness
- Substance Use →
- Intentional self-injury (cutting, burning, etc.)
- Homicidal ideation →
- Aggressiveness

Protective Factor History

- Sense of responsibility to family
- Employed/in school
- Religious engagement (esp. Catholicism/Judiasm)
- Social support → Family Peers Church Other
- Parental pro-social norms
- Living with others
- Reasons to live →
- Future plans →
- Strong individual coping & problem-solving skills
- Interpersonal competence
- Academic success
- Strong sense of belonging & connection
- Strong cultural identity
- High emotional intelligence
- Adaptability
- Internal locus of control
- Participation in spots
- Resilience
- Strong frustration tolerance
- Well-developed emotional regulation

Comments:**Recommendations for full assessment:**

Use of standardized self-report assessment measures to follow elevated suicide risk screen

Use of collateral data sources → records; interviews; standardized measures of suicide probability

Estimate: Minimal Mild Moderate Severe Imminent

Activity 9: Guidelines for Notifying Parents

Notifying Parents and Guardians (To be used with Activity 6)

Parents or guardians should be contacted as soon as possible after a student has been identified as being at risk for suicide. The person who contacts the family is typically the principal, school psychologist, or a staff member with a special relationship with the student or family. Staff need to be sensitive toward the family's culture, including attitudes towards suicide, mental health, privacy, and help-seeking.

1. Notify the parents about the situation and ask that they come to the school immediately.
2. When the parents arrive at the school, explain why you think their child is at risk for suicide.
3. Explain the importance of removing from the home (or locking up) firearms and other dangerous items, including over-the-counter and prescription medications and alcohol.
4. If the student is at a low or moderate suicide risk and does not need to be hospitalized, discuss available options for individual and/or family therapy. Provide the parents with the contact information of mental health service providers in the community. If possible, call and make an appointment while the parents are with you.
5. Ask the parents to sign the Parent Contact Acknowledgement Form confirming that they were notified of their child's risk and received referrals to treatment.
6. Tell the parents that you will follow up with them in a few days. If this follow-up conversation reveals that the parent has not contacted a mental health provider:
 - Stress the importance of getting the child help
 - Discuss why they have not contacted a provider and offer to assist with the process
7. If the student does not need to be hospitalized, release the student to the parents.
8. If the parents refuse to seek services for a child under the age of 18 who you believe is in danger of self-harm, you may need to notify child protective services that the child is being neglected.
9. Document **all** contacts with the parents.

Supporting Parents through Their Child's Suicidal Crisis

Family Support is Critical. When an adolescent experiences a suicidal crisis, the whole family is in crisis. If at all possible, it is important to reach out to the family for two very important reasons:

First, the family may very well be left without professional support or guidance in what is often a state of acute personal shock or distress. Many people do not seek help—they don't know where to turn.

Second, informed parents are probably the most valuable prevention resource available to the suicidal adolescent.

Remember, a prior attempt is the strongest predictor of suicide. The goal of extending support to the parents is to help them to a place where they can intervene appropriately to prevent this young person from attempting suicide again. Education and information are vitally important to family members and close friends who find themselves in a position to observe the at-risk individual.

The following steps can help support and engage parents:

1. Invite the parents' perspective. State what you have noticed in their child's behavior (rather than the results of your assessment) and ask how that fits with what they have observed.
2. Advise parents to remove lethal means from the home while the child is possibly suicidal, just as you would advise taking car keys from a youth who had been drinking.
3. Comment on how scary this behavior is and how it complicates the life of everyone who cares about this young person.
4. Acknowledge the parents' emotional state, including anger, if present.
5. Acknowledge that no one can do this alone—appreciate their presence.
6. Listen for myths of suicide that may be blocking the parent from taking action.
7. Explore reluctance to accept a mental health referral, address those issues, explain what to expect.
8. Align yourself with the parent if possible...explore how and where youth get this idea...without in any way minimizing the behavior.

[Adapted from DiCara, C., O'Halloran, S., Williams, L., & Canty-Brooks, C. (2009). Youth suicide prevention, intervention & postvention guidelines. Augusta, ME: Maine Youth Suicide Prevention Program. Retrieved from <http://www.maine.gov/suicide/docs/Guidelines%2010-2009--w%20discl.pdf>]

Activity 10: Parent Contact Acknowledgement Form

This form is an example that can be used to verify that the parents have been advised of a student's suicide risk (To be used with Activity 6).

Parent Contact Acknowledgement Form

School _____

This is to verify that I have spoken with school staff member _____
on _____ (date), concerning my child's suicidal risk. I have been advised to
seek the services of a mental health agency or therapist immediately.

I understand that _____ (name of staff) will follow up with me, my
child, and the agency to whom my child has been referred for services within two weeks.

Parent Signature: _____ Date: _____

Faculty Member Signature: _____ Date: _____

[From DiCara, C., O'Halloran, S., Williams, L., & Canty-Brooks, C. (2009). Youth suicide prevention, intervention & postvention guidelines (p. 45). Augusta, ME: Maine Youth Suicide Prevention Program. Retrieved from <http://www.maine.gov/suicide/docs/Guidelines%2010-2009--w%20discl.pdf>]

Activity 11: Guides for Student Referrals

Use with Activity 6.

Schools should be prepared to give the following information to providers. *Note: Parents' permission may be required to share this information.*

1. Basic student information (age, grade, race/ethnicity, and parents' or guardians' names, addresses, and phone numbers).
2. How did the school first become aware of the student's potential risk for suicide?
3. Why is the school making the referral?
4. What is the student's current mental status?
5. Are the student and parents/guardians willing or reluctant to meet with a mental health service provider?
6. What other agencies are involved (names and information)?
7. Who pays for the referral and possible treatment?
8. Where is the best place to meet with the student (e.g., school, student's home, therapist's office, emergency room)?

