

School Suicide Prevention, Intervention & Postvention

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SACRAMENTO
STATE

Workshop Outline

1. Introduction to the Problem of Suicide
2. Suicide Prevention
3. Suicide Risk Assessment
4. School Suicide Intervention
5. Suicide Postvention
6. Questions and Answers

Workshop Goals

- When you leave this workshop I hope that you will have...
 1. a better understanding of the magnitude of the problem of youth suicide.
 2. considered a variety of suicide prevention strategies.
 3. increased your knowledge of suicide risk assessment.
 4. increased your knowledge of how schools should intervene with the student at risk for suicidal behavior.
 5. increased your knowledge of how to respond to the aftermath of a completed suicide.

Part 1

Introduction to the Problem of Suicide

GOAL:

Develop a better understanding of the magnitude of the problem of youth suicide.



National Youth Suicide Statistics

- ❑ Third leading cause of death among 10 to 24 year olds. *
- ❑ 19% of high school students report having seriously considered suicide in the prior 12 months. * *
- ❑ 14.8% report having made a suicide plan in the prior 12 months. * *
- ❑ 8.8% of high school students report having attempted suicide. * *
- ❑ 2.6% indicating that the attempt required medical attention. * *
- ❑ 100 to 200 attempts for each completed suicide. * * *

**Fatal Injury Reports, 2003*, <http://webappa.cdc.gov/sasweb/ncipc/leadcaus10.html>

***Youth Risk Behavior Survey (2003)*, www.cdc.gov/HealthyYouth/yrbs/index.htm

****McIntosh (2004), Suicide Data Page*, <http://www.suicidology.org/displaycommon.cfm?an=1&subarticlenbr=21>

Other Suicide Facts: All Age Groups

(2002 National Data)

- ❑ Total number of deaths = 31,655*
 - 11th leading cause of death.
- ❑ More men die by suicide.*
 - Gender ratio 4.068 male suicides (n = 25,409) for each females suicide (n = 5,682).
- ❑ Suicide Rate = 11/100,000 (males, 17.9; females, 4.3).*
- ❑ 54% of suicides were by firearms (5.5/100,000).
- ❑ Highest suicide rate is among white men over 85 (54.87/100,000** vs 7.4/100,000* among 15-19 year olds***).

*Kochanek, K.D., Murphy, S.L., Anderson, R.N., & Scott, C. (2004). Deaths: Final data for 2002. *National Vital Statistics Reports*, 53(5). Hyattsville, MD: National Center for Health Statistics. DHHS Publication No. (PHS) 2005-1120.

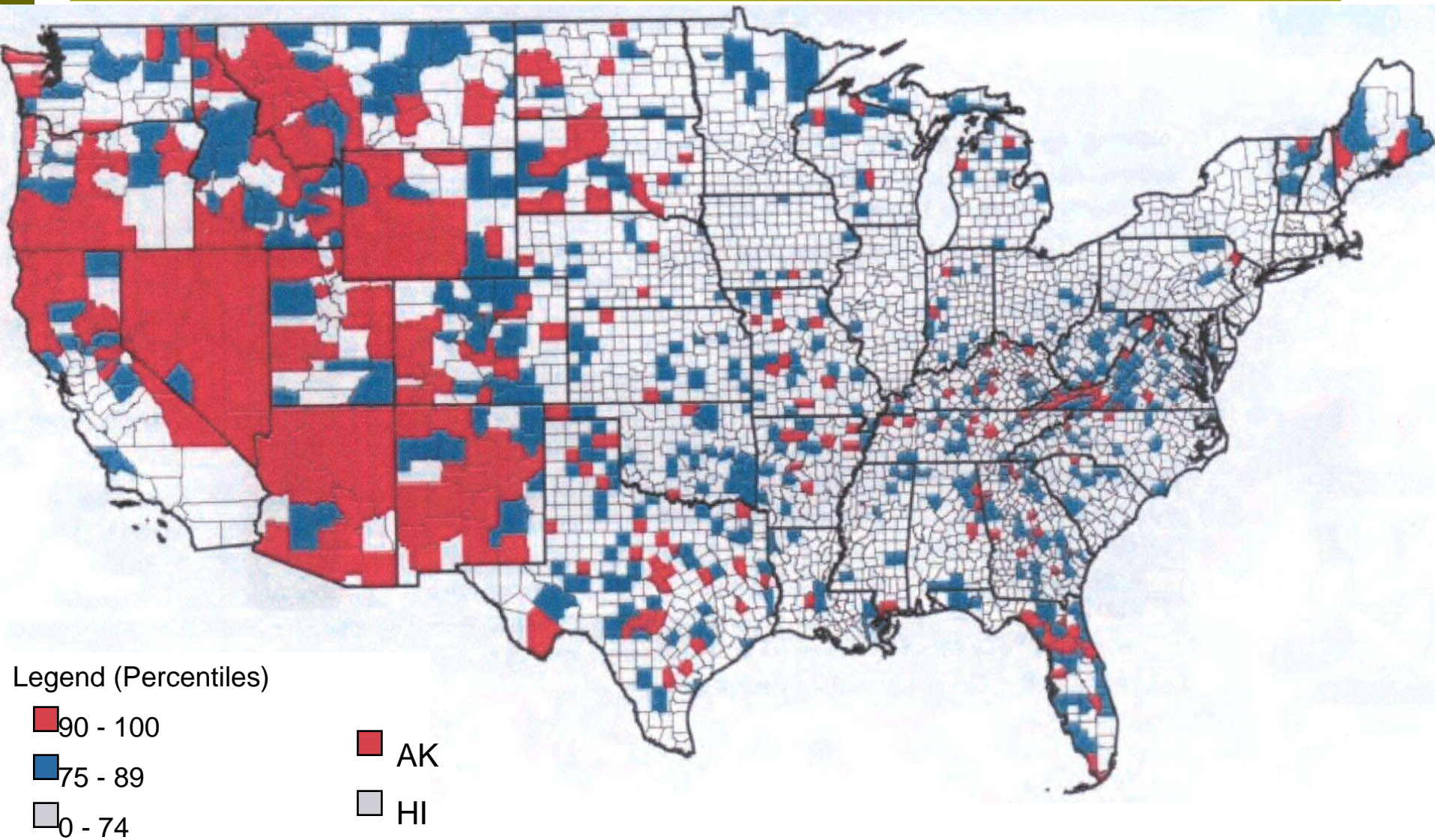
www.cdc.gov/nchs/data/nvsr/nvsr53/nvsr53_05.pdf

**National Center for Injury Prevention and Control (2004), http://webappa.cdc.gov/sasweb/ncipc/mortrate10_sy.html

***Fatal Injury Reports, 2003, <http://webappa.cdc.gov/sasweb/ncipc/leadcaus10.html>

Suicide Rates by County (2001 Data)

CA = <http://www.injuryprevention.org/states/ca/casu-co.htm>



Suicide Rates by State (2002 Data)

Rank	State	Rate
1	Wyoming	21.1
2	Alaska	20.5
3	Montana	20.2
4	Nevada	19.5
5	New Mexico	19.8
6	Arizona	16.3
7	Colorado	16.1
8	West Virginia	15.3
9	Idaho	15.1
10	Vermont	14.9

42	California (up from 46 in 2001)	9.2
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Source: [Kochanek et al. \(2004\)](#)

(1989 to 1998)

