Helping Students in Crisis: Suicide Prevention

ACSA Every Child Counts Symposium

February 14, 2018

Presented by:
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Dr. Lori Grace

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Attorneys at Law
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Dr. Lori Grace
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Dr. Grace is an experienced school administrator and educator. She holds a Bachelor’s degree in Psychology, and earned a Master’s degree in School Psychology as well. Dr. Grace received her Educational Doctorate in Educational Leadership in 2014. She has served as a school principal, Learning Director, and Executive Director of Curriculum and Instruction. Dr. Grace joined Twin Rivers USD in 2014, and currently serves as the District’s Assistant Superintendent of School Leadership.
Helping Students in Crisis: Suicide Prevention

Prevalence of Suicide

AB 2246: Policy Response

Legal Considerations

Recommendations For Your Schools
Introduction

Objectives

• Understand the problem and causes
• Understand how to support students
• Understand how to respond/intervene
• Apply your knowledge
Suicide: Definition of Terms

Suicidal Ideation
- any self-reported thoughts of killing oneself or engaging in suicide related behavior

Suicide Threat
- any interpersonal action (verbal or nonverbal) stopping short of a directly self-harmful act, that communicates or suggests that a suicidal act or related behavior might occur in near future (as interpreted by “reasonable” person)

Suicide Attempt
- self-inflicted and self-destructive act or behavior that one believes will cause death

Suicide (Completion)
- intended self-inflicted death

Terms Related to Suicide

- See “Terms” Handout.
- Frame the Discussion.
Statistics

Statistics: Deaths Stable, Attempts Increasing

Deaths By Suicide

Data from California Dept. of Public Health
Statistics: Deaths Stable, Attempts Increasing

Non-fatal Hospitalizations by Suicide

Non-Fatal Hospitalization Male
Non-Fatal Hospitalization Female

Data from California Dept. of Public Health

Statistics: Deaths Stable, Attempts Increasing

Non-fatal Emergency Dept. Visits

Non-fatal Emergency Dept. Visits Male
Non-fatal Emergency Dept. Visits Female

Data from California Dept. of Public Health
Survey Data

**Chronic Sad or Hopeless Feelings, Percentage**

- Grade 7: Female 2011-2013, Male 2013-2015
- Grade 9: Female 2011-2013, Male 2013-2015
- Grade 11: Female 2011-2013, Male 2013-2015

Source: California Healthy Kids Survey

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**Seriously Considered Attempting Suicide in the Past Year, Percentage**

- Grade 9: Female 2011-2013, Male 2013-2015
- Grade 11: Female 2011-2013, Male 2013-2015

Source: California Healthy Kids Survey
At-Risk Populations Case Study: LGBTQ

Suicide Attempts

Source: UCLA Williams Institute
Note: This is general population, not students

Suicide Statistics for At-Risk Youth

- **American Indian**: 4x as likely to commit suicide
- **Lesbian, Gay, and Bisexual**: 1.5x-3x as likely to experience suicidal ideation, 1.5x-7x more likely to attempt suicide
- **Juvenile justice participants**: 4x as likely to commit suicide
- **Foster youth**: 3x as likely to experience suicidal ideation, 4x more likely to have attempted suicide.
- **Children with Autism**: 28x more likely to have contemplated or attempted suicide.
- **Homeless youth**: 32% have attempted suicide.

Source: Youth.gov, MyHealthNewsDaily
Bullying Statistics

Students who report being bullied or harassed, 2011-2013

Students who have NOT been cyberbullied

Extent to which bullying is a problem, staff reported

Bullying and Suicide

• “Both bullying victimization and perpetration are associated with psychosocial problems.”

Source: Journal of Adolescent Health
Protective Factors Against Suicide Risk

**Perpetrators**
- Stronger connections to non-parental adults

**Victims**
- Stronger connections to non-parental adults
- Liking school
- Feeling safe at school

Source: Journal of Adolescent Health

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Suicide Clusters and Contagion
Suicide Clusters

Chandler, AZ: Five suicide deaths in twenty days

Suicide Contagion: Study Example

- 12-13 year olds exposed to suicide:
  - 5x more likely to have suicidal ideations.
  - 4x more likely to attempt suicide.

*Source: Canadian Medical Association Journal*
Suicide Clusters/Clovis

- Clovis Unified: Four suicides in four months (August-December 2016)
- The Legislature took notice: the Clovis suicides sparked a policy response.

Policy Response: AB 2246
1. Open your browser on your cell phone

2. Go to: pollev.com/lozanosmith

Interactive Presentation!

Which statement is correct for you?

- All student-facing staff trained
- Some student-facing staff trained
- No student-facing staff trained
I am familiar with AB 2246.

True

False

I think our school staff have a good understanding of how to recognize the warning signs of suicide.

True

False
I think our school staff have a good understanding of what to do if they see the warning signs.

True

False

PHONES DOWN
AB 2246

- Requires suicide prevention policies beginning with the 2017-2018 school year.
- For LEAs serving pupils grades 7 to 12.
- Must address procedures relating to suicide prevention, intervention, and postvention.
- Target the needs of high-risk groups.
- Policy shall be written to ensure that employees only act within the scope of their credential or license.
- Extends to classified.

Why AB 2246 Matters

- **4 out of 5 teens** who attempt suicide have given clear warning signs.
- Intervention makes a difference: **9 out of 10** people who die by suicide have a treatable mental health condition at the time of their death.

