

Suicide Intervention Manual

Marysville School District

Suicide Prevention Task Force
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Mission

Suicide is a frightening and serious problem. It is the third leading cause of death in young people ages 10-24. Completed suicides are a traumatic event that affects the entire community. Questions of “why” and “what could we have done” always linger as students are remembered and mourned. The statistics for young people who “have attempted” or “considered suicide” is staggering. According to the 2016 Kansas Annual Summary of Vital Statistics, 512 Kansans committed suicide in 2016. While suicide remains the 10th leading cause of death in Kansas, it is the second leading cause of death for the 15-24 age group. At USD 364 we have administered the Kansas Communities That Care survey. Results indicate that there is a need for suicide awareness, education, and prevention.

Marysville USD 364 is committed to suicide awareness, education, and prevention. This manual is intended to provide information, guidance, and direction for staff members when confronting issues of suicide.

Prevention education occurs at all schools in our district with emphasis on social and emotional well-being. During high school, students learn to identify risky behaviors and risk factors as well as identifying the support systems and people in their lives. Despite our best efforts of prevention, we will at times be faced with the need for intervention. As a school community, it is critical that we are aware of the warning signs, indicators of risk, and process to report concerns.

As a result of the Jason Flatt & SB 323 ACT, it was discovered that best practice suggests that a core group of professionals be established in every school that are aware, educated, and comfortable with the topic of suicide and intervention techniques. Included in this manual is information intended to assist with assessment of danger and lethality, provide resources to parents and students, and ensure that member(s) of core teams can appropriately interview and intervene with an at-risk student.

At the beginning of every school year, each building is required to provide at least one hour of training each calendar year. As part of this process, it is recommended that schools review the suicide prevention manual and steps for intervention. The building principal in conjunction with the school crisis team is responsible for:

- QPR (Question Persuade Refer) Institute 1 hour training
- Providing training for staff regarding warning signs and indicators of possible risk for suicide

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- Identifying and providing support for staff members who are comfortable and capable of intervening with an anti-risk student
 - Social Emotional Character Development (SECD) activities that address suicide awareness are scheduled as they become available
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Indicators of Risk

Although there is no way to predict behavior with 100% accuracy, we can review research from the American Association of Suicidology, National Association of School Psychologists, Center for Disease Control and Prevention, and the UCLA Mental Health Project for guidance on individual characteristics that compose “indicators of risk” for suicide.

Based on this research, the following list is indicative of behaviors that may indicate increased risk for suicide:

- **Prior attempts and/or hospitalization:** can include hospitalization for depression/mental illness as well as chronic illness or injury that significantly impacts a student’s previous pattern of behavior/lifestyle.
- **Self-injurious/destructive behavior:** running into traffic, jumping from heights, injuring/scratching/cutting¹/marking the body, gun imitation, alcohol/drug use, lack of concern for personal safety.
- **Family history:** family member or close friend who has died by suicide, family history of mental illness and/or depression.
- **Grief and loss:** recent change in family dynamic, death of a loved one, divorce, move/change in school, diagnosis of chronic illness (self or loved one).
- **Changes in physical habits and/or appearance:** sleeping more or less than student’s typical pattern, eating more or less than student’s typical pattern, hygiene (disregard or disinterest.)

¹/Please note, “cutting” in and of itself is not necessarily an indicator of suicide. However, it is a risky behavior that requires support and should be addressed.

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- **Threats, both direct and indirect:** ideation (student talking about suicide or “not being here anymore”), references to death in writing assignments, increase in risky behaviors (drugs/alcohol/sexual activity), obsessive thoughts/expressions of death, preoccupation with afterlife.
 - **Changes in school performances:** increased absenteeism, particularly in the most recent semester, reduced concentration/drop in grades, increased contact with administration and/or law enforcement (office referrals, arrests, legal consequences).
 - **Depression:** helplessness, hopelessness (inability to identify reasons for living), isolation/withdrawn (less activity or interaction with peers/family/school).
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Intervention

A concern about a student may come to the attention of the school team in many ways: A friend may express concern, a teacher notice changes, a parent may call. At that time, assume a risk is present and begin the assessment. The assessment may include an interview, self-assessment, parent conference, checklist, and a list of resources/hotlines. Minimally, the checklist is completed and the parents are contacted.