*Be sure that parental consent meets the requirements of FERPA as follows:

1. Specify the records that may be disclosed.
2. State the purpose of the disclosure.
3. Identify the party or class of parties to whom the disclosure may be made.

Activity 12: Student Suicide Risk Documentation Form

This form is an example that can be used to document the school's response to a student who has been identified at risk for suicide. It includes the results of a suicide risk assessment and the actions taken on the student's behalf.

Put this form on your school's letterhead. Consider adapting it for your school's policies, procedures, and student population.

Student information

Date student was identified as possibly at risk:

Name of student:

If Native American, tribal status:

Name of school:

Birth date:

Gender:

Grade:

Name of Parent/Guardian:

Parent/Guardian's telephone number(s): (1) (2)

Directions to residence:

IDENTIFICATION OF RISK

Who identified student as being at risk:

- Self
- Parent
- Teacher
- Other staff:
- Student/friend
- Other:
- Reason for Concern:

ASSESSMENT

Action taken to assess for suicide risk:

- School staff [name] conducted assessment
- Outside provider [name] conducted assessment
- Other:

Date of assessment:

Type of assessment conducted:

Results of assessment:

NOTIFICATION OF PARENT/GUARDIAN

Staff who notified parent/guardian/Tribal Court appointed guardian:

Date notified:

Parent acknowledgement form signed: Yes No (Reason)

REFERRAL

Type of referral

- School personnel:
- Outsider provider:
- Hospital:
- Other:

Date of referral:

Follow-up scheduled:

Activity 13: Protocols for Responding to a Student Suicide Attempt

Steps to Take in Immediate Aftermath	Staff Responsible	External Contacts (Phone Numbers)	Tools
Notify key individuals			
1. Verify death	Lead: Backup:	Police: Medical examiner:	
2. Ensure that staff know how to respond to inquiries and manage the campus for safety	Lead: Backup:		Sample Script for Office Staff
3. Notify superintendent's office	Lead: Backup:	Superintendent : Backup/weekends:	
4. Notify district crisis team*	Lead: Backup:	District crisis team: Weekend/vacation/late night contacts:	
5. Notify schools attended by family members of the deceased	Lead: Backup:	Other schools in district:	
6. Contact and coordinate with external mental health professionals	Lead: Backup:	Community mental health providers: External crisis response professionals:	Sources of Postvention Consultation
7. Reach out to and work with the family of the deceased	Lead: Backup:		Guidelines for Working with the Family
Steps to Take in Immediate Aftermath	Staff Responsible	External Contacts (Phone Numbers)	Tools

Notify school community			
8. Notify all faculty and staff	Lead: Backup:		Guidelines for Notifying Staff
9. Coordinate notifying students about the deaths	Lead: Backup:		Sample Announcements
10. Notify families of students about the death and the school's response	Lead: Backup:		Sample Letter to Families
Support students and staff			
11. Provide staff with guidance in talking to students	Lead: Backup:		Talking Points for Students and Staff After a Suicide
12. Provide support to staff	Lead: Backup:	Community mental health professionals:	
13. Identify, monitor, and support students who may be at risk	Lead: Backup:		
14. Implement steps to help students with emotional regulation	Lead: Backup:		
15. Participate in and/or advise on appropriate memorialization in the immediate aftermath	Lead: Backup:		Guidelines for Memorialization
Minimize risk of contagion through the media			
16. Work with press/media	Lead: Backup:	Local media contact(s):	Guidelines for Working with the Media
17. Monitor social media	Lead: Backup:		

Activity 14: Guidelines for Facilitating Student's Return to School

These guidelines will help staff plan for a student's return to school after a suicide attempt or mental health crisis. In addition to meeting regularly with the student, the staff member facilitating the student's return should do the following:

1. Become familiar with the basic information about the case, including:
 - How the student's risk status was identified
 - What precipitated the student's high-risk status or suicide attempt
 - What medication(s) the student is taking
2. With the family's agreement, serve as the school's primary link to the parents and maintain regular contact with the family:
 - Call or meet frequently with the family.
 - Facilitate referral of the family for family counseling, if appropriate.
 - Meet with the student and his or her family and relevant school staff (e.g., the school psychologist or social worker) about what services the student will need upon returning to school.
3. Serve as liaison to other teachers and staff members, with permission of the family, regarding the student, which could involve the following:
 - Ask the student about his or her academic concerns and discuss potential options.
 - Educate teachers and other relevant staff members about warning signs of another suicide crisis.
 - Meet with appropriate staff to create an individualized reentry plan prior to the student's return and discuss possible arrangements for services the student needs.
 - Modify the student's schedule and course load to relieve stress, if necessary.
 - Arrange tutoring from peers or teachers, if necessary.
 - Work with teachers to allow makeup work to be extended without penalty.
 - Monitor the student's progress.
 - Inform teachers and other relevant staff members about the possible side effects of the medication(s) being taken by the student and the procedures for notifying the appropriate staff member (e.g., the school nurse, psychologist, or social worker) if these side effects are observed. When sharing information about medical treatment, you need to comply with FERPA (defined in the Introduction to this toolkit) and HIPAA (which protects release of an individual's health information).

4. Follow up behavioral and/or attendance problems of the student by:
 - Meet with teachers to help them understand appropriate limits and consequences of behavior
 - Discuss concerns and options with the student
 - Consult with the school's discipline administrator
 - Consult with the student's mental health service provider to understand whether, for example, these behaviors could be associated with medication being taken by the student
 - Monitor daily attendance by placing the student on a sign-in/sign-out attendance sheet to be signed by the classroom teachers and returned to the attendance office at the end of the school day
 - Make home visits or have regularly scheduled parent conferences to review attendance and discipline record
 - Facilitate counseling for the student specific to these problems at school
5. If the student is hospitalized, obtain the family's agreement to consult with the hospital staff regarding issues such as:
 - Deliver classwork assignments to be completed in the hospital or at home, as appropriate
 - Allow a representative from school to visit the student in the hospital or at home with the permission of the parents
 - Attend treatment planning meetings and the hospital discharge conference with the permission of the parents
6. Establish a plan for periodic contact with the student while he or she is away from school.
7. If the student is unable to attend school for an extended period of time, determine how to help him or her complete course requirements.