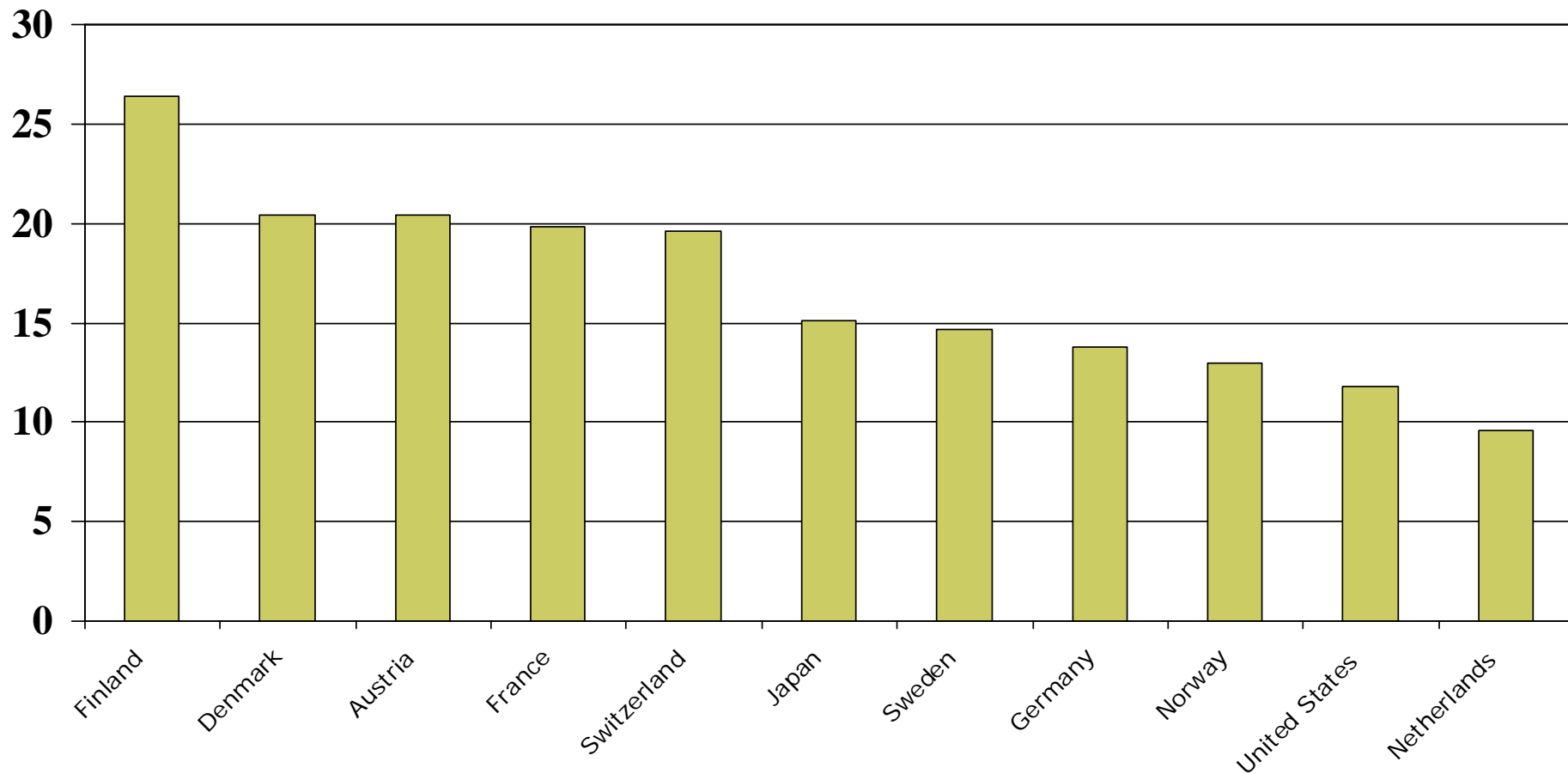


Suicide Rates by Country

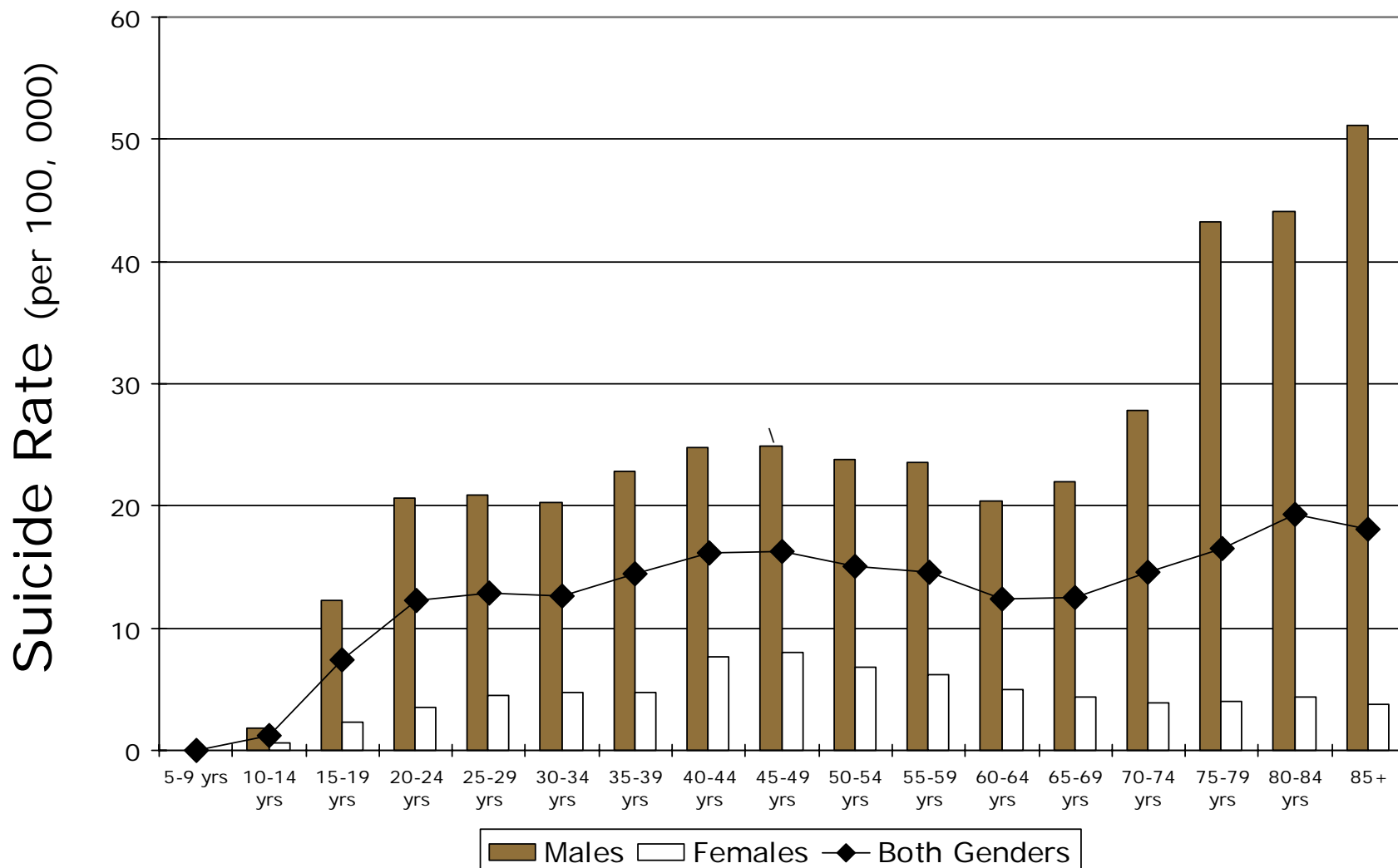
- ❑ World Health Organizations (2003)
- ❑ http://www.who.int/mental_health/prevention/suicide/suiciderates/en/

Suicide Rates (per 100,000)

Among Highest GNP Nations

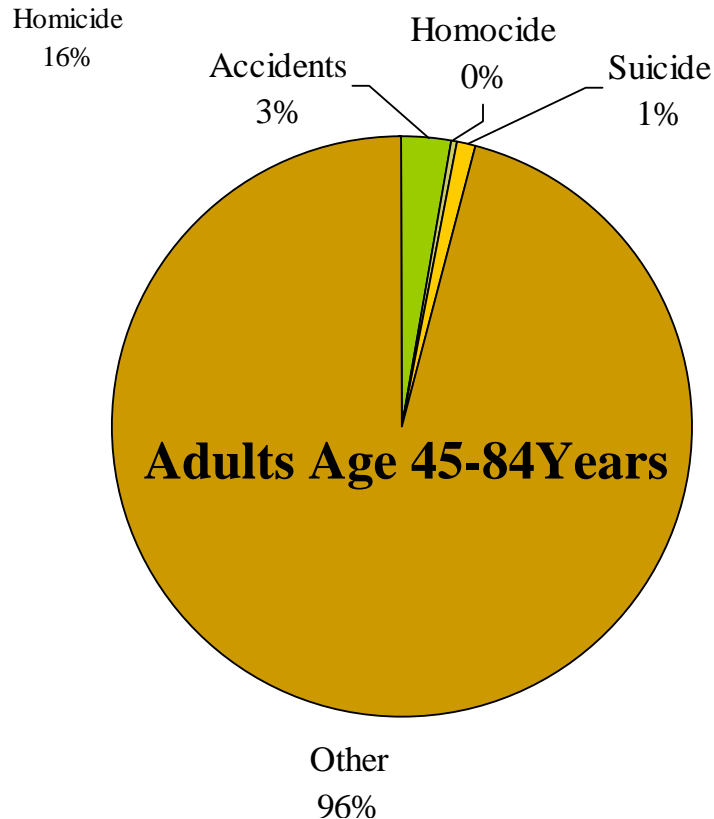
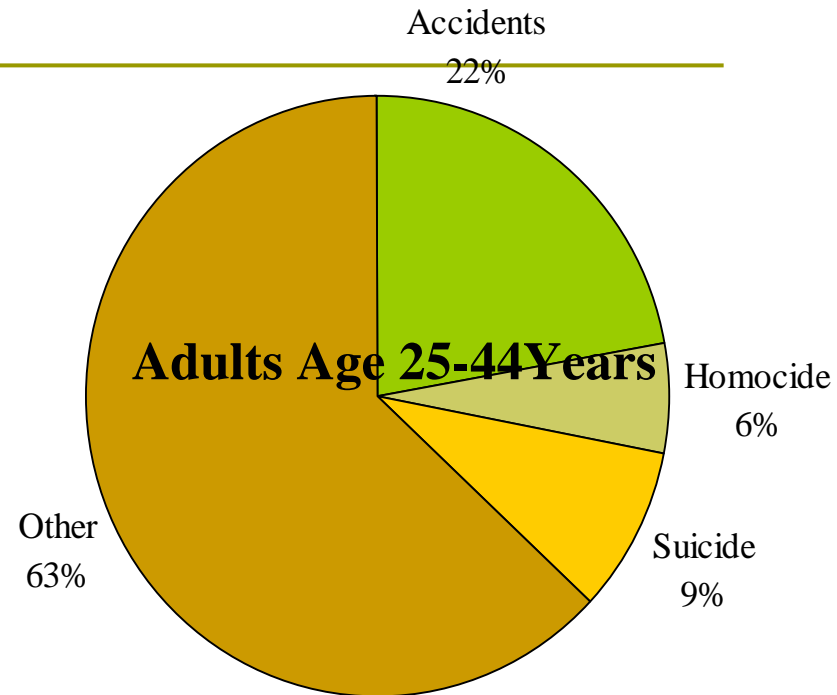
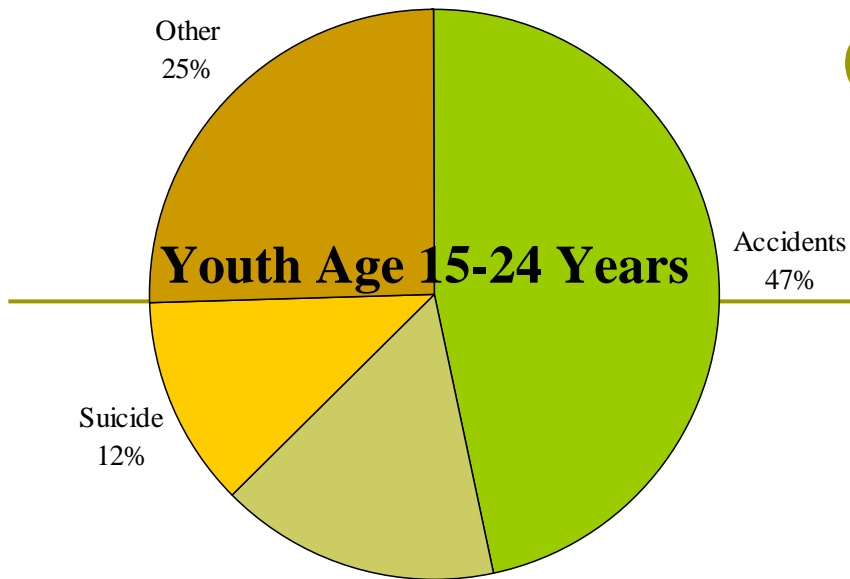


Suicide Rates by Age & Gender 2002



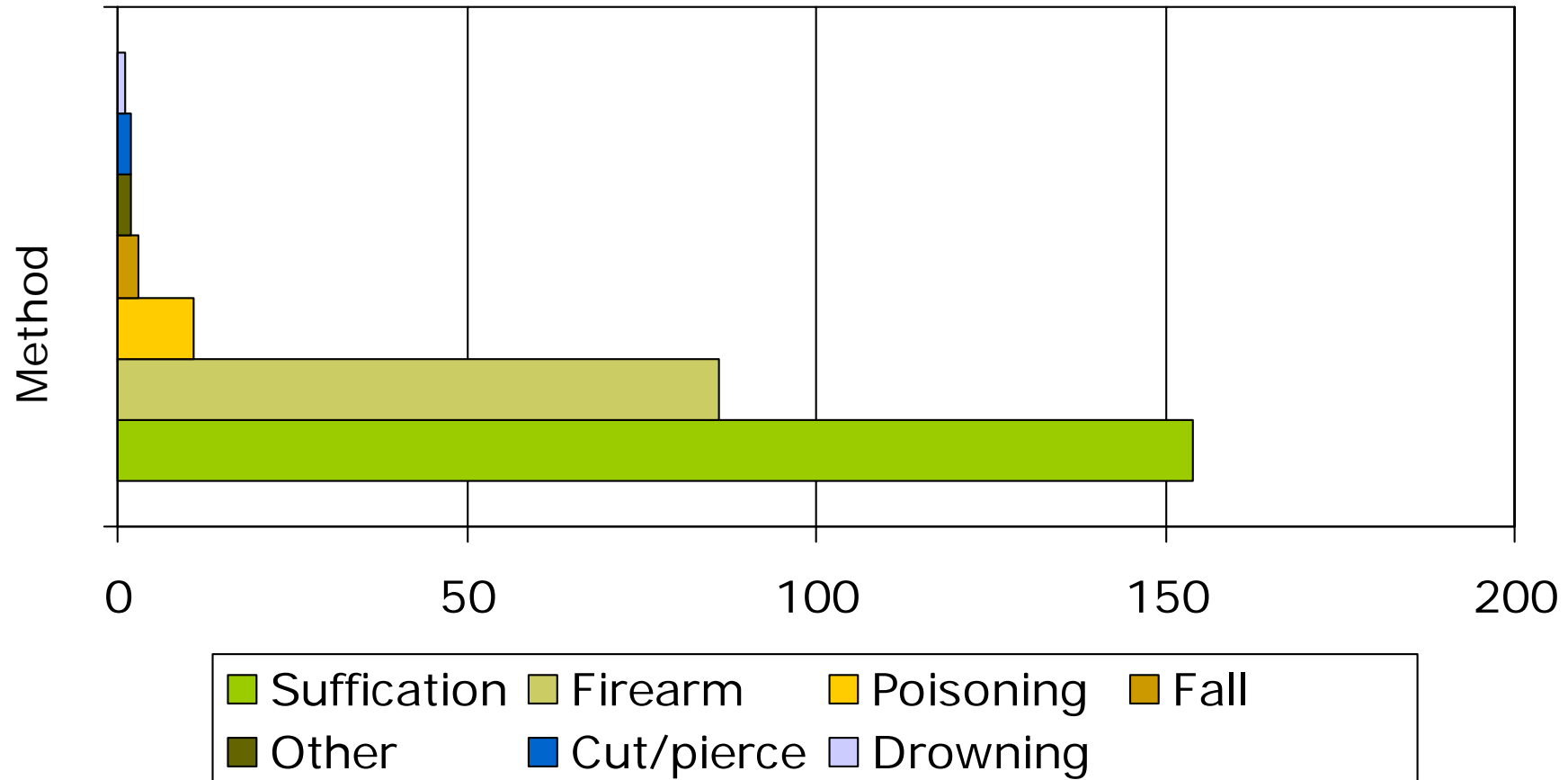
Source: NCIPC (2004)