Included in this manual is a flow chart of concern, an example of a self-assessment, interview questions, risk indicator checklist, resource numbers, and a parent signature form.

The assessment should take place in a private comfortable area. The forms and questionnaires are provided as a framework for collecting information. The suggested interview questions and self-assessment are designed to answer the questions on the Suicide Risk Observation form. The interviewer may wish to introduce the questions with a statement such as:

“I am concerned about you and your well-being. At this time, I am going to ask some questions in order to help provide some additional support/help. These questions are not designed to get you in trouble.”

Some students may be uncomfortable if the interviewer is actively taking notes during the conversation. The forms are structured to be completed after the interview takes place in order to avoid raising suspicions and opposition. If a student maintains an attitude of non-compliant

and/or hostility about answering the interview question, the interviewer should assume moderate/high risk.

The interviewer should keep a copy of the Risk Observation checklist and the Intervention Report/Parent Plan of Action page in a confidential file. Parents are provided a copy of the risk observations, signature form, and local resources (forms and resources found in the Appendices).

Sharing Interview Results with Parents

Parent contact is a requirement of suicide intervention. A parent's greatest fear is that something may happen to harm their child. When discussing the possibility of self-harm and suicide, parents may have many different reactions. It is anticipated that most parents will join the school team in looking at risk factors and share their concerns about their student.

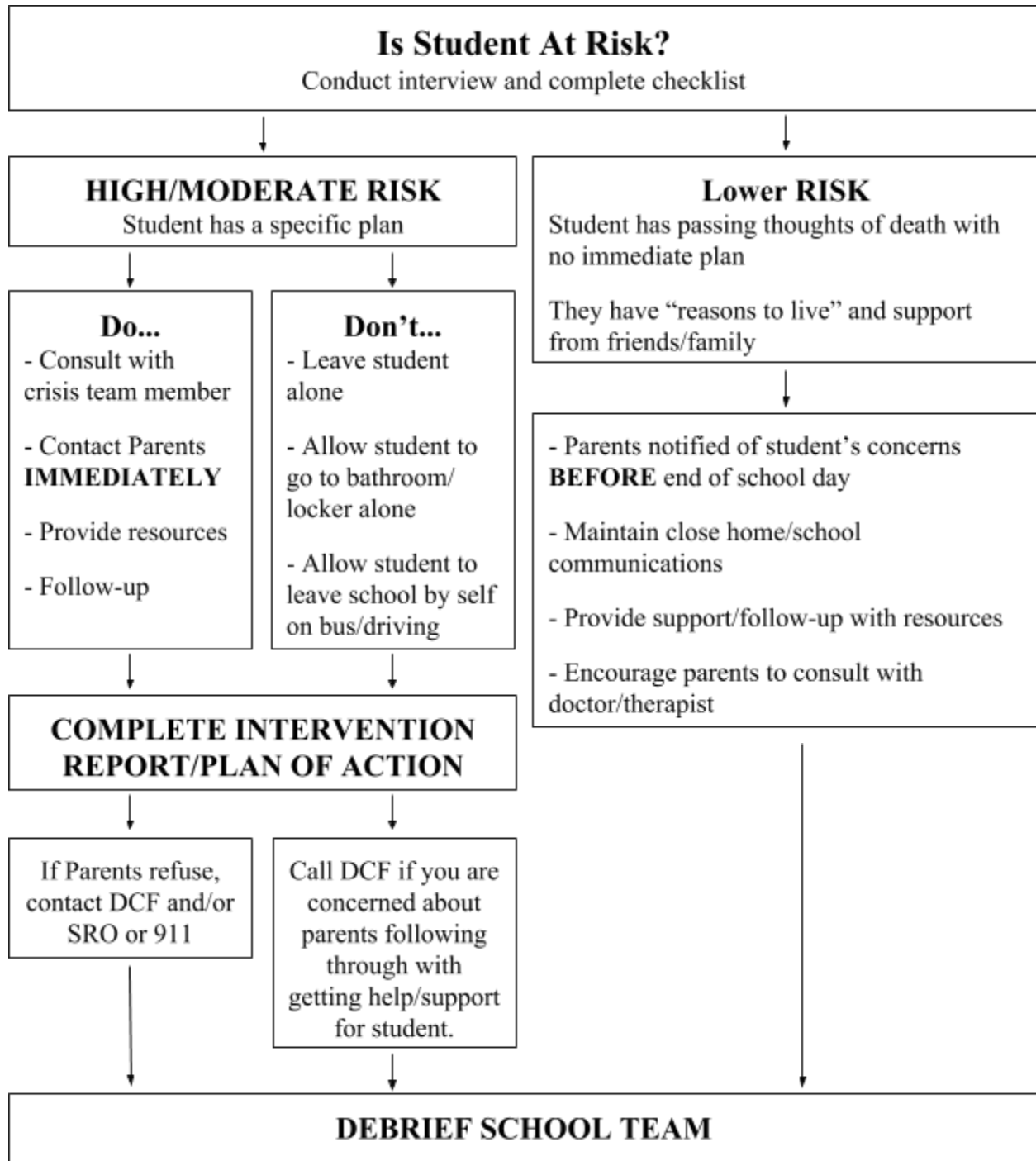
At the completion of the interview, if the risk is deemed to be low, a phone call alerting the parents may be sufficient.