[Compiled with information from DiCara, C., O'Halloran, S., Williams, L., & Canty-Brooks, C. (2009). Youth suicide prevention, intervention & postvention guidelines. Augusta, ME: Maine Youth Suicide Prevention Program. Retrieved from <http://www.maine.gov/suicide/docs/Guidelines%2010-2009--w%20discl.pdf>]

Activity 15: Sample Script for Office Staff

This script can help receptionists or other people who answer the telephone to respond appropriately to telephone calls received in the early stages of the crisis.

Hello, _____ School. May I help you?

Take messages on non-crisis-related calls.

For crisis-related calls, use the following general schema:

- **Police or other security professionals**—Immediate transfer to principal.
- **Family members of deceased**—Immediate transfer to principal or anyone else they want to reach at the school. If principal is not available immediately, ask if they would like to speak to a school psychologist or social worker.
- **Other school administrators**—Give out basic information on death and crisis response and offer to transfer call to principal or others.
- **Parents regarding their child's immediate safety**—Reassure parents if you know their child was not involved and outline how children are being served and supported. If child may have been involved, transfer to a crisis team member who may have more information.
- **Persons who call with information about others at risk**—Take down information and get it to a crisis team member. Take a phone number where the person can be called back by a crisis team member.
- **Media**—Take messages and refer to principal.
- **Parents generally wanting to know how to respond**—Explain that children and staff are being supported. Take messages to give to Student Services staff from parents needing more detailed information.
- **Where to send parents who arrive unannounced on the scene**—Set aside a space for parents to wait and get information. Any person removing a student from school must be on the annual registration form as the parent or guardian. Records must be kept of who removed the child and when.

[From Madison Metropolitan School District. (Revised 2005). Sudden death-suicide-critical incident: Crisis response procedures for principals and student services staff. Retrieved from http://www.mhawisconsin.org/Data/Sites/1/media/gls/gls_madisoncrisisplan.pdf]

Activity 16: Source of Postvention Consultation

There are local resources that can provide consultation on postvention in the event of a school suicide. Since the availability of these resources varies depending on a school's location, you should investigate the resources in your area as part of your planning.

Some valuable sources of such consultation are organizations and agencies that receive Garrett Lee Smith Memorial Grant funding. To identify Garrett Lee Smith grantees in your area, see the Suicide Prevention Resource Center Web site.

For State grantees: <http://www.sprc.org/states/all/contacts>

For tribal grantees: <http://www.sprc.org/grantees/listing>

The following are national organizations that provide consultation for developing a postvention response or that can put you in touch with other experts.

National Association of School Psychologists (NASP): NASP sponsors a National Emergency Assistance Team (NEAT) that provides consultation to schools and, in some cases, makes site visits. NEAT members are listed with their contact information at http://www.nasponline.org/resources/crisis_safety/neat.aspx. Schools may also contact NASP during business hours at 301-657-0270 and ask for the NASP Executive Director.

National Institute for Trauma and Loss: The National Institute for Trauma and Loss sponsors the TLC Referral Directory of Certified Trauma and Loss Specialists, School Specialists, Consultants, and Consultant Supervisors. The directory is accessible to TLC members only. Membership is automatic after completing requirements for Level-1 Certification as a Certified Trauma Specialist. Schools are encouraged to assign a representative to receive certification training as a School Specialist (Level-1) in order to access the directory or as a Consultant (Level-2) to acquire expertise as a local crisis consultant.

Level-1 Certification requires a 3-day TLC training and completion of online courses and an essay exam. Directory: <http://www.starrtraining.org/tlc>

Certification details: <http://www.starrtraining.org/certification>

To access listings outside of the United States and Canada, call 877-306-5256 or 586-263-4232.

Suicide Prevention Resource Center (SPRC) State pages: Consult the State pages on the Suicide Prevention Resource Center Web site for the contact and organizations working to prevent suicide in your State. They may be able to assist you in identifying expert consultants for postvention support.

SPRC State Pages: <http://www.sprc.org/states>

National Suicide Prevention Lifeline Crisis Center Locator: Through this locator, you can find your local crisis center, which may be able to provide postvention support for schools. See <http://www.suicidepreventionlifeline.org/CrisisCenters/Locator.aspx>

ADD NASP EXAMPLE HERE

Activity 17: Guidelines for Working with Families

It is important to work with the family of a student who died by suicide. They will often appreciate the support of the school community, and their cooperation can be valuable for effective postvention. The principal or a representative of the school should request to visit the family in their home. It may be useful for a pair of representatives to visit together so that they can support one another during the visit. It is important to respect the cultural and religious traditions of the family related to suicide, death, grieving, and funeral ceremonies.

The school representative(s) should:

- Offer the condolences of the school.
- Inquire about funeral arrangements. Ask if the funeral will be private or if the family will allow students to attend.
- Ask if the parents know of any of their child's friends who may be especially upset.
- Provide the parents with information about grief counseling.
- Ask the family if they would like their child's personal belongings returned. These could include belongings found in the student's locker and desk as well as papers and projects they may want to keep.
- Briefly explain to the parents what the school is doing to respond to the death.

Activity 18: Guidelines for Notifying Staff

These preparations should be made by the individual responsible for notifying faculty and staff about a suicide so that a system will be in place in the event of a death.