Causes of Death (2002 data)

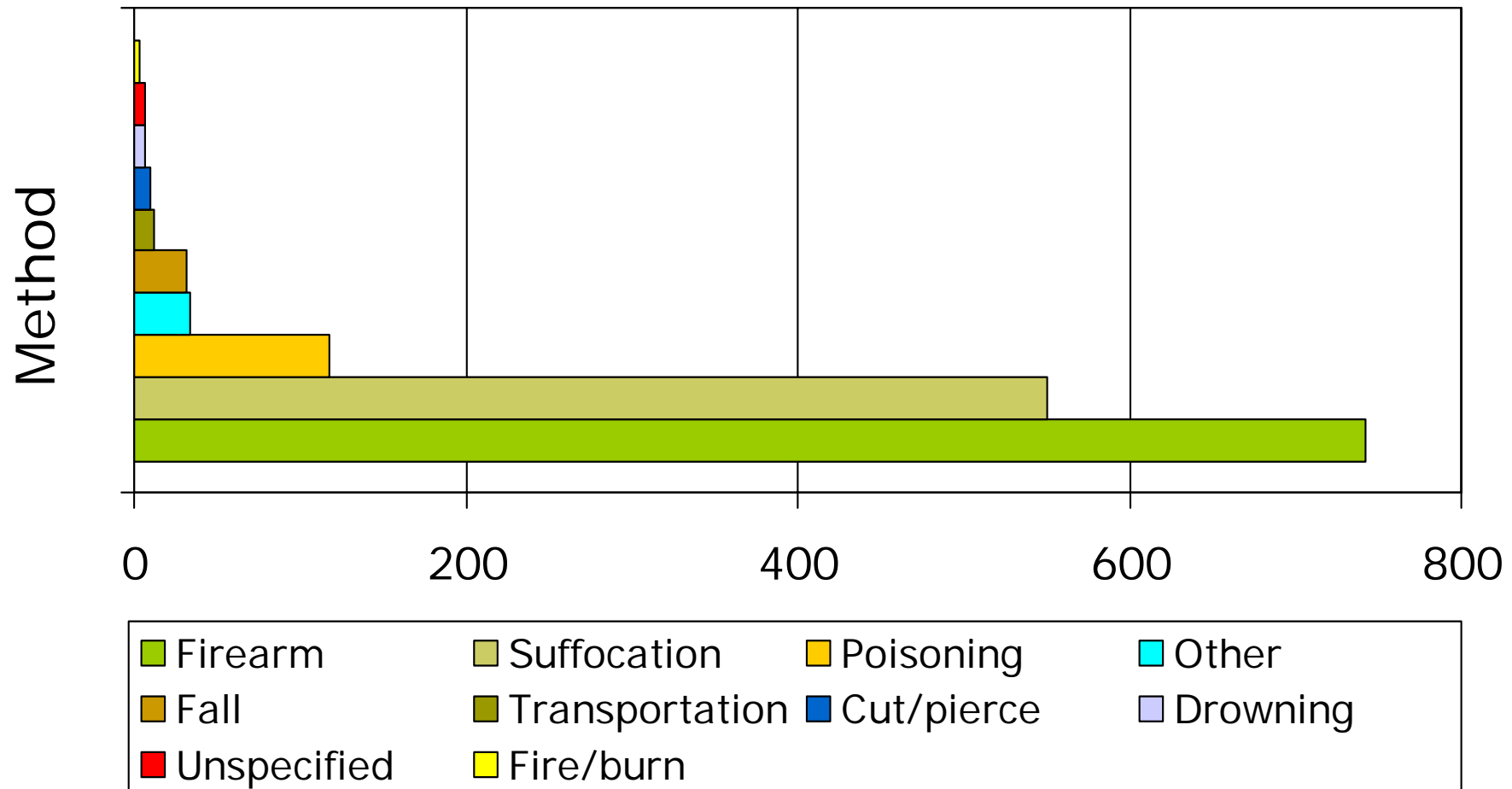


Source: Kochanek et al. (2004)

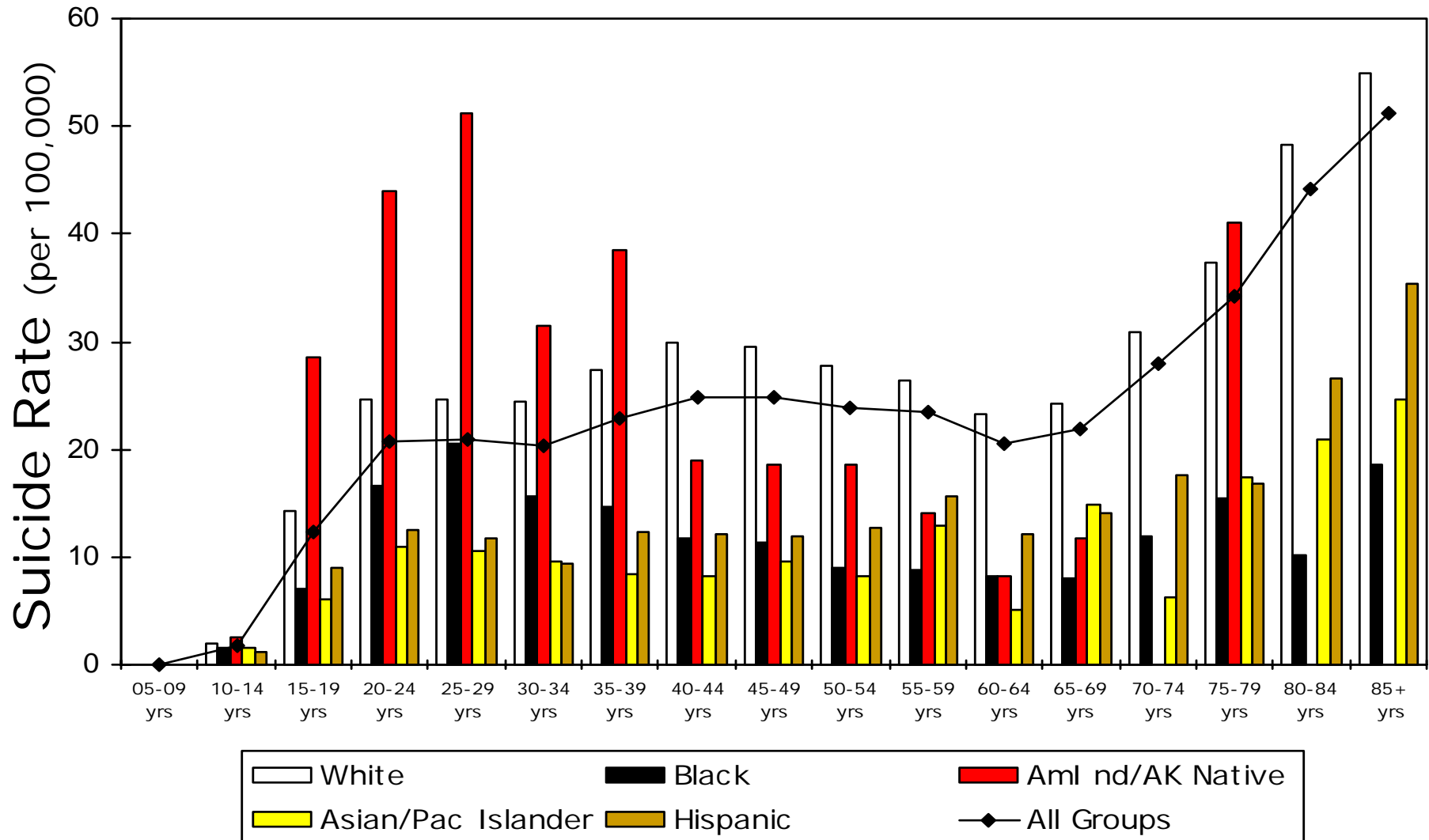
Suicide Methods: 10-14 Year Olds (2002 data)



Suicide Methods: 15-19 Year Olds (2002 data)