Moderate and high risk categories require "in person" contact. The Intervention Report/Parent Plan of Action form (required) asks for a commitment from the parent for action. Parents will be provided with information for a mental health/hospital assessment and county resources. The counselor/psychologist will also make an appointment with the student for a follow-up visit at school. If the risk is "High" and the interviewer has intense concerns about the student's immediate safety, the parent is asked to commit to transporting the student immediately for an emergency assessment. If the parent is unwilling or unable to transport the student, or if the parent cannot or will not commit to immediate response, the school team may contact community resources in order to insure the student's safety (DCF/911).

Officers do not take protective custody decisions lightly, especially because they often result in a use of force. The more information staff can provide supporting the assertion that a student poses a threat to themselves or others, the easier the officer's decision becomes.

If the student is 18 years-old, and refuses to seek an assessment, ask your SRO to become involved. He/she will call Pawnee Mental Health and ask the student to visit with a counselor over the phone. If the PMH counselor believes the students should come in for an assessment,

and the student still refuses to go, the SRO may decide to take the young adult into protective custody.



Student Self-Assessment

1. How is your energy?

 1 2 3 4 5

Hard to get out of bed

Best Day Ever

2. How stressed do you feel?

 1 2 3 4 5

Relaxed

Tense

Overwhelmed

3. Do you have hope?

 1 2 3 4 5

I will always feel this bad

I will get better

4. Have you thought about ways you could kill yourself?

 1 2 3 4 5

No

Kind Of

I have a detailed plan

5. How often have you thought about killing yourself?

 1 2 3 4 5

Almost never

Once or twice

Almost always

6. How do you feel right now?

 1 2 3 4 5

Strong

Weak

7. How are you sleeping?

 1 2 3 4 5

Less than usual

Like usual

More than usual

INTERVENTION INTERVIEW

SAMPLE QUESTIONS TO ASK IN RELATION TO THE OBSERVATION CHECKLIST

Note: If students are non-compliant and/or hostile about answering questions, interviewer should assume moderate/high risk.