- Create two telephone trees:
 - (1) To notify the Suicide Response Team
 - (2) To notify all staff members of a suicide that occurs during non-school hours
- Hold a staff meeting before school opens to review the postvention process. Provide staff with any information they may need to address the situation when the students arrive.
- Identify which Suicide Response Team members will be responsible for notifying staff if news of a suicide arrives while school is in session. These people should be provided with completed copies of a suicide death announcement (samples of which can be found in Tool 3.A.5).
- Announcements should always be made in classrooms. They should never be made over the school's public address system or in assemblies. In classrooms, school staff familiar to the students can make the announcements and then assess students' reactions, respond to students' concerns, provide support, and identify those who may need additional help. This will help students cope with intense emotions they may experience. The toolkit *After a Suicide: A Toolkit for Schools*, developed by SPRC/AFSP, is available online at <http://www.sprc.org/sites/sprc.org/files/library/AfteraSuicideToolkitforSchools.pdf> and <http://www.afsp.org/files/Surviving/toolkit.pdf>

Activity 19: Sample Announcements

Sample Announcements for Use with Students after a (Possible) Suicide

1. After the school's Suicide Response Team has been mobilized, it is critical for administration and/or crisis team members to prepare a statement about the death for release to faculty and students. The announcement should include the facts as they have been officially communicated to the school. Announcements should not overstate or assume facts not in evidence. If the official cause of death has not as yet been ruled suicide, avoid making that assumption. There are also many instances when family members insist that a death that may appear to be suicide was, in fact, accidental.
2. The Suicide Response Team should either visit all classrooms to give the announcement to staff or present the announcement at a meeting of all staff called by the building administrator as soon as possible following the death. If a meeting is held, the building administrator and a member of the Suicide Response Team could facilitate the meeting. The goals of such a meeting are to inform the faculty, acknowledge their grief and loss, and prepare them to respond to the needs of the students. Faculty will then read the announcement to their students in their homerooms (or other small group) so that students get the same information at the same time from someone they know.
3. The sample announcements in this section are straightforward and are designed for use with faculty, students, and parents, as appropriate. Directing your announcement to the grade level of the students is also important, especially in primary or middle schools. A written announcement should be sent home to parents with additional information about common student reactions to suicide and how to respond, as well as suicide prevention information.

Day 1

Sample Announcement for When a Suicide has Occurred, Morning, Day 1

This morning we heard the extremely sad news that _____ took his/her life last night. I know we are all saddened by his/her death and send our condolences to his/her family and friends. Crisis stations will be located throughout the school today for students who wish to talk to a counselor. Information about the funeral will be provided when it is available, and students may attend with parental permission.

Sample Announcement for a Suspicious Death Not Declared Suicide: Morning, Day 1

This morning we heard the extremely sad news that _____ died last night from a gunshot wound. This is the only information we have officially received on the circumstances surrounding the event. I know we are all saddened by _____'s death and send our condolences to his/her family and friends. Crisis stations will be located throughout the school today for students who wish to talk to a counselor. Information about the funeral will be provided when it is available; students may attend with parental permission.

Sample Announcement, End of Day 1

At the end of the first day, another announcement to the whole school prior to dismissal can serve to join the whole school in their grieving in a simple, non-sensationalized way. In this case, it is appropriate for the building administrator to make an announcement similar to the following over the loud speaker:

Today has been a sad day for all of us. We encourage you to talk about _____'s death with your friends, your family, and whoever else gives you support. We will have special staff here for you tomorrow to help in dealing with our loss. Let us end the day by having the whole school offer a moment of silence for _____.

Day 2

Sample Announcement, Day 2

On the second day following the death, many schools have found it helpful to start the day with another homeroom announcement. This announcement can include additional verified information, re-emphasize the continuing availability of in-school resources, and provide information to facilitate grief. Here's a sample of how this announcement might be handled:

We know that _____'s death has been declared a suicide. Even though we might try to understand the reasons for his/her doing this, we can never really know what was going on that made him/her take his/her life. One thing that's important to remember is that there is never just one reason for a suicide. There are always many reasons or causes, and we will never be able to figure them all out.

Today we begin the process of returning to a normal schedule in school. This may be hard for some of us to do. Counselors are still available in school to help us deal with our feelings. If you feel the need to speak to a counselor, either alone or with a friend, tell a teacher, the principal, or the school nurse, and they will help make the arrangements.

We also have information about the visitation and funeral. The visitation will be held tomorrow evening at the _____ Funeral Home from 7 to 9 p.m. There will be a funeral Mass Friday morning at 10:00 a.m. at _____ Church. In order to be excused from school to attend the funeral, you will need to be accompanied by a parent or relative, or have your parent's permission to attend. We also encourage you to ask your parents to go with you to the funeral home.

[Reprinted from Underwood, M., & Dunne-Maxim, K. (1997). Managing sudden traumatic loss in the schools. Piscataway, N.J.: University of Medicine and Dentistry of New Jersey.]

Activity 20: Sample Letter to Families

Dear Parents,

I am writing this letter with great sadness to inform you that one of our sophomore students took his life last evening. Our thoughts and sympathies go out to his family and friends.

All of the students were given the news of the death by their teacher in homeroom this morning. I have included a copy of the announcement that was read to them. Members of our crisis team met with students individually and in groups today and will be available to the students over the next days and weeks to help them cope with the death of their peer.

Information about funeral services will be given to the students once it has been made available to us. Students will be released to attend services only with parental permission and pick up, and we strongly encourage you to accompany your child to any services.