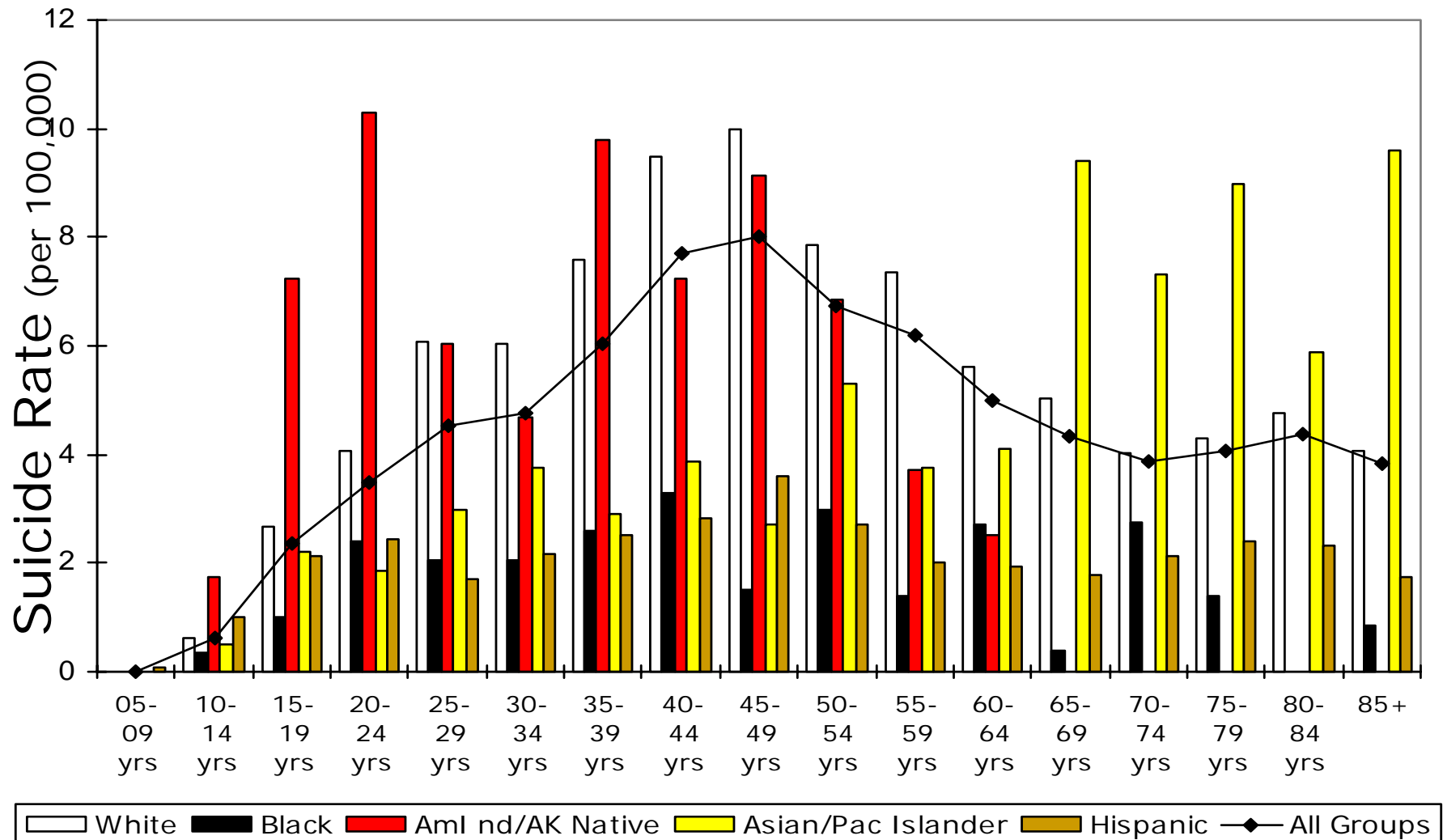


Male Suicide Rates by Age & Ethnicity, 2002



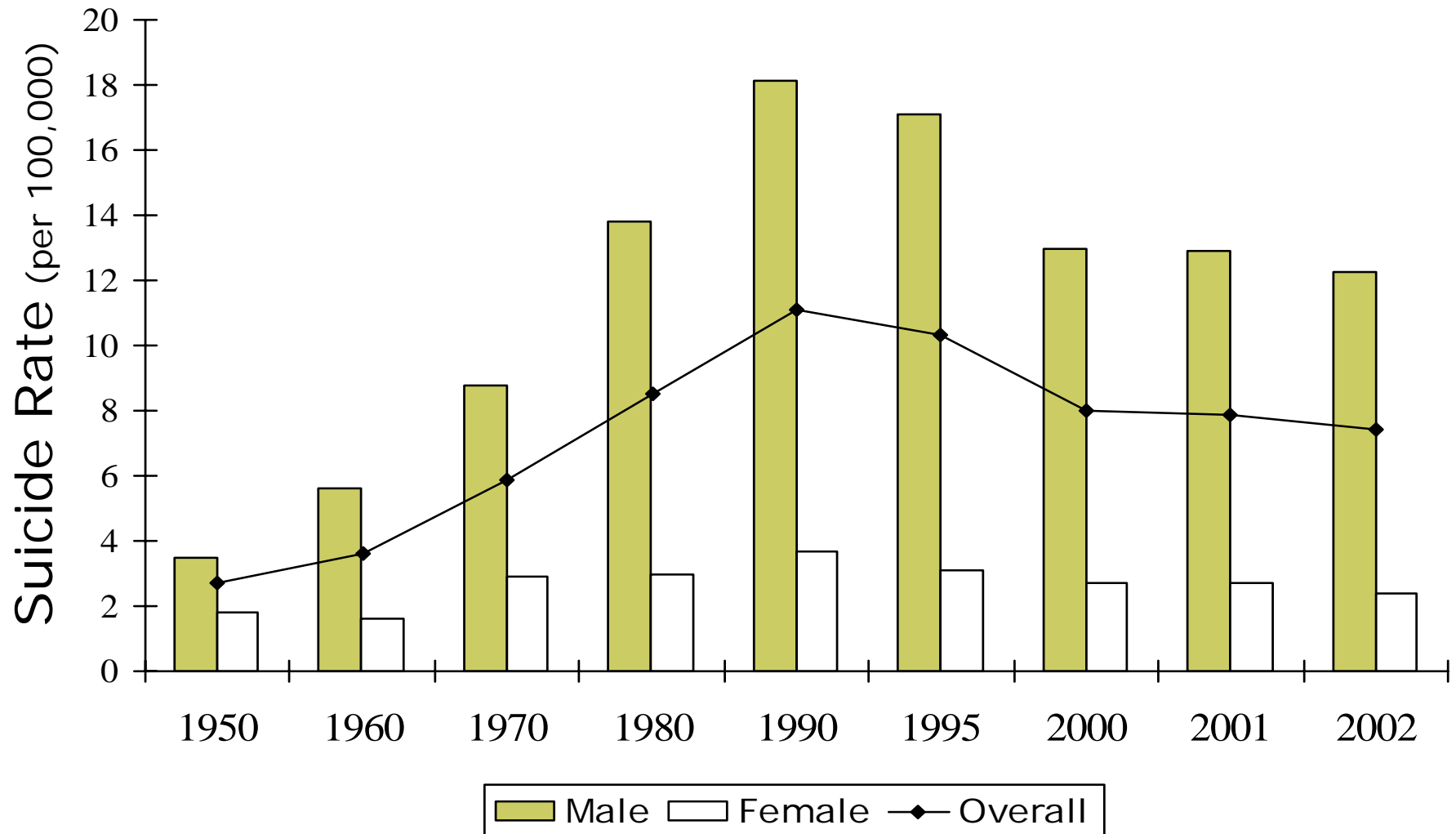
Source: NCIPC (2004)

Female Suicide Rates by Age & Ethnicity, 2002



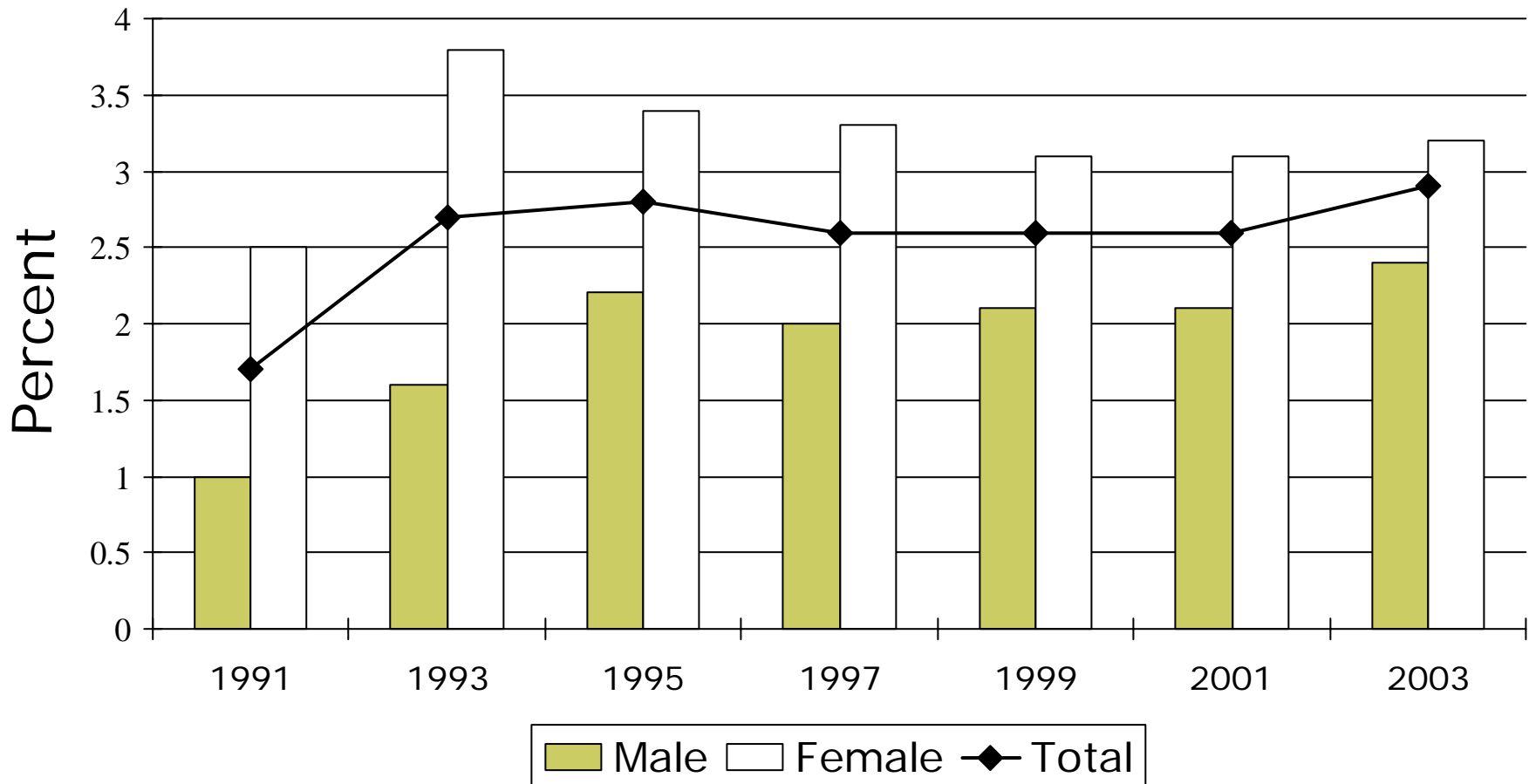
Source: NCIPC (2004)

15-19 Year Old Suicide Rates Over Time



Source: NCIPC (2004)

Percent¹ of 9-12 Grade Students with an Injurious Suicide² Attempt (YRBS)

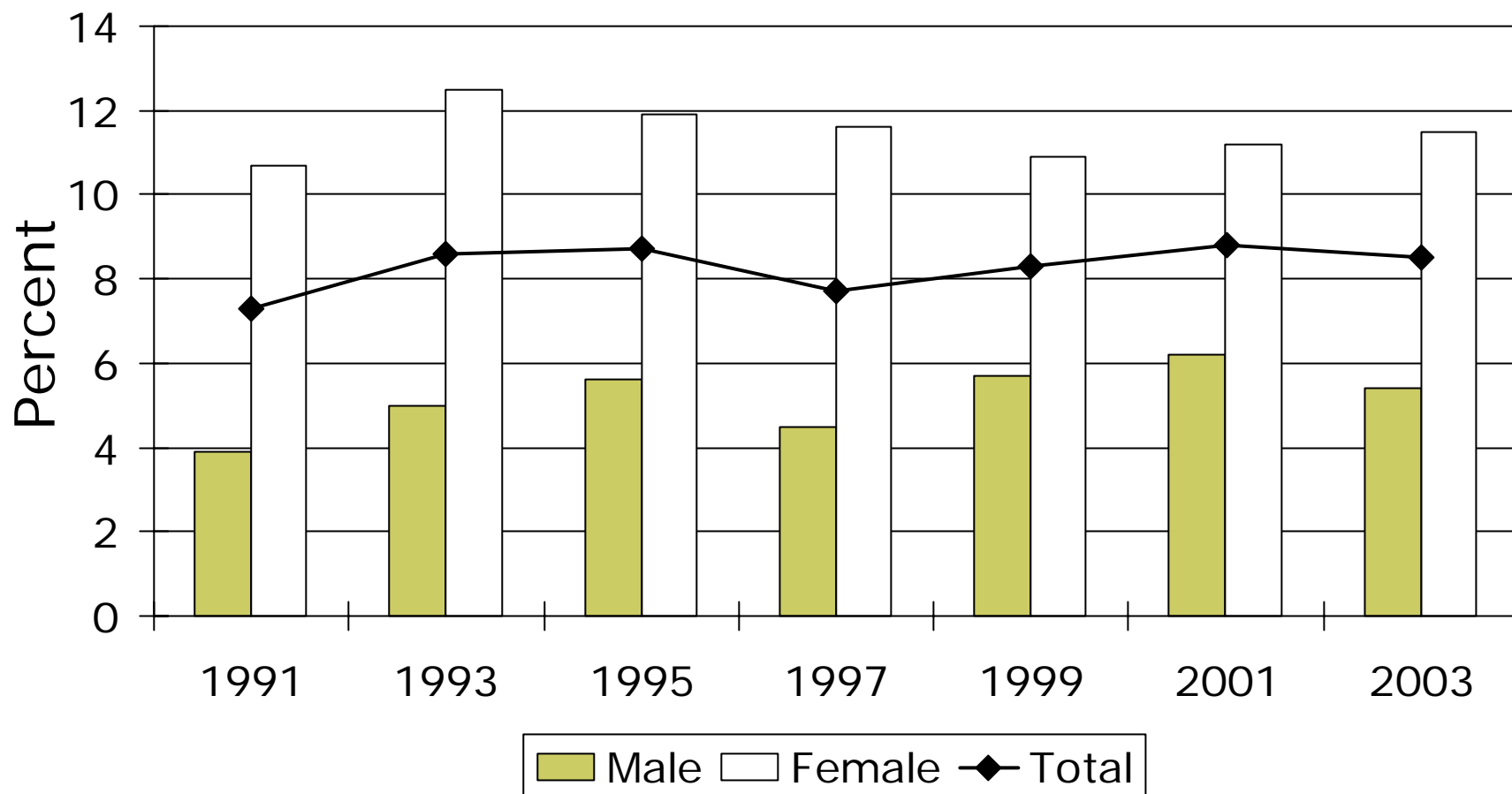


¹Response is for the 12 months preceding the survey

²A suicide attempt that required medical attention

Youth Risk Behavior Survey (2003)