SYMPTOMS

Depression:

- Have you been feeling sad?
- Overwhelmed?
- Are you finding that your moods are up and down or feeling out of your control?

Stress:

- Are there things in your life that are hard to handle?
- Are there things that you have trouble seeing a solution for?

Demeanor:

(Interviewer will make this assessment based on responses throughout interview.)

Attendance:

- How is your attendance? *(Interviewer will verify with school records.)*

Hopelessness:

- What are you looking forward to?
- What activities are you involved in or want to get involved in?
- What do you see yourself doing in the future?

Discipline/Legal:

- How are things going at school?
- Have you had any referrals to the office? *(Interviewer will verify with school records.)*
- What about outside of school - any trouble with the police? *(Interviewer will verify with police records.)*

SUICIDE PLAN

Details, Availability of Means, Time, Chance for Intervention:

- Have you thought about how you might hurt yourself?
- Do you have a plan? If so, what is it?
- Do you have access to the means you mentioned in your plan?
- When would you do this?
- How long have you been thinking about hurting yourself?
- Have you talked to anyone about this?

PRIOR ATTEMPTS

- Have you hurt yourself before? If so, When was that?
- Any other times?
- Have you been hospitalized? If so, when?

MEDICAL HISTORY

- How has your health been?
- Have you been sick lately?
- When was your last check-up?
- Are you taking any medications right now?

PROTECTIVE FACTORS

Resources:

- Are there people in your life that you feel would be worried about you right now?
- Are those people willing to help you?
- Do they know/have you told them how you are feeling?
- Can you talk to them today?
- Which adults do you know that you can trust and talk to?
- Who do you go to when things are hard?
- Are you in counseling now? Have you ever been to counseling before?

Coping Behaviors:

- Describe your sleeping patterns. How many hours? When do you sleep? Is this a change from your routine?
- How about school - are you doing as well as you would like in school?
- Has your appetite changed?
- Are there any significant changes to your daily routine?
- What do you like to do in your free time?
- What activities, organizations, community, religious, etc. are you involved in?
- Are you still attending practice/rehearsal/club meetings?

Lifestyle:

- How are things at school?
- Are you getting along with friends?
- How about your teachers?
- Describe your home environment and who you live with.
- What do you like to do in your free time?

These questions are not designed to get you in trouble. Sometimes people who are feeling down/sad/suicidal find themselves drinking or using. Talk to me about partying.

- Are you drinking or using drugs?
- Are you partying/using more than usual?
- Is it affecting your ability to complete your daily routines?

NOTES

SUICIDE RISK OBSERVATION

This form is designed as a tool to inform parents and community mental health agencies of concern.

This form is structured to be completed after the interview takes place. If a student maintains an attitude of non-compliance and/or hostility about answering the interview questions, the interviewer should assume moderate/high risk.

Performance/Degree	Risk Present	Moderate Risk	High Risk
SYMPTOMS			
Depression	+ Mild, feels slightly down	+ Moderate, some moodiness, sadness, irritability, loneliness and decrease in energy	+ Overwhelmed with sadness and feelings of worthlessness
Stress	+ No significant stress	+ Moderate reaction to loss or environmental/family changes	+ Severe reaction to loss or environmental/family changes
Demeanor	+ Direct expression of feelings and/or suicidal intent, sadness or crying "I just don't want to feel this way anymore"	+ Hostile or angry Example: "They'll be sorry", "I'll show them" or "I'm a burden"	+ Flat affect, little to no emotion expressed, matter-of-fact statement of intent
Attendance	+ No change noted, attendance pattern is not consistent	+ Increasing number of absences over previous 6 weeks	+ Significant absences/truancy
Hopelessness	+ Ambivalent towards future	+ Expresses that things will not get better	+ Cannot offer reasons for living
Discipline/Legal	+ No significant school discipline issues/legal involvement	+ Prior significant school discipline issues/legal involvement	+ Current school consequences/legal consequences
SUICIDE PLAN			
Details	+ Vague	+ Some specific	+ Well thought out, knows when, where, how
Availability of means	+ Not available, will have to get	+ Within a few hours	+ Have on hand
Time	+ No specific time or in future	+ Within a few hours	+ Immediately
PRIOR ATTEMPTS	+ Any reported concern (by adult or student/friend)	+ Repeated threats	+ Any previous attempt
MEDICAL HISTORY	+ No significant medical history	+ Short term illness, currently under doctor's care/prescription	+ Chronic or debilitating illness
PROTECTIVE FACTORS			
Resources	+ Help available, significant others concerned and willing to help	+ Family and friends available but unable to consistently help	+ Family and friends not available, exhausted, or unable to intervene
Coping behaviors	+ Daily activities continue as usual with little change	+ Some daily activities disrupted; disturbance in eating, sleeping, school work	+ Gross disturbances in daily functioning
Lifestyle	+ Stable relationships,	+ Recent acting out behavior and substance	+ Suicidal behavior in unstable