I am including information about suicide and some talking points that can be helpful to you in discussing this issue with your teen. I am also including a list of school and community resources should you feel your child is in need of additional assistance. If you need immediate assistance, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

Please do not hesitate to call me or one of the counselors if you have questions or concerns. Sincerely,

(Principal)

[Adapted from AFSP. After a suicide: A toolkit for schools. Newton, MA: Education Development Center, Inc. Available online at <http://www.sprc.org/sites/sprc.org/files/library/AfteraSuicideToolkitforSchools.pdf> and <http://www.afsp.org/files/Surviving/toolkit.pdf>]

Activity 21: Talking Points for Students and Staff After a Suicide

Talking Points	What to Say
<p>Give accurate information about suicide.</p> <p>Suicide is a complicated behavior. Help students understand the complexities.</p>	<p>“Suicide is not caused by a single event such as fighting with parents, or a bad grade, or the breakup of a relationship.”</p> <p>“In most cases, suicide is caused by mental health disorders like depression or substance abuse problems. Mental health disorders affect the way people feel and prevent them from thinking clearly and rationally. Having a mental health disorder is nothing to be ashamed of.”</p> <p>“There are effective treatments to help people who</p>
<p>Address blaming and scapegoating.</p> <p>It is common to try to answer the question “why” by blaming others for the suicide</p>	<p>“Blaming others for the suicide is wrong, and it’s not fair. Doing that can hurt another person deeply.”</p>
<p>Do not talk about the method.</p> <p>Talking about the method can create images that are upsetting, and it may increase the risk of imitative behavior by vulnerable youth.</p>	<p>“Let’s focus on talking about the feelings we are left with after _____’s death and figure out the best way to manage them.”</p>
<p>Address anger.</p> <p>Accept expressions of anger at the deceased. Help students know these feelings are normal.</p>	<p>“It is okay to feel angry. These feelings are normal, and it doesn’t mean that you didn’t care about . You can be angry at someone’s behavior and still care deeply about that person.”</p>
<p>Address feelings of responsibility.</p> <p>Help students understand that the only person responsible for the suicide is the deceased.</p> <p>Reassure those who have exaggerated feelings of responsibility, such as thinking they should have done something to save the deceased or</p>	<p>“This death is not your fault. We cannot always see the signs because a suicidal person may hide them well.”</p> <p>“We cannot always predict someone’s behavior.”</p>
<p>Encourage help-seeking.</p> <p>Encourage students to seek help from a trusted adult if they or a friend are feeling depressed or suicidal</p>	<p>“We are always here to help you through any problem, no matter what. Who are the people you would go to if you or a friend were feeling worried, depressed, or had thoughts of suicide?”</p>

[Adapted from AFSP. After a suicide: A toolkit for schools. Newton, MA: Education Development Center, Inc. Available online at <http://www.sprc.org/sites/sprc.org/files/library/AfteraSuicideToolkitforSchools.pdf> and <http://www.afsp.org/files/Surviving/toolkit.pdf>]

Activity 22: Guidelines for Memorialization

Memorializing a student who has died by suicide can be a difficult process. Faculty, students, and the family of the deceased may have different ideas of what is appropriate, inappropriate, or useful. It is important to be prepared to respond to and channel the need of people to grieve into activities that will not raise the suicide risk of vulnerable students or escalate the emotional crisis. The following guidelines will help you prepare to face these challenges:

1. Establish a policy on memorialization for all deaths (including suicide). This policy should address the issues below. The family should be consulted in each case.
 - **Flags:** Flags should not be flown at half-staff. Only the President or a governor has the authority to order flags to be flown at half-staff.
 - **Memorials:** Spontaneous memorials (such as collections of objects and notes) should not be encouraged and should be respectfully removed within a very short time. A memorial can be an upsetting reminder of a suicide and/or romanticize the deceased in a way that increases risk for suicide imitation or contagion.
 - **Assemblies:** Large memorial assemblies should not be convened as the emotions generated at such a gathering can be difficult to control.
 - **Graduations:** Acknowledge a death at graduation but do not glamorize the death or let the acknowledgement overwhelm the event. Acknowledge a death toward the beginning of an event and then move on.
 - **Funerals:** Do not hold funerals at the school. This can forever associate the room in which services are held with the death.
2. Consult with the family about memorials. The person designated as the liaison with the family needs to be prepared to explain the memorialization policy to the family while respecting their wishes as well as the grieving traditions associated with their culture and religion.
3. Solicit ideas to memorialize the deceased in positive ways that do not put other students at risk or contribute to the emotional crisis that occurs after a death. Consult with the family before implementing any of the following ideas:
 - Invite students to write personal and lasting remembrances in a memory book located in the guidance office, which will ultimately be given to the family.
 - Encourage students to engage in service projects, such as organizing a community service day, sponsoring behavioral health awareness programs, or becoming involved in a peer counseling program.
 - Invite students to make donations to the library or to a scholarship fund in memory of the deceased.
4. Be prepared to address the unique aspects of a suicide death:
 - Use the opportunity to educate students, families, and the community about suicide.
 - Monitor social media sites for signs of risk to other students.

SOURCES:

Adapted from AFSP. *After a suicide: A toolkit for schools*. Newton, MA: Education Development Center, Inc. Available online at <http://www.sprc.org/sites/sprc.org/files/library/AfteraSuicideToolkitforSchools.pdf> and <http://www.afsp.org/files/Surviving/toolkit.pdf>

Kerr, M., Brent, D., McKain, B., & McCommons, P. (2003). *Postvention standards manual: A guide for a school's response in the aftermath of sudden death* (4th ed.). Pittsburgh: University of Pittsburgh/Western Psychiatric Institute and Clinic.

Underwood, M., Fell, F. T., & Spinazzola, N. A. (2010). *Lifelines postvention: Responding to suicide and other traumatic death*. Center City, MN: Hazelden Publishing.

Activity 23: Guidelines for Working with the Media

The staff person responsible for working with the media should prepare a written statement for release to those media representatives who request it. The statement should include the following:

- A very brief statement acknowledging the death of the student that does not include details about the death
- An expression of the school's sympathy to the survivors of the deceased
- Information about the school's postvention policy and program

All other staff (including school board members) should:

- Refrain from making any comments to or responding to requests from the media
- Refer all requests from the media to the person responsible for working with the

Media representatives should:

- **Not** be permitted to conduct interviews on the school grounds
- **Not** be allowed to attend parent and student group meetings in order to protect information shared by parents who are concerned about their children
- Be provided with a copy of SPRC's information sheet "At-a-Glance: Safe Reporting on Suicide," which can be found at http://www.sprc.org/library/at_a_glance.pdf

[Adapted from Kerr, M., Brent, D., McKain, B., & McCommons, P. (2003). Postvention standards manual: A guide for a school's response in the aftermath of sudden death (4th ed.). Pittsburgh: University of Pittsburgh/Western Psychiatric Institute and Clinic.]