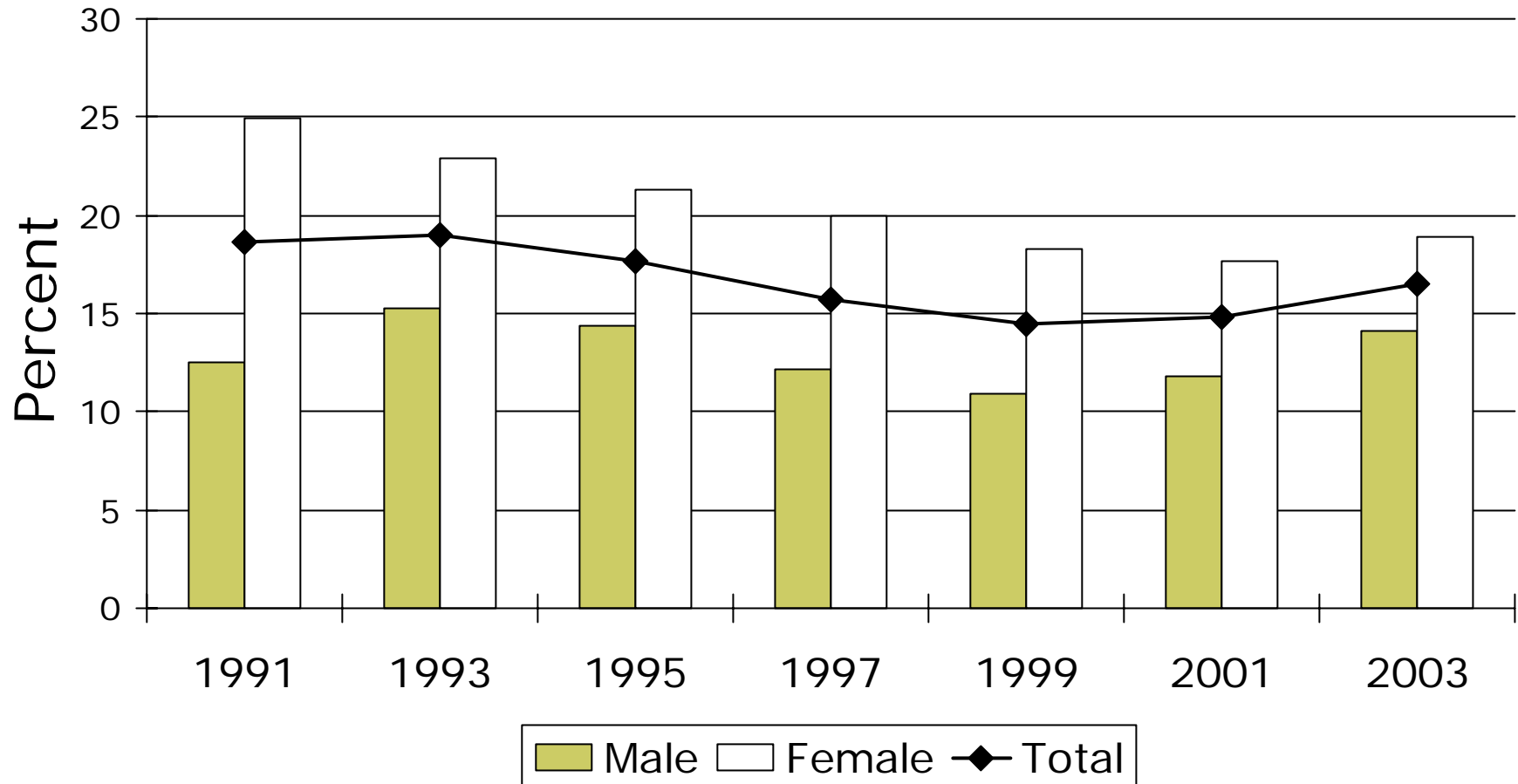
Percent¹ of 9-12 Grade Students with a Suicide Attempt² (YRBS)



¹Response is for the 12 months preceding the survey

²A suicide attempt that did not necessarily require medical attention

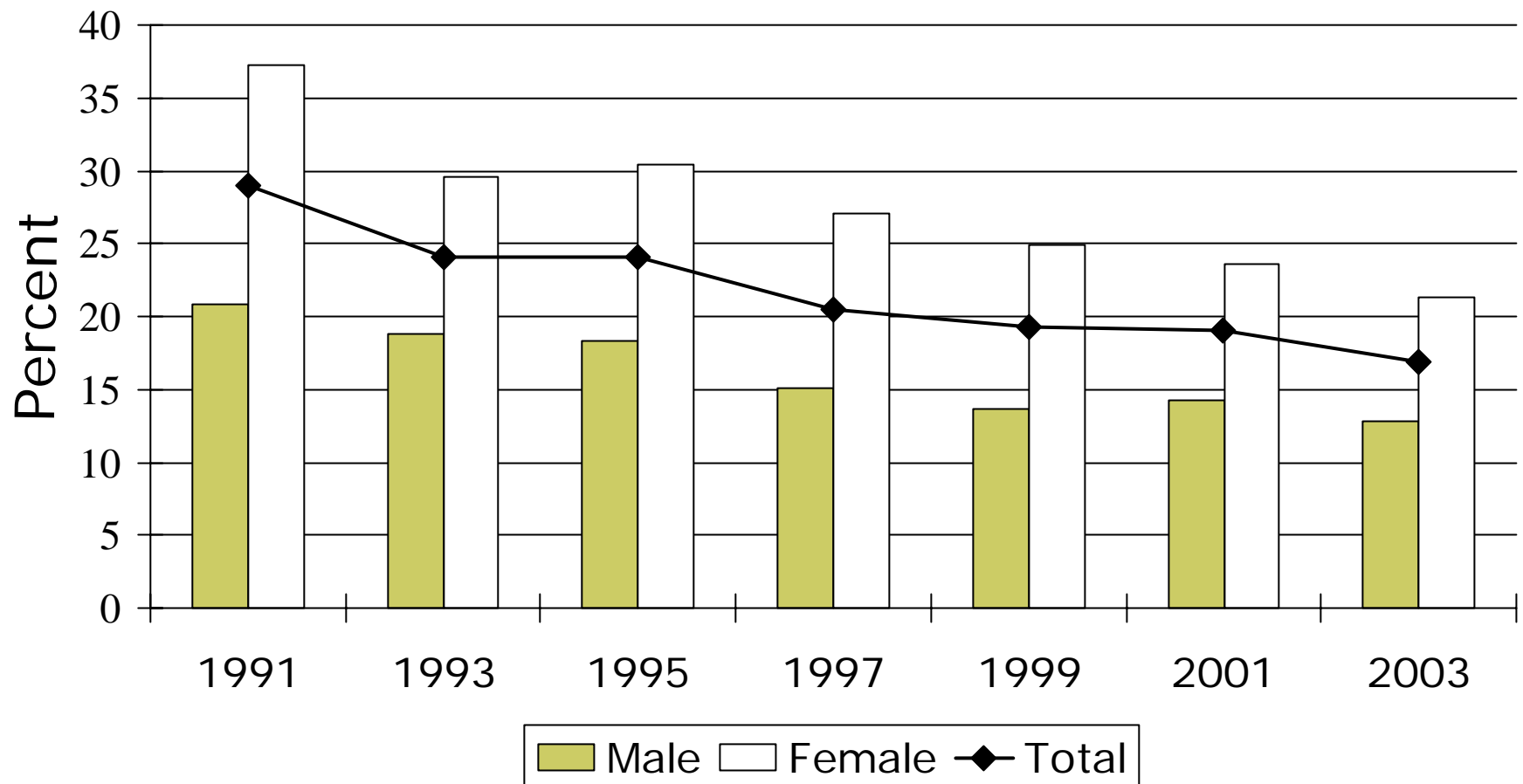
Percent¹ of 9-12 Grade Students with a Suicide Plan² (YRBS)



¹Response is for the 12 months preceding the survey

²Thought about how they would attempt suicide

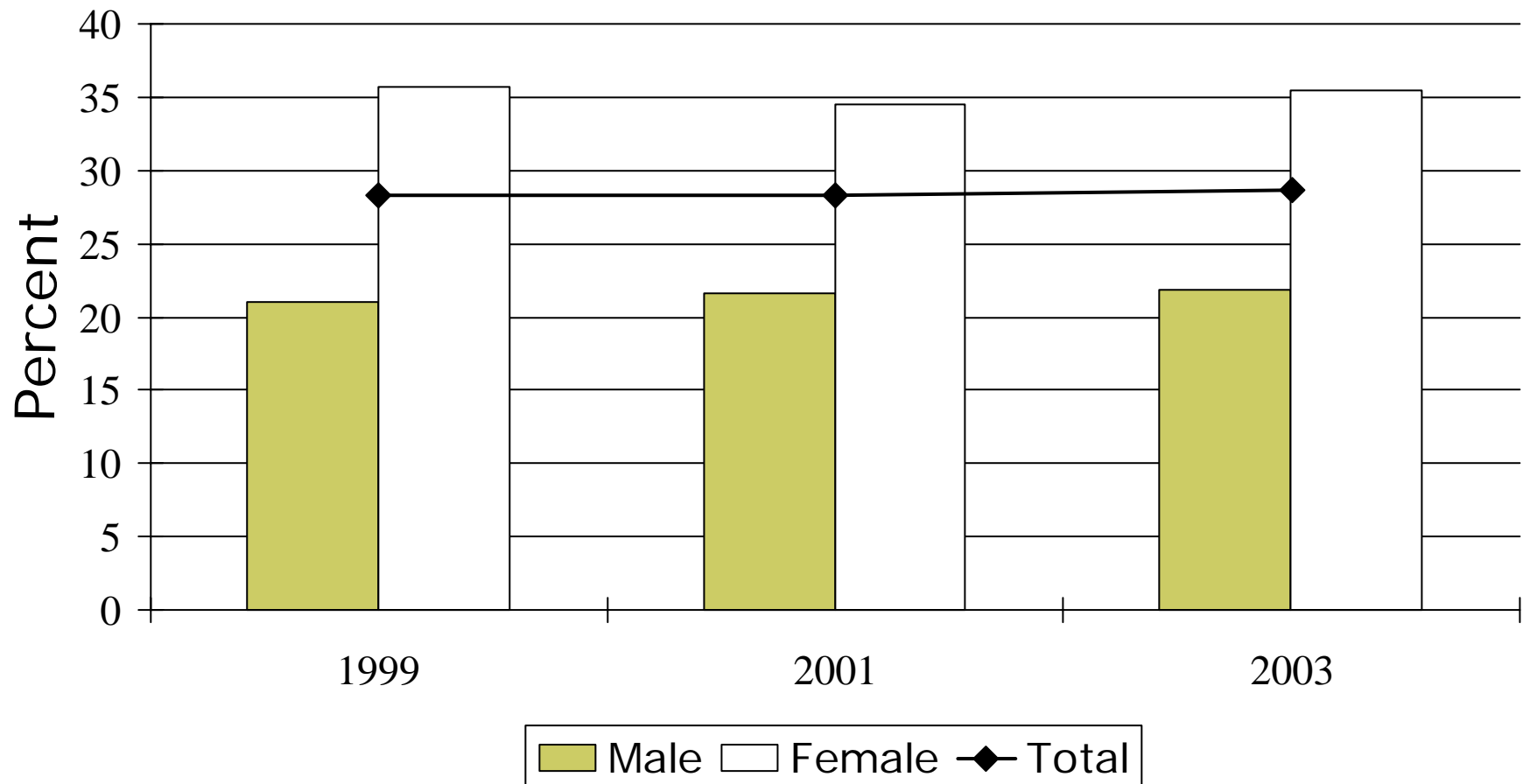
Percent¹ of 9-12 Grade Students who Seriously Considered Suicide (YRBS)



¹Response is for the 12 months preceding the survey

Youth Risk Behavior Survey (2003)