	personality, and school performance	abuse; acute suicidal behavior, unstable personality	personality, emotional disturbance, repeated difficulty with peers, family and teachers
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SUICIDE RISK OBSERVATION

Next Steps	If the student is assessed as “risk present”, maintain close home/school communication, provide support and follow-up resources and community resources.	If the student is assessed as “moderate risk”, contact parents to come in for meeting as soon as possible. <u>Parents must sign “Intervention Report/Plan of Action” before student is released from school.</u>	If the student is assessed as “high risk”, CONTACT PARENTS. Student is transported immediately for emergency assessment. Complete action plan.
	Notes:	Notes:	Notes:
Communication to Parents	Contact parent. Share results of “risk present”, encourage parents to consult with doctor of therapist.	Request parent meeting TODAY. Share serious concerns of at-risk behaviors.	Parents may transport student for assessment. If parents are unavailable, contact SRO/9-1-1/DCF for immediate intervention.
	Notes:	Notes:	Notes:

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Issues and Options Surrounding a Student's Return to School Following a Suicide-related Absence

Students who have made a suicide attempt are at increased risk to attempt to harm themselves again. Appropriate handling of the re-entry process following a suicide attempt is an important part of suicide prevention. School personnel can help returning students by directly involving them in planning for their return to school. This involvement helps the student to regain some sense of control.

Confidentiality is extremely important in protecting the student and enabling school personnel to provide assistance. Although necessary for effective assistance, it is often difficult to obtain information on the student's condition. If possible, secure a signed release from parents/guardians to communicate with the student's therapist/counselor. Meeting with parents about their child prior to his or her return to school is vital to making decisions concerning needed supports and the student's schedule.

Any number of issues are likely to surface and will need to be considered on a case-by-case basis and addressed at the re-entry planning session. It is very likely that some school staff, the family, the mental health professional, and the student will express concerns. The more common issues are listed in this document.

1. Issue: Social and peer relations

Options:

- Place the student in a school-based support group, peer helpers program, or buddy system.
- Be sensitive to the need for confidentiality and how to restrict gossip.

2. Issue: Transition from the hospital setting

Options:

- Visit the student in the hospital or at home or begin the re-entry process with permission from the parents/guardians.

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- Consult with the student to discuss what support he or she feels is needed to make a more successful transition. Discuss what information faculty may need to facilitate a smooth re-entry.
 - Request permission to attend the treatment planning meetings and the hospital discharge conference.
 - Arrange for the student to work on school assignments while in the hospital.
 - Include the therapist/counselor in the school re-entry planning meeting.

3. Issue: Academic concerns on return to school

Options:

- Ask the student about his or her academic concerns and discuss potential options
- Arrange tutoring from peers or teachers.
- Modify the schedule and adjust the course load to relieve stress.
- Allow makeup work to be adjusted and extended without penalty.
- Monitor the student's progress.
- Communicate with school personnel about emotions, needs, and behaviors of student.