Activity 24: Guidelines for Anniversaries of a Death

A revisiting of grief feelings can resurface on or near the anniversary date of a tragic loss. In some cultures there is a memorial ceremony held about one year after a death. Faculty and staff, if reminded of the anniversary, can be prepared to monitor and support students at that time. Adults are not immune to this, and so staff members may also revisit the loss. The postvention team may consider a follow-up program on the anniversary date. The school should be prepared for grief and emotions associated with the death that may also occur on other occasions, such as:

- The birthday of the person who died
- Holidays
- Athletic or other events in which the deceased would have participated
- The start of a school year
- Proms
- Graduation

The following actions can help a school prepare for such an anniversary:

- Remind staff to be aware that students may experience emotional reactions
- Educate staff about the warning signs of suicide and how to recognize and respond to students who may be at risk or experience severe emotions
- Remind staff that they may also experience an emotional reaction on this date
- Have grief counselors or mental health professionals on call

[Adapted from Kerr, M., Brent, D., McKain, B., & McCommons, P. (2003). Postvention standards manual: A guide for a school's response in the aftermath of sudden death (4th ed.). Pittsburgh: University of Pittsburgh/Western Psychiatric Institute and Clinic.]

Activity 25: Reviewing Staff Education and Training Tools

Program	Registry	School Focused	Number & Length of Sessions	Facilitator & Location	Other Components	Notes
Gatekeeper Training Programs						
Be A Link! Suicide Prevention Gatekeeper Training	BPR	No	One 2-hour session	Teachers who take a 2-day facilitator training or Yellow Ribbon representatives. Provided at Yellow Ribbon sites or local locations.		Often used with Yellow Ribbon's student program Ask 4 Help!
Gatekeeper Suicide Prevention Program: A High School Curriculum	BPR	Yes	Different types of training ranging from 1 hour to 2 days	Facilitators must be trained by Gryphon Place. Delivered onsite.	Student Programs Parent Education	Mainly available in Michigan.
Lifelines	NREPP	Yes	One 45–60 minute presentation, but up to 1.5–2 hours with participant discussion	School Crisis Response Team member (social worker, psychologist, counselor, health teacher). Information on giving	Protocols Student Programs Parent Education	A 2-day, onsite training on how to implement all the program components is available

Making Educators Partners in Youth Suicide Prevention	BPR	Yes	5 modules; total time 2 hours	None; self-directed online training. Fifth module allows users to e-mail		
More Than Sad: Suicide Prevention Education for Teachers and Other School Personnel	BPR	Yes	2 hours	School staff.		Also suitable for parents and other adults

Program	Registry	School Focused	Number & Length of Sessions	Facilitator & Location	Other Components	Notes
Question, Persuade, Refer (QPR) Gatekeeper Training	BPR	No	One session of 1–2 hours	None for online version. Certified QPR gatekeeper instructors teach the in-person training onsite and at other local		Online and in-person versions are adapted for Native Americans and African Americans. In-
Response: A Comprehensive High School- Based Suicide Awareness Program	BPR	Yes	One 2-hour session	School staff. Training for providing staff training is included in the school kit.	Protocols Student Programs Parent Education	

Suicide Alertness for Everyone (safeTALK)	BPR	No	One 3-hour session	Trainers who are trained and certified by LivingWorks. Training available onsite. 1-day and 2-day train-the-trainer sessions available for local facilitators.		
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Training Programs to Assess Suicide Risk

Applied Suicide Intervention Skills Training (ASIST)	BPR	No	2 days	Trainers must be trained and certified by LivingWorks. Training available onsite. 5-day train-the-trainer sessions available for local facilitators.		
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Program	Registry	School Focused	Number & Length of Sessions	Facilitator & Location	Other Components	Notes
Assessing and Managing Suicide Risk (AMSR)	BPR	No	1 day	Training must be given by the program's developer. Onsite and other local locations available.		
QPRT Suicide Risk Assessment and Risk Management Training Program	BPR	No	8 hours in classroom or 10 hours online	Training must be given by trainers certified and licensed to teach this program. Onsite and other local locations available.		Online and in-person versions are adapted for Native Americans.
Recognizing and Responding to Suicide Risk (RRSR)	BPR	No	2 days	Training must be given by the program's developer. Onsite and other local locations available.		
School Suicide Prevention Accreditation Program	BPR	Yes	Online, self-paced	None; self-directed online training.		

For additional resources, see Staff Education and Training in the "Resources" section at the end of the toolkit.

Activity 26: Reviewing Screening Tools

Activity 27: Parent and Guardian Education and Outreach

Program	Registry	Number & Length of Sessions	Leader	Other Components	Notes
Gatekeeper Suicide Prevention Program: A High School Curriculum	BPR	1.5-hour workshop	Facilitators must be trained by Gryphon Place. Delivered onsite.	<ul style="list-style-type: none"> - Staff Training - Student Program 	Mainly provided just in Michigan.
Lifelines	NREPP	One 45–60 minute presentation, but up to 1–1.5 hours with participant discussion	School Crisis Response Team members (social worker, psychologist, counseling staff, health teacher). Information on giving the training is in the training materials.	<ul style="list-style-type: none"> - Protocols - Staff Training - Student Program 	A 2-day, onsite training on how to implement all the program components is available through Hazelden Publishing.
Not My Kid	BPR	17-minute video online	None		
Response: A Comprehensive High School- Based Suicide Awareness Program	BPR	1-hour workshop	School staff. Training for providing parent education is included in the school kit.	<ul style="list-style-type: none"> - Staff Training - Student Program 	Parent training is separate from the main school kit.