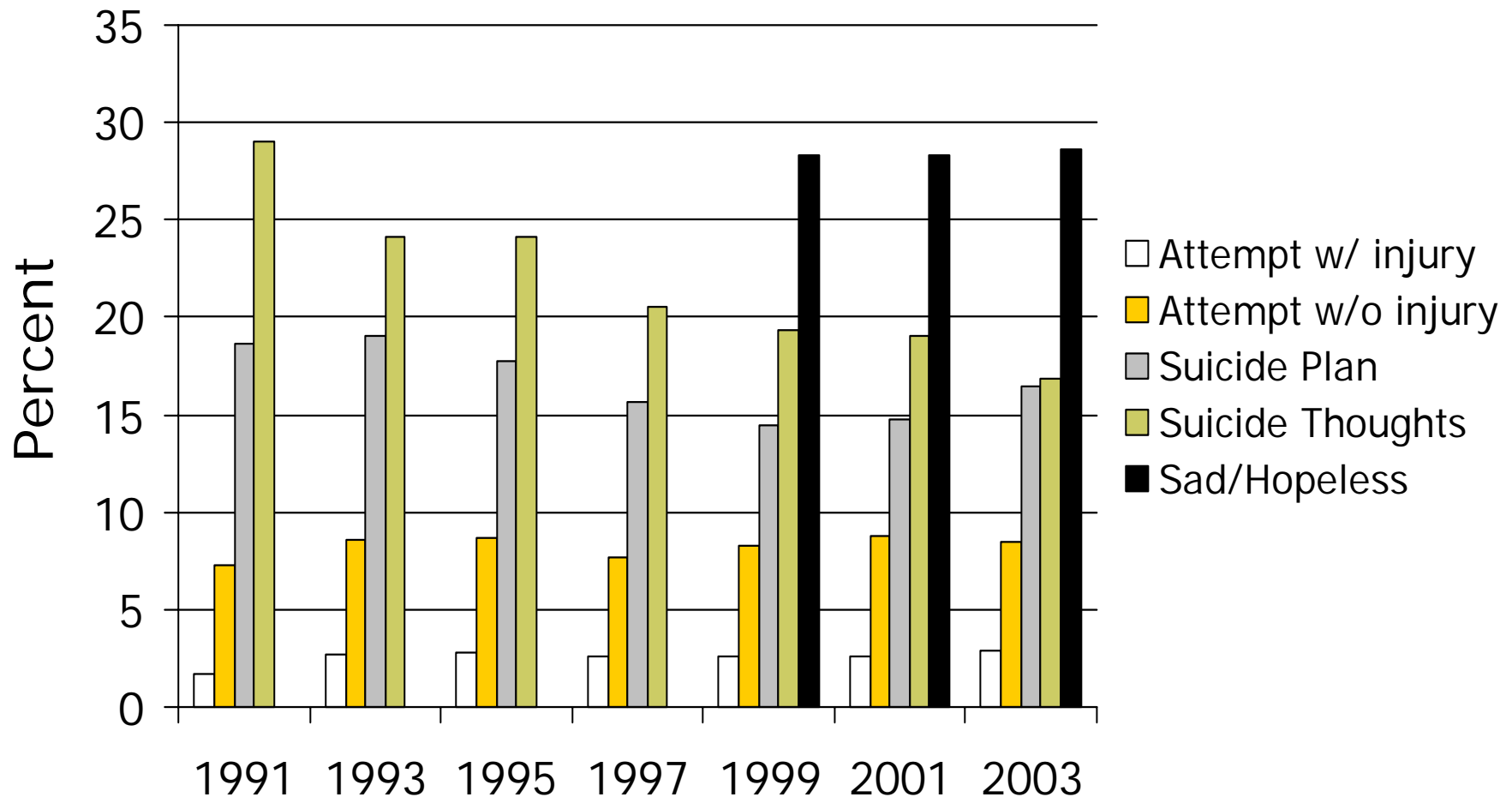
Percent¹ of 9-12 Grade Students who felt sad or hopeless² (YRBS)



¹Response is for the 12 months preceding the survey

²Almost every day for two weeks or more in a row and as a result stopped doing some usual activities

Percent¹ of 9-12 Grade Students who display suicide related behaviors² (YRBS)



¹Response is for the 12 months preceding the survey

²Both genders

YRBS (San Francisco vs. Los Angeles): Behavior in the Past 12 Months

2001	LA %	SF %	P value
Felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities.	34.6	28.6	0.04*
Seriously considered attempting suicide.	16.6	14	0.09
Made a plan about how they would attempt suicide.	13.9	13.2	0.63
Actually attempted suicide.	12.3	7.4	<0.01 *
Suicide attempt had to be treated by doctor or nurse.	3.7	2.5	0.16

* Difference considered large enough not to be accounted for by chance

Part 2

Suicide Prevention

GOAL:

Considered a variety of suicide prevention strategies.



Primary Prevention: Suicide Prevention Policy

It is the policy of the Governing Board that all staff members learn how to recognize students at risk, to identify warning signs of suicide, to take preventive precautions, and to report suicide threats to the appropriate parental and professional authorities.

Administration shall ensure that all staff members have been issued a copy of the District's suicide prevention policy and procedures. All staff members are responsible for knowing and acting upon them.

Primary Prevention:

Suicide Prevention Curricula

- Nationally, 15.9% of schools offer a classroom curriculum-based program.
- An almost universal component of these programs is the targeting of all adolescents regardless of their suicide risk.
- Programs on the average lasted almost 4 hours.

Primary Prevention:¹

Suicide Prevention Curricula Goals

- Increased awareness of the problem of youth suicide.
- Facilitating both peer and self identification and referral.
- Improve coping skills.

NOTE:

Most curricula employ a stress model of suicide vs. a mental illness model

¹Acknowledgement/Reference: Gould, M. S., & Kramer, R. A. (2001). Youth suicide prevention. *Suicide and Life-Threatening Behavior*, 31 (sup.), 6-31.

Primary Prevention:¹

Suicide Prevention Curricula Criticisms

- ❑ Few Suicidal Students Are Reached.
- ❑ Uncertain Effects on the Suicidal Student.
 - Some research indicates slight positive effects (attitudes & knowledge).
 - Some research indicates no effect.
 - Some research indicates negative effects.
 - ❑ Reduced likelihood of referral
 - ❑ Negative reactions among at-risk students
 - Not recommending the program
 - Feeling more suicidal/anxious
- ❑ Tendency to Normalize Suicidal Behavior.

¹Acknowledgement/Reference: Gould, M. S., & Kramer, R. A. (2001). Youth suicide prevention. *Suicide and Life-Threatening Behavior*, 31 (sup.), 6-31.



Primary Prevention:

Suicide Prevention Curriculum in MDUSD



- SOS: Depression Screening and Suicide Prevention
 - <http://www.mentalhealthscreening.org/highschool/>
 - "The main teaching tool of the SOS program is a video that teaches students how to identify symptoms of depression and suicidality in themselves or their friends and encourages help-seeking. The program's primary objectives are to educate teens that depression is a treatable illness and to equip them to respond to a potential suicide in a friend or family member using the SOS technique. SOS is an action-oriented approach instructing students how to **ACT** (**A**cknowledge, **C**are and **T**ell) in the face of this mental health emergency."
 - Evidenced based!
 - SOS PowerPoint

Primary Prevention:¹

Suicide Prevention Screening

- ❑ School-wide Screening
 - Very few false negatives
 - Many false positives
 - ❑ Requires second-stage evaluation
- ❑ Limitations
 - Risk waxes and wanes
 - Principals' view of acceptability
 - Requires effective referral procedures
- ❑ Possible Tool
 - Suicidal Ideation Questionnaire
 - Author: William Reynolds
 - Publisher: Psychological Assessment Resources

The image shows the front cover of a questionnaire titled "ABOUT MY LIFE" by William M. Reynolds. At the top, there are fields for "Name", "Age", "Grade", "Sex", and "Date". The title "ABOUT MY LIFE" is prominently displayed in large, bold, blue letters, with "SIQ Form HS" in smaller text above the "ABOUT" part. Below the title, it says "by William M. Reynolds". Further down, under the heading "Side One Directions", there is a paragraph of instructions: "On the back of this page are a number of sentences about thoughts that people sometimes have. You will be reading each sentence and deciding how often you have the thought the sentence describes. There are no right or wrong answers. Just remember to answer the way you really think." At the bottom, there is a logo for "PAR Psychological Assessment Resources, Inc." with the address "PO Box 998 / Odessa, Florida 33556". Below that, it says "Copyright © 1987 by Psychological Assessment Resources, Inc. Not to be reproduced in whole or in part by any process without written permission of Psychological Assessment Resources, Inc." and "9876543". At the very bottom, it says "This form is printed in turquoise ink on white paper. Any other version is unauthorized. Revisor #1303-AS" and "Printed in U.S.A."

¹Acknowledgement/Reference: Gould, M. S., & Kramer, R. A. (2001). Youth suicide prevention. *Suicide and Life-Threatening Behavior*, 31 (sup.), 6-31.



Primary Prevention:

Suicide Prevention Screening in MDUSD



- SOS: Depression Screening and Suicide Prevention
 - The *Brief Screen for Adolescent Depression* (BSAD) is a 7-question screening tool that reinforces the information students receive regarding depression through the video and educational materials. Screenings can be administered anonymously. Forms are available in English and Spanish.
 - Following the video and/or screening, schools should provide an opportunity for students to talk further with a school professional.

Primary Prevention:¹

Suicide Prevention: Gatekeeper Training

- ❑ Training natural community caregivers
 - (e.g., Suicide Intervention Training)
- ❑ Advantages
 - Reduced risk of imitation
 - Expands community support systems
- ❑ Research is limited but promising
 - Durable changes in attitudes, knowledge, intervention skills

¹Acknowledgement/Reference: Gould, M. S., & Kramer, R. A. (2001). Youth suicide prevention. *Suicide and Life-Threatening Behavior*, 31 (sup.), 6-31.

Primary Prevention:

Suicide Prevention: Gatekeeper Training

A Specific Training Program:

- Applied Suicide Intervention Skills Training
 - Author: Ramsay, Tanney, Tierney, & Lang
 - Publisher: LivingWorks Education, Inc
 - 1-403-209-0242
 - <http://www.livingworks.net/>

A
S
I
S
T
Applied
Suicide
Intervention
Skills
Training

- The ASIST workshop (formerly the Suicide Intervention Workshop) is for caregivers who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide. Over 200,000 caregivers have participated in this two-day, highly interactive, practical, practice-oriented workshop.
- Training for Trainers is a (minimum) five-day course that prepares local resource persons to be trainers of the ASIST workshop. Around the world, there is a network of 1000 active, registered trainers.

Primary Prevention:¹

Suicide Prevention: Gatekeeper Training



■ MDUSD

- Annual training education for teachers and other school personnel to recognize the warning signs of teenage suicide and identify students at risk.
- Annual training with regards to assessment procedures to determine the degree of risk and preventative precautions.
- Annual training for school psychologists, social workers, nurses, and outstationed agency staff in crisis intervention techniques.

¹Source: MDUSD (2005). Suicide Prevention Manual.

Primary Prevention:¹

Suicide Prevention & Crisis Hotlines

□ Rationale

- Suicidal ideation is associated with crisis
- Suicidal ideation is associated with ambivalence
- Special training is required to respond to “cries for help”

□ Likely benefit those who use them

□ Limitations

- Limited research regarding effectiveness
- Few youth use hotlines
- Youth are less likely to be aware of hotlines
- Highest risk youth are least likely to use

¹Acknowledgement/Reference: Gould, M. S., & Kramer, R. A. (2001). Youth suicide prevention. *Suicide and Life-Threatening Behavior*, 31 (sup.), 6-31.

Primary Prevention: Suicide Prevention & Crisis Hotlines



Mt. Diablo Unified School District Suicide Help Card

- **Stay** with the person – you are their *lifeline*!
- **Listen**, *really listen*. Take them seriously!
- **Get**, or **call help** *immediately*!

24 Hour Crisis Hopelines

(800) SUICIDE - National Suicide Hotline
(800) 863-7600 – School Violence Tipline

Suicide Help Card

If some one you know threatens suicide; talks about wanting to die, shows changes in behavior, appearance, or mood; abuses drugs or alcohol; deliberately injures themselves; appears depressed, sad, or withdrawn...