4. Issue: Medication

Options:

- Alert the school nurse to obtain information regarding prescribed medication and possible side effects.
- Notify teacher if significant side effects are anticipated.
- Follow the policy of having the school nurse monitor and dispense all medication taken by the student at school.

5. Issue: Family concerns (denial, guilt, lack of support, social embarrassment, anxiety, etc.)

Options:

- Schedule a family conference with designated school personnel or home-school coordinator to address concerns.
- Include parents in the re-entry planning meeting.
- Reinforce the fact that the information the school needs to assist the student is limited to facilitating optimal school adjustment and performance, and does not include personal details of emotional distress.

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- Refer the family to an outside community agency or private practitioners for family counseling services.
 - Include information about community agencies with a sliding fee scale.

6. Issue: Behavior and attendance problems

Options:

- Meet with teachers to help them anticipate appropriate limits and consequences of behavior.
- Discuss concerns and options with the student.
- Consult with building principal.
- Request daily attendance reports from the attendance office.
- Schedule home visits or regular parent conferences to review attendance and discipline records.
- Arrange for counseling for the student.

7. Issue: Ongoing Support*

Options:

- Assign a school liaison to meet regularly with the student at established times. Try to assign someone who already has a relationship with the student. Talk to the student about his or her adjustment.
- Maintain contact with the therapist and parents.
- Ask the student to check in with the school counselor daily/weekly.
- Utilize established support systems, student assistance teams, support groups, friends, clubs, and organizations.
- Schedule follow-up sessions with the school psychologist or home-school coordinator.
- Provide information to families regarding available community resources when school is not in session.

*In the event that a student loses a family member to suicide, school personnel should understand that suicide evokes a special, complicated grief and most of the ongoing support considerations mentioned in #7 would also apply.

INTERVENTION REPORT PARENT / GUARDIAN PLAN OF ACTION

Marysville School District

Student Name _____ Date _____

I understand that my child has been assessed as being at-risk for suicide due to the following indicators:

- Has considered suicide or is considering suicide
- Has the means available or immediate accessibility
- Other: _____

EMERGENCY RESOURCES

Pawnee Mental Health	http://www.pawnee.org/	1-800-609-2002
Katie's Way	https://katieswaymanhattan.com/	(785) 320-7331
National Hopeline Network	https://hopeline.com/	1-800-784-2433
National Suicide Prevention Lifeline	www.suicidepreventionlifeline.org	1-800-273-TALK (8255)
You Matter	www.youmatter.suicidepreventionlifeline.org	
Jason Flatt Act and Foundation	http://jasonfoundation.com/about-us/jason-flatt-act/	
Kansas Suicide Prevention Resource Center	http://www.kansassuicideprevention.org/	

Parent Plan of Action: _____

Appointment with family physician: _____

Appointment with outside therapist/psychiatrist/counselor: _____

- School Counselor/School Psychologist scheduled follow-up visit with the student.

Date: _____

Release to Parent

I have been informed by school personnel of their concerns for my child's safety. I understand that I am responsible for taking action necessary to ensure my child's continued safety:

Parent's Signature

Date

RESOURCES

Pawnee Mental Health

<http://www.pawnee.org/>

Emergency Hotline: 1-800-609-2002

Katie's Way

<https://katieswaymanhattan.com/>

(785) 320-7331

National Hopeline Network

<https://hopeline.com/>

1-800-784-2433

National Suicide Prevention Lifeline

www.suicidepreventionlifeline.org

1-800-273-TALK (8255)

You Matter

www.youmatter.suicidepreventionlifeline.org

Jason Flatt Act and Foundation

<http://jasonfoundation.com/about-us/jason-flatt-act/>

Kansas Suicide Prevention Resource Center

<http://www.kansassuicideprevention.org/>