For additional resources, see Parent/Guardian Education and Outreach in the “Resources” section at the end of the toolkit.

Activity 28: Fact Sheets

HIGH SCHOOL STUDENTS EXPERIENCE UNIQUE CHALLENGES

High school can be a rewarding time for young people. But for some students, it can also be emotionally difficult, especially in 9th grade during the transition to high school and again in 12th grade during the transition out of high school.

The stresses of high school and the mental and emotional stage of adolescence can combine with risk factors for suicide, such as depression, and increase the risk of suicide for some teens. Parents and school staff can help identify students at risk of suicide and help them get treatment before a tragedy occurs.

Many high school students reported that they had seriously considered suicide in the past year.

- One out of every 53 high school students (1.9 percent) reported having made a suicide attempt that was serious enough to be treated by a doctor or a nurse.
- Suicide is the third leading cause of death among teenagers.
- The toll among some groups, such as Native Americans, is even higher. Source: Centers for Disease Control and Prevention (CDC)

WHY HIGH SCHOOLS ADDRESS SUICIDE

- Administrators and staff care about the well-being of their students.
- Maintaining a safe and secure school environment is part of a school's overall mission.
- Depression and other mental health issues can interfere with children's ability to learn and affect their academic performance.

Although few suicides take place on high school campuses, students spend much of the day in school. This puts high schools in a position to identify and help students who may be at risk for suicide and related behavioral health issues.

PREVENTING SUICIDE CAN PREVENT OTHER BEHAVIOR PROBLEMS

Students at risk of suicide may also be at risk of other problem behaviors, such as violence and bullying, and substance abuse. Reducing the risk of suicide can help reduce the likelihood of these other behaviors.

Activity 29: Student Programs

Program	Type	Grades	Number & Length of Sessions	Facilitator	Other Components	Notes
Programs in NREPP						
American Indian Life Skills Development/ Zuni Life Skills Development	Curriculum for all students	9–12	28–56 lesson plans delivered over 30 weeks.	Teachers, with input from community members for cultural relevance. Teachers must have a 3-day training that may be delivered onsite.		Culturally tailored to American Indian youth.
CAST (Coping and Support Training)	Skill-building for at-risk students	9–12	Twelve 55-minute group sessions.	Teacher, counselor, nurse, or other mental health staff person experienced with high-risk youth. Training is given by developer and may be delivered onsite.		Similar to Reconnecting Youth but fewer sessions over fewer weeks with a group of 6–8 students.
Lifelines	Curriculum for all students	8–10	Four 45-minute lessons.	Teachers. Information on teaching the curriculum is included with the curriculum materials, and a 1-day, onsite training is also available through Hazelden Publishing.	<ul style="list-style-type: none"> - Protocols - Staff Training - Parent Education 	All the other components must be implemented before the student lessons. A 2-day, onsite training on how to implement all the program components is available through Hazelden Publishing.

Program	Type	Grades	Number & Length of Sessions	Facilitator	Other Components	Notes
Reconnecting Youth	Skill-building for at-risk students	9–12	75 classes delivered in one semester.	Teacher, counselor, nurse, or other mental health staff person experienced with at-risk youth. Training is given by developer and may be delivered onsite.		Similar to CAST but more sessions over more weeks with a group of 10–12 students.
SOS (Signs of Suicide)	Curriculum for all students	8–12	Three lessons; often only the first is given, and it includes a short student screening.	Teachers. Training for teachers is included in curriculum materials. Technical assistance is also available.	<ul style="list-style-type: none"> - Screening - Staff Training - Parent Education 	Schools can decide if they want to provide the student screening along with the lesson(s). Also included is a version of the screening tool for parents to complete about their child.
Programs in BPR						
Ask 4 Help! Suicide Prevention for Youth	Curriculum for all students	9–12	1 hour.	Teachers or Yellow Ribbon representatives. Requires a 2-day training for facilitators provided by Yellow Ribbon, either at the school or local locations.		Usually used with Yellow Ribbon's adult gatekeeper program Be A Link!

Activity 30: Screening Tools (See packet) and Video Recommendations

Recommended Videos (by the American Association of Suicidology)

Reaching Out

The AAS Video Review Committee is please to recommend "Reaching Out," a 21-minute educational DVD produced by the Crisis Intervention & Suicide Prevention Center of British Columbia. The stories of characters Sarah and Jason are interspersed with real young adults whose lives were touched by suicide. The suicide prevention messages in the DVD are clear and well presented; there was no glamorization of suicidal behavior and no stigmatization of suicide attempters and survivors. The warning signs for suicide are clearly identified; adult resources are suggested and help-seeking behaviors are modeled. Accompanying the DVD--appropriate for high school aged youth-- is a 13-minute simulation for school counselors. We see Jason again; this time in conversation with his counselor, Mr. Benton. A risk assessment is modeled that includes the development of a treatment plan for this high-risk student. "Reaching Out" was thoughtfully crafted, is of very high quality and replaces their original video--"Choices"-- which this review committee recommended years ago. Both Choices2: "Reaching Out" DVDs include workshop presentation materials and facilitator guides. We would love for the Crisis Center to develop a DVD that would simulate for school personnel the way to engage parents about their suicidal child.

To purchase or find out more information about these DVDs, go to www.choices2.com.

A Cry for Help

This video was produced by Paraclete Press. It is appropriate for middle and high school-aged youth. It comes with a resource guide; the video runs 22 minutes. The suicide prevention messages in "A Cry for Help" are clear and well presented. This video describes effective suicide intervention skills but does not necessarily model them. This video utilizes a clinical social worker (Sue Eastgard - Past-President of AAS) as well as young people from grades 6-12 who have learned warning signs for suicide and how to help.