You can help by staying calm and listening, being accepting and not judging, asking if they have suicidal thoughts, taking threats seriously, and not swearing secrecy – **tell someone!**

Get help: You can't do it alone: Contra Costa Crisis Center
(800) 833-2900

Also, see page 54 of
the MDUSD Suicide
Prevention Manual

Primary Prevention:¹ Risk Factor Reduction

□ Restriction of Lethal Means

- <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5209a1.htm>

TABLE 1. Number and percentage of firearms used by student perpetrators in all school-associated, firearm-related events and firearm-related suicide and homicide events, by source of firearm — United States, 1992–1999*

Source	Firearms used in suicide events		Firearms used in homicide events		Total	
	No.	(%)	No.	(%)	No.	(%)
Home of perpetrator	26	(76.5)	22	(23.4)	48	(37.5)
Friend/relative of perpetrator	4	(11.8)	26	(27.6)	30	(23.4)
Purchased	0	(0.0)	9	(9.6)	9	(7.0)
Stolen	2	(5.9)	5	(5.3)	7	(5.5)
Victim	—	—	2	(2.1)	2	(1.6)
Other	0	(0.0)	3	(3.2)	3	(2.3)
Unknown	2	(5.9)	27	(28.7)	29	(22.7)
Total	34		94		128	

* Firearms used by perpetrators who committed a homicide and then killed themselves as part of a homicide-suicide event were included in analyses of firearms used by homicide perpetrators.

¹Acknowledgement/Reference: Gould, M. S., & Kramer, R. A. (2001). Youth suicide prevention. *Suicide and Life-Threatening Behavior*, 31 (sup.), 6-31.

Primary Prevention:¹ Risk Factor Reduction



- Media Education
 - <http://www.cdc.gov/mmwr/preview/mmwrhtml/00031539.htm>
- Postvention
 - MDUSD (2005, pp. 39-43)
- Skills Training
 - MDUSD (2005, p. 4)
 - "MDUSD has developed the following strategies to prevent youth suicide: ... Implementation of skill building programs designed to increase the adaptive problems solving abilities of our students (including character education curriculum and programs, and conflict resolution programs at self-selected schools)."

¹Acknowledgement/Reference: Gould, M. S., & Kramer, R. A. (2001). Youth suicide prevention. *Suicide and Life-Threatening Behavior*, 31 (sup.), 6-31.

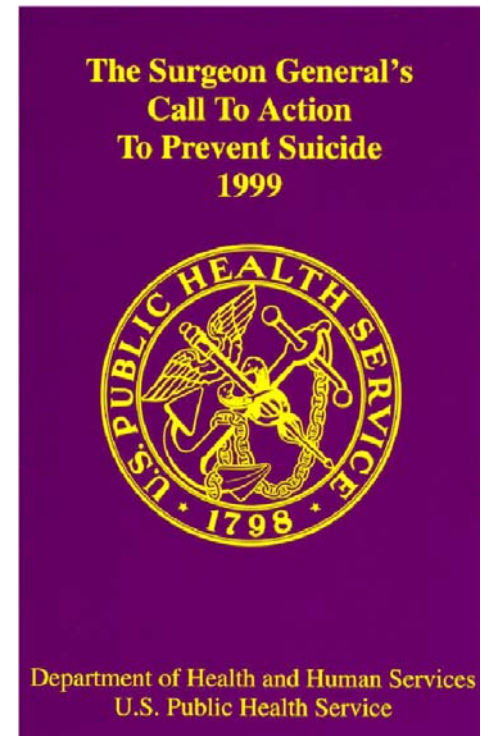
Primary Prevention

Based on the available empirical data, ruling out any prevention strategy is probably premature; however, there is sufficient evidence to suggest that we should proceed cautiously with school-based suicide awareness curriculum programs (Gould & Kramer, 2001, p. 21).

Suicide Prevention Resource

- ▣ The Surgeon General's
Call to Action to Prevent
Suicide 1999

<http://www.surgeongeneral.gov/library/calltoaction/default.htm>





Suicide Prevention in MDUSD

- ❑ In small groups review the elements of suicide prevention just discussed
- ❑ Consider how they might be better addressed in MDUSD.
- ❑ Be prepared to share your conclusions with the large group.

Part 3

Suicide Risk Assessment

GOAL:

Increase your knowledge of suicide risk assessment.



Recognizing the Need for a Suicide Risk Assessment

□ Risk Factors

- Variables that signal the need to look for warning signs of suicidal thinking.

□ Warning Signs

- Variables that signal the possible presence of suicidal thinking.

□ MDUSD (2005, pp. 6-8).

Suicide Risk Factors

□ Psychopathology

- Associated with 90% of suicides
- Prior suicidal behavior the best predictor
- Substance abuse increases vulnerability and can also act as a trigger

□ Familial

- History
- Stressor
- Functioning

Suicide Risk Factors

- ❑ Biological
 - Reduced serotonergic activity
- ❑ Situational
 - 40% have identifiable precipitants
 - A firearm in the home
 - By themselves are insufficient
 - Disciplinary crisis most common

Suicide Warning Signs

- ❑ Suicide notes
- ❑ Direct & indirect suicide threats
- ❑ Making final arrangements
- ❑ Giving away prized possessions
- ❑ Talking about death
- ❑ Reading, writing, and/or art about death
- ❑ Hopelessness or helplessness
- ❑ Social Withdrawal and isolation
- ❑ Lost involvement in interests & activities
- ❑ Increased risk-taking
- ❑ Heavy use of alcohol or drugs

Suicide Warning Signs

- ❑ Abrupt changes in appearance
- ❑ Sudden weight or appetite change
- ❑ Sudden changes in personality or attitude
- ❑ Inability to concentrate/think rationally
- ❑ Sudden unexpected happiness
- ❑ Sleeplessness or sleepiness
- ❑ Increased irritability or crying easily
- ❑ Low self esteem

Suicide Warning Signs

- ❑ Dwindling academic performance
- ❑ Abrupt changes in attendance
- ❑ Failure to complete assignments
- ❑ Lack of interest and withdrawal
- ❑ Changed relationships
- ❑ Despairing attitude

Asking the “S” Question

- ▣ The presence of suicide warning signs, especially when combined with suicide risk factors generates the need to conduct a suicide risk assessment.
- ▣ A risk assessment begins with asking if the student is having thoughts of suicide.

Identification of Suicidal Intent

- Be direct when asking the “S” question.

- **BAD**

- *You're not thinking of hurting yourself, are you?*

- **Better**

- *Are you thinking of harming yourself?*

- **BEST**

- *Sometimes when people have had your experiences and feelings they have thoughts of suicide. Is this something that you're thinking about?*

Predicting Suicidal Behavior (CPR++)

(Ramsay, Tanney, Lang, & Kinzel, 2004;)

- ❑ **C**urrent plan (greater planning = greater risk).
 - How (method of attempt)?
 - How soon (timing of attempt)?
 - How prepared (access to means of attempt)?
- ❑ **P**ain (unbearable pain = greater risk)
 - How desperate to ease the pain?
 - ❑ Person-at-risk's perceptions are key
- ❑ **R**esources (more alone = greater risk)
 - Reasons for living/dying?
 - ❑ Can be very idiosyncratic
 - ❑ Person-at-risk's perceptions are key

Predicting Suicidal Behavior (CPR++)

(Ramsay, Tanney, Lang, & Kinzel, 2004)

- (+) Prior Suicidal Behavior?
 - of self (40 times greater risk)
 - of significant others
- (+) Mental Health Status?
 - history mental illness (especially mood disorders)
 - linkage to mental health care provider

Suicide Intervention Screening

- ❑ Suicide Screening
 - Very few false negatives
 - Many false positives
 - ❑ Requires second-stage evaluation
- ❑ Limitations
 - Risk waxes and wanes
 - Principals' view of acceptability
 - Requires effective referral procedures
- ❑ Possible Tool
 - Suicidal Ideation Questionnaire
 - Author: William Reynolds
 - Publisher: Psychological Assessment Resources

The image shows the front cover of the 'Suicidal Ideation Questionnaire (SIQ) Form R' by William M. Reynolds. At the top, there are fields for 'Name', 'Age', 'Grade', 'Sex', and 'Date'. Below these fields is a horizontal line. The title 'ABOUT MY LIFE' is prominently displayed in large, bold, blue capital letters, with 'SIQ Form R' in smaller text above the 'O' in 'ABOUT'. Below the title, it says 'By William M. Reynolds'. Further down, there is a section titled 'Side One Directions' which contains instructions: 'On the back of this page are a number of sentences about thoughts that people sometimes have. You will be reading each sentence and deciding how often you have the thought the sentence describes. There are no right or wrong answers. Just remember to answer the way you really think.' At the bottom of the page, there is a logo for 'PAR Psychological Assessment Resources, Inc.' and some copyright information: 'Copyright © 1987 by Psychological Assessment Resources, Inc. Not to be reproduced in whole or in part by any process without written permission of Psychological Assessment Resources, Inc. 9274343 This form is printed in turquoise ink on white paper. Any other version is unauthorized. Revider #1301-A3 Printed in U.S.A.'



Risk Assessment Tools

- ▣ MDUSD (2005, pp. 13-29)
 - Student Interview Model (pp. 14-15)
 - [Suicide Risk Assessment Summary](#) (pp.23-24)

Part 4

School-Based Suicide Intervention

GOAL:

Increase your knowledge of how schools should intervene with the student at risk for suicidal behavior.



School-Based Suicide Intervention

- ❑ General Staff Procedures (MDUSD, 2005, p. 9)
 - The actions all school staff members are responsible for knowing and taking whenever suicide warning signs are displayed.
- ❑ Risk Assessment/Referral (MDUSD, 2005, pp. 10-12)
 - The actions taken by school staff members trained in suicide risk assessment and intervention.

General Staff Procedures

- Responding to Suicide Warning Signs.
 - a) Warning signs include any statement or communication indicating a desire to cause physical harm to oneself. Such warning signs might include suicide notes, indirect threats, and direct threats.
 - b) A potential place for students to write suicide notes and reveal suicidal thoughts is in their journals. Written assignments in general are often the sources of suicide notes as well as direct and indirect suicide threats. English teachers need to be especially sensitive to such communications.

General Staff Procedures

- Responding to Suicide Warning Signs.
 - c) Indirect threats of suicide often take the form of wishes or desires. However, they clearly indicate that the student feels he or she would be better off if he or she were not alive. Such threats might include the following: "I wish I were dead," "Everyone would be better off if I weren't around any more," "If only I could go to sleep and never wake up again," etc.
 - d) Direct threats are clear unequivocal statements that the student is considering suicide as a solution to problems. A student making a direct suicide threat might say; "I'm going to kill myself."
 - e) **A student who has threatened suicide must be carefully observed at all times** until a qualified staff member can conduct a risk assessment.
 - f) The following procedures are to be followed whenever a student threatens to commit suicide:



General Staff Procedures

1. Stay with the student or designate another staff member to supervise the youth constantly and without exception until help arrives.
2. Under no circumstances should you allow the student to leave the school.
3. Do not agree to keep a student's suicidal intentions a secret.
4. If the student has the means to carry out the threatened suicide on his or her person, determine if he or she will voluntarily relinquish it. **Do not force the student to do so. Do not place yourself in danger.**

Suicide Intervention

General Staff Procedures



5. Take the suicidal student to the prearranged room.
6. Notify the Crisis Intervention Coordinator immediately.
7. Notify the Crisis Response Coordinator immediately.
8. Inform the suicidal youth that outside help has been called and describe what the next steps will be.

Suicide Intervention Risk Assessment & Referral Procedures

1. Conduct a Risk Assessment.
2. Consult with fellow school staff members regarding the Risk Assessment.
3. Consult with County Mental Health.

Suicide Intervention Risk Assessment & Referral Procedures

4. Use risk assessment information and consultation guidance to develop an action plan. Action plan options are as follows:

A. Extreme Risk

- If the student has the means of his or her threatened suicide at hand, and refuses to relinquish such then follow the Extreme Risk Procedures.

B. Crisis Intervention Referral

- If the student's risk of harming him or herself is judged to be moderate to high then follow the Crisis Intervention Referral Procedures.

C. Contracting

- If the student's risk of harming him or herself is judged to be low then follow the Contracting Procedures.

Suicide Intervention Risk Assessment & Referral Procedures

A. **Extreme Risk**

1. Call the police.
2. Calm the student by talking and reassuring until the police arrive.
3. Continue to request that the student relinquish the means of the threatened suicide and try to prevent the student from harming him-or herself.
4. Call the parents and inform them of the actions taken.

Suicide Intervention Risk Assessment & Referral Procedures

B. Crisis Intervention Referral

1. Determine if the student's distress is the result of parent or caretaker abuse, neglect, or exploitation.
2. Meet with the student's parents.
3. Determine what to do if the parents are unable or unwilling to assist with the suicidal crisis.
4. Make appropriate referrals.

Suicide Intervention Risk Assessment & Referral Procedures

C. Contracting

1. Determine if the student's distress is the result of parent or caretaker abuse, neglect, or exploitation.
 2. Meet with the student's parents.
 3. Make appropriate referrals.
 4. Write a no-suicide contract.
-
- ▣ 5. Protect the privacy of the student and family.
 - ▣ 6. Follow up with the hospital or clinic.

Suicide Intervention Risk Assessment & Referral Procedures



- ▣ MDUSD, Student Services Office, Risk Assessment Referral Data (MDUSD, 2005, p. 29).

Connecting: Explore & Ask

□ Empathy

- Stressors (experiences)
 - Overwhelming/intolerable loss.
 - e.g., "My life will never be the same!"
- Symptoms (feelings)
 - Helplessness and hopelessness.
 - e.g., "Things are bad and won't get better."

□ Respect

- Pausing to listen

□ Warmth

- Non-verbals and touch

□ Identify suicidal intent

Understanding: Listen & Review

- ❑ **Inquire about stressors**
- ❑ **Inquire about symptoms**
- ❑ **Conduct a suicide risk assessment**

Assisting: Contracting & Follow-up

❑ **Contracting to reduce risk.**

- Facilitative (when risk is low)
- Directive (when risk is high)
 - ❑ Help the person to identify reasons for living (resources)
 - Objective knowledge of resources becomes important
 - ❑ Surface ambivalence
- A school-based suicide intervention action plan should always include contacting the appropriate parental authorities.

❑ **Implementing the contract.**

Part 5

School-Based Suicide Postvention

GOAL:

increased your knowledge of how to respond to the aftermath of a completed suicide.



Definitions

- Suicide “Postvention”...

Postvention is the provision of crisis intervention, support and assistance for those affected by a completed suicide.

- “Affected” individuals...

“Affected” individuals may include classmates, friends, teachers, coworkers, and family members.

- “Survivors” of Suicide...

Affected individuals are often referred to as “survivors” of suicide.

Special Suicide Postvention Issues

1. Suicide Contagion

- Avoid sensationalism of the suicide.
- Avoid glorification or vilification of the suicide victim.
- Do not provide excessive details.

Question: How do we determine if there is a suicide cluster?



http://www.applications.dhs.ca.gov/epicdata/content/ST_suicide.htm

Special Suicide Postvention Issues

2. Emotional Reactions

- Guilt.
- Rejection.
- Shame.
- Isolation.

Special Suicide Postvention Issues

3. Social Stigma

- Both students and staff members may be uncomfortable talking about the death.
- Survivors may receive (and/or perceive) much less social support for their loss.
- Reluctance to provide postvention services.

Suicide postvention must be prepared to operate in an environment that is not only suffering from a sudden and unexpected loss, but one that is also anxious talking openly about the death.

Developmental Issues

1. It is not until the fifth grade that students have a clear understanding of what the term “suicide” means and are aware that it is a psychosocial dynamic that leads to suicidal behavior.
2. While primary grade children appear to understand the concept of “killing oneself,” they typically do not recognize the term “suicide” and generally do not understand the dynamics that lead to this behavior.
3. The risk of suicidal ideation and behaviors increases as youth progress through the school years.

Cultural Issues

- ❑ Attitudes toward suicidal behavior vary considerably from culture to culture.
- ❑ While some cultures may view suicide as appropriate under certain circumstances, other have strong sanctions against all such behavior.
- ❑ The bereavement process will be significantly complicated among individuals who have deep religious beliefs and/or moral convictions that suicide is wrong. These individuals not only have to cope with the loss, but also have to deal with the sanctions imposed on them and/or the descendent by the given belief system. On the other hand, because of their beliefs/convictions the risk for imitative suicidal behavior among such a group may be lessened.
- ❑ Conversely, when working with individuals who have attitudes that are more permissive toward suicide, the grieving process will not be complicated by culturally imposed sanctions. However, they might be considered at greater risk for suicide contagion.

Suicide Postvention Protocol

1. Preparedness is an essential component of effective postvention.
2. Make sure that a postvention is needed before initiating this intervention.

Suicide Postvention Checklist

1. Verify that a death has occurred.
2. Mobilize the Crisis Response Team.
3. Assess the suicide's impact on the school and estimate the level of postvention response.
4. Notify other involved school personnel.
5. Contact the family of the suicide victim.
6. Determine what information to share about the death.
7. Determine how to share information about the death.
8. Identify students significantly affected by the suicide and initiate a referral mechanism.
9. Conduct a faculty planning session.
10. Initiate crisis intervention services.
11. Conduct daily planning sessions.
12. Memorials.
13. Debrief the postvention response.

Item 2:

Mobilize the Crisis Response Team

Crisis Response Coordinator

- ▣ Verifies that a death has occurred.
- ▣ Mobilizes the crisis response team.
- ▣ Oversees all postvention interventions.

Crisis Intervention Coordinator

- ▣ Identifies individuals in need of postvention assistance.
- ▣ Plans and implements interventions.
- ▣ Coordinates crisis intervention workers.

Item 2:

Mobilize the Crisis Response Team

Media Liaison

- ▣ Provides access to information.
- ▣ Controls rumors.
- ▣ Deals with the media.

Medical Liaison

- ▣ Keeps the crisis response team informed of victim's medical status.

Security Liaison

- ▣ Responsible for crowd control.
- ▣ Monitors common areas.
- ▣ Communicates with law enforcement.

Item 3:

Assess the Suicide's Impact on the School and Estimate the Level of Postvention Response

- ❑ The importance of accurate estimates.
- ❑ Temporal proximity to other traumatic events (especially suicides).
- ❑ Timing of the suicide.
- ❑ Physical and/or emotional proximity to the suicide.

Item 5:

Contact the Family of the Suicide Victim

1. Contact should be made in person within 24 hours of the death.
2. Purposes include...
 - Express sympathy.
 - Offer support.
 - Identify the victim's friends who may need assistance.
 - Discuss the school's postvention response.
 - Identify details about the death could be shared with outsiders.

Family members can be told that school staff will not discuss or speculate on family problems or other reasons why the individual committed suicide. However, even if a family requests it, it is typically not possible to keep the basic fact that the death was a suicide a secret.

Item 6:

Determine What Information to Share About the Death

1. The longer the delay in sharing facts, the greater the likelihood of harmful rumors.
2. Several different communications will likely need to be offered.
 - ▣ Before a death is certified as a suicide.
 - ▣ After a death is certified as a suicide.
 - ▣ Provide facts and dispel rumors.
 - ▣ Do not provide suicide method details.

Item 7:

Determine How to Share Information About the Death

Reporting the death to students...

- ❑ Avoid sharing information about the death over a school's public address system.
- ❑ Avoid school wide assemblies.
- ❑ Provide information simultaneously in classrooms.

Reporting the death to parents...

- ❑ Written memos.
- ❑ Personal or phone contacts.

Item 7:

Determine How to Share Information About the Death

Working with the media...

- ❑ The Media Liaison should work with the press to down play the incident .
- ❑ It is essential that the media not romanticize the death.
- ❑ The media should be encouraged to acknowledge the pathological aspects of suicide.
- ❑ Photos of the suicide victim should not be used.
- ❑ "Suicide" should not be placed in the caption .
- ❑ Include information about the community resources.

Item 8:

Identify Students Significantly Affected by the Suicide and Initiate Referral Procedures

Risk Factors for Imitative Behavior

- ❑ Facilitated the suicide.
- ❑ Failed to recognize the suicidal intent.
- ❑ Believe they may have caused the suicide.
- ❑ Had a relationship with the suicide victim.
- ❑ Identify with the suicide victim.
- ❑ Have a history of prior suicidal behavior.
- ❑ Have a history of psychopathology.
- ❑ Shows symptoms of helplessness and/or hopelessness.
- ❑ Have suffered significant life stressors or losses.
- ❑ Lack internal and external resources.

Note. Adapted from information provided by American Association of Suicidology (1998); Brent et al. (1989); Davidson (1989); Davidson, Rosenberg, Mercy, Franklin, & Simmons (1989); Gould (1992); O'Carroll et al. (1988); Ruof and Harris (1988); and Sandoval & Brock (1996).

Item 9:

Conduct a Staff Planning Session

1. Staff should be provided...

- ❑ current information regarding the death.
- ❑ if available, news articles about the death.
- ❑ information about suicide contagion.
- ❑ suicide risk factors.
- ❑ plans for the provision of crisis intervention services.

Item 9:

Conduct a Staff Planning Session

2. Specific activities/responsibilities for teachers include...

- ▣ replacing rumors with facts.
- ▣ encouraging the ventilation of feelings.
- ▣ stressing the normality of grief and stress reactions.
- ▣ discouraging attempts to romanticize the suicide.
- ▣ identifying students at risk for an imitative response.
- ▣ knowing how to make the appropriate referrals.

3. Address staff reactions.

4. Staff members should be given permission to feel uncomfortable.

Item 10:

Initiate Crisis Intervention Services

1. Intervention options...

- ❑ Individual meetings.
- ❑ Group psychological first aid.
- ❑ Classroom activities and/or presentations.
- ❑ Parent meetings.
- ❑ Staff meetings.
- ❑ Referrals to community agencies.

2. Walk through the suicide victim's class schedule.

3. Meet separately with individuals who were proximal to the suicide.

Item 10:

Initiate Crisis Intervention Services

4. Identify severely traumatized and make appropriate referrals.
5. Facilitate dis-identification with the suicide victim...
 - Do not romanticize or glorify the victim's behavior or circumstances.
 - Point out how students are different from the victim.
6. Parental contact .

Crisis Intervention Procedures

Following a Suicide

1. Without going into excessive detail, provide students with the facts about the suicide.
2. State that the only one ultimately responsible for the suicide is the victim.
3. Acknowledge that the suicide was an avoidable and poor choice. Portray the act as a permanent solution to temporary problems.
4. Discuss how the survivors are different from the suicide victim. Portray the suicide victim as very upset, disturbed, and as someone who had not found an effective way to work out problems. Help survivors to dis-identify with the suicide victim (without abusing the victim's character).
5. Facilitate the expression of feelings about the suicide.

Note. Adapted from information provided by American Association of Suicidology (1998); Berman & Jobes (1991); Davis & Sandoval (1991); O'Carroll et al. (1988); Poland & McCormick (1999); and Ruof and Harris (1988).

Crisis Intervention Procedures Following a Suicide

6. State that there is no “right way” to feel after a suicide.
7. Point out that painful reactions to the suicide will be alleviated with time and talk.
8. Acknowledge that people may have suicidal thoughts following the suicide of a significant other.
9. Provide information about the warning signs of suicidal behavior and available mental health resources.
10. If appropriate, prepare students for the funeral.

Item 12:

Memorials

Do not . . .

- ❑ send all students from school to funerals, or stop classes for a funeral.
- ❑ have memorial or funeral services at school.
- ❑ put up plaques in memory of the suicide victim, or dedicate yearbooks, songs, or sporting events to the suicide victims.
- ❑ fly the flag at half staff.
- ❑ have assemblies focusing on the suicide victim, or have a moment of silence in all-school assemblies.

Item 12:

Memorials

Do . . .

- ❑ something to prevent other suicides.
- ❑ develop living memorials, such as student assistance programs, that will help others cope with feelings and problems.
- ❑ allow students, with parental permission, to attend the funeral.
- ❑ encourage affected students, with parental permission, to attend the funeral.
- ❑ mention to families and ministers the need to distance the person who committed suicide from survivors and to avoid glorifying the suicidal act.

Note. From “Suicidal Ideation and Behaviors” (p. 327), by S. E. Brock & J. Sandoval. In C. G. Bear, K. M. Minke, & A. Thomas, *Children’s Needs II: Development, Problems, and Alternatives*, 1997, Bethesda, MD: National Association of School Psychologists.

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Item 13:

Debrief the Postvention Response

Goals will include...

- ▣ Review and evaluation of all crisis intervention activities.
- ▣ Making of plans for follow-up actions.
- ▣ Providing an opportunity to help intervenors cope.

Suicide Postvention



- ▣ MDUSD (2005, pp. 39-43).

Concluding Comments

Questions and Answers

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