To order go to www.paracletepress.com

Depression: On the Edge

"On the Edge" was produced by In the Mix, a PBS weekly series for teens. The video comes with a lesson plan and discussion guide. It is appropriate for high school-aged youth. The suicide prevention messages in "On the Edge" are clear and well presented and protective factors are promoted. The video utilizes a variety of presenters including psychologists, depressed youth and members of the rock band, Third Eye Blind. This video could easily be shown in segments without losing its overall value. To order call 1-800-597-9448 or www.pbs.org

Never Enough

"Never Enough," developed with guidance from child psychologists Dr. Kirk Wolfe, was reviewed along with the accompanying school-based suicide awareness program known as RESPONSE. The video is appropriate for high school students and their parents and the committee thought that it might also be useful with college students. The content emphasizes help-seeking skills; it does not glamorize suicide or suicidal behaviors. Its prevention messages are clear and well-presented and the reviewers found the video to be compelling. One reviewer commented "the hero was the helper, not the suicidal person." Of particular note was the way in which the young "hero" had to use his intervention skills with the mother of a suicidal friend. The committee was enthusiastic in its praise for "Never Enough." Response is a comprehensive high-school based suicide awareness DVD. While the committee could not accurately score the parent and staff in-service DVDs using our screening criteria, we felt the quality was high, that the suicide prevention messages were clear; and that the components of the package nicely complemented each other.

To order, call the ColumbiaCare Services, Inc. 1-541-607-7322

Suicide: A Guide to Prevention (Second Edition)

This video was created by a group of teens with help from counselors for the purpose of showing young people what to do when a peer is talking about suicide or showing warning signs. Appropriate intervention and help-seeking behaviors are modeled through role-plays that demonstrate friends helping friends; all of the role-plays demonstrate involving an adult in the intervention. The video will work well either as a stand-alone tool or as a companion video to "A Life Saved" within any school-based youth suicide prevention curriculum that focuses on improving help seeking. NoodleHead Network in Vermont produced this 13-minute video, appropriate for grades 8-12. A printed leader's guide is included. This video is one of two suggested for use within the Lifelines curriculum. Both videos are unique in their brevity, allowing plenty of time for class discussion and debriefing.

Both are available from The NoodleHead Network, 1-800-639-5680 or www.noodlehead.com

The Truth about Suicide

This 26-minute video, produced by Ant Hill Marketing for the American Foundation for Suicide Prevention (AFSP), is highly recommended by the committee. It was designed for a college-aged audience but could be used at the high school level as well. The video avoids stigmatizing suicide attempters, survivors, and those who have died by suicide. It does not in any way glamorize suicide or suicidal behavior. The suicide prevention messages are clear and well presented. While effective suicide intervention and help-seeking skills are discussed and advocated, the video should be combined with instruction and role-play to maximize learning.

For more information, call AFSP at 1-888-333-AFSP or go to www.afsp.org

Recommended with Minor Reservation

Inside I Ache

"Inside I Ache" was produced by Rabbi Daniel A. Roberts and TEE Productions and is recommended with some reservations. The video includes a teacher's manual and is appropriate for high-school aged students. While the content was accurate and the video does not stigmatize or glamorize suicide, the committee would have preferred to see a greater discussion of appropriate intervention skills and more resource information. "Inside I Ache" is accompanied by the video, "You Can Do It" which is divided into two parts. Part I (a 10-minute segment) is geared for school board members, superintendents and principals. Part II is longer (22 minutes) and designed for educators who will be teaching the curriculum. Both pieces are intended as encouragement that they can and should teach suicide without worrying that they are going to cause it. To order, call (216) 831-1353

It's Never Too Late

This DVD was developed by Human Relations Media and is distributed by Film Ideas - www.filmideas.com. We are recommending this educational video with reservation. The young people's depression and suicidal feelings are communicated clearly, but the DVD would have been stronger if the three intervention steps - show that you care, ask directly about suicide, and get help - had been modeled, not just discussed. The committee had concern about some of the expert's comments, i.e., "without guns, suicide rates in the US would plummet". We question the appropriateness of one of the experts who suggested that a friend should remove lethal means and ask questions about the suicide plan. In our opinion these are intervention strategies best used by a professional, not the adolescent friend. On the positive side, the DVD's suicide prevention messages are clear and well presented. There is no stigmatization of suicide victims or attempters and suicide is not glamorized. This DVD was produced in 2005 and identifies 1-800-SUICIDE as a resource, not the newer Lifeline number. "It's Never too Late" is part of a suicide prevention curriculum and we understand that the teacher's guide does include role-play practice, pre and post survey questions and a discussion guide.

To purchase the DVD, go to www.filmideas.com

Lost and Found

This DVD could not be scored - by utilizing the committee's review process - but we did preview and would recommend with reservation. The 21-minute DVD showcases eight youth who describe their experience of depression and respond to the narrator's thoughtful questions about what was helpful in their recovery and what friends can do to help a depressed friend. The committee was not convinced that young people telling their personal stories necessarily translates to skill acquisition. While the youth were very descriptive of their despair - "it was like a built-in ditch" - the committee was concerned that the stories were not particularly hopeful. The DVD is distributed by Film Ideas.

To purchase the DVD, go to www.filmideas.com

Real People: Suicide and Depression

The 26 minute video, designed for 7-12th graders, was produced by Sunburst Visual Media. The video provides viewers with accurate information about the warning signs for depression and suicide and therefore is worthy of recommendation. The committee, however, was concerned that the intended audience would not be engaged - the presentation seemed stiff and overly scripted. The video is accompanied by a teacher's guide that includes follow-up activities. The reviewers recommend that in addition to viewing the video, students engage in role-play practice to enhance their learning.

To purchase the DVD, go to www.sunburstvm.com