  - Source: Jason Foundation
Eligibility

- Students with suicidal ideations *may* be eligible under different categories
  - ED
  - OHI
- Section 504
Many Possible “SPED Actions”

- Assess all actual AND suspected disabilities.
- Mental health services. (1:1, group, family)
- Residential treatment. (Observe/Release)
- Staff consult and collaboration.

When Mental Health Affects Education: OAH Case No. 2015020856 (2015)

- Student had history of depression, suicidal ideation, anxiety. Highly intelligent.
- 2013: enrolled in district, requested assessment, notified district of prior IEPs.
- Parent letter to District: “Struggles significantly to complete academic work...experiences a significant amount of anxiety and panic surrounding completion of academic work; and...has not successfully gone into remission from a major depressive episode...intimately tied to her academic struggles.”
- Outcome: District did not assess or offer FAPE; liable for 2/3 of $110k of tuition reimbursement to parents ($76k).
Contrast – When is there notice?
OAH Case No. 2012031076

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<tr>
<td>• Good grades</td>
<td>• Student attempted suicide August 2011, resulted in psychiatric hospitalization</td>
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<tr>
<td>• Good test score</td>
<td>• District was notified of suicide attempt at 504 meeting in Sept.</td>
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<tr>
<td>• Some difficulty focusing in class</td>
<td>• Later assessment showed he displayed clinically significant maladaptive behaviors</td>
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<tr>
<td>• Behavior was not unusual</td>
<td>• Remedies: six hours of counseling and IEE reimbursement.</td>
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<tr>
<td>• General education interventions related to attention issues succeeded.</td>
<td></td>
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<tr>
<td>• Mother did not tell the District about homework difficulties</td>
<td></td>
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<tr>
<td>• No indication about anxiety or attention difficulties at home either.</td>
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SI/SH does not always trigger child find:
OAH Case Nos. 2016100466 - 2017030402

• Student hospitalized for suicidal ideation.
• Parent misrepresented this – told the District it was a sports injury hospitalization.
• “Even if District were aware that Student’s hospitalization was for psychiatric reasons [SI and self-harm], that factor alone would not have been cause to suspect that Student might have a disability that warranted assessment…”
• “Student did not exhibit any change in personality, grades, emotional state, personal relationships, or attitude at school. ...There was no nexus between the difficulties Student had at home and her behavior or performance at school during the 2014-2015 school year.”
Legal Liability – Tort Duties

Liability if staff “knows” but fails to act?

- Whether the teacher/administrator’s reaction to acts of bullying were ministerial acts, thereby negating immunity, was a question of fact to be developed at trial. *Dormfried v. Berlin Bd. of Educ.*, 2008 WL 5220639 (Conn. Super. 2008)

Practical Steps to Protect Students

- Identify warning signs
- Conduct “threat assessment” as needed
- Intervene to offer help
- Follow-up postvention
Prevention/Intervention

Warning Signs: FACTs

• F: Feelings
• A: Actions
• C: Change
• T: Threats
Recognizing the Signs

Warning Signs - Examples

- Current talk of suicide
- Giving away treasured possessions
- Withdrawal from friends
- A previous suicide attempt
- Signs of depression
- Increased alcohol and/or drug use
- Hinting at not being around
- Preoccupation with death
Warning Signs - Examples

- Written or drawn references of suicide
- Dramatic changes in personality/appearance
- Dramatic changes in attendance
- Dramatic changes in academic performance
- Decline in energy
- Loss of appetite
- Lack of sleep
- Self-injurious behavior

Examples of Warning Signs

[Image of a drawing and written note]
Threat Assessments

• Four-Pronged Assessment Model:
  – Prong One: Personality of the student
  – Prong Two: Family dynamics
  – Prong Three: School dynamics and student’s role in those dynamics
  – Prong Four: Social dynamics

Spot the Signs – Hypothetical

Risk factors:
• Withdrawing from social activities
• Substance abuse
• Social acceptance (parents)
• Homelessness/unstable living situation
• Lack of family support
• Contemplating suicide (“wouldn’t miss me if I was gone”)
How to Reach Out to At-Risk Students

- **REACH OUT** to the student and ask how he/she is doing
- **MENTION** changes you have noticed in his/her behavior and that you are concerned for them
- **LISTEN**. It can be more powerful than talking
- **AVOID** downplaying their situation with statements such as “you have a lot to live for”
- **TALK** to counselors or administrator about your concerns for further evaluation and assessment

School Climate and Relationships

- Facilitate mentor relationships
- Anti-bullying policies
- Reach out to students who have suffered a loss
- Teach students the warning signs and to tell an adult.
- Welcoming and inclusive environment for at-risk groups
How to Respond if A Student Commits Suicide

• “Suicide contagion” – elevated risk for suicide after a classmate commits suicide.
  – Effect is strongest among younger students, though younger students have a lesser suicide risk overall.
• Effects can linger for two years or more.
• Post-suicide strategies should include all students, not just friends of the victim.

The Sorrows of Young Werther, Johann Wolfgang von Goethe (1774)
Exercise caution with school-based memorials. Balance healthy expressions of grief with sensationalizing or retraumatizing the school community.

Suicide Response Plans: Best Practices to Avoid Contagion Effect; cont’d

Suggestions:

- Establish a committee to review memorial requests. Include school psychologists’ input and other staff.
- Offer an opportunity for a “memory book” – this allows healthy “active grieving.”
- Permanent memorials are generally more appropriate in the larger community, rather than schools.
- Yearbooks: include deceased students as you would all other students. Make it a tribute to their accomplishments, rather than discussing the circumstances of their death.
- Encourage participation in suicide prevention/mental health groups.
Examples: Postvention Policies – Waukegan Public School District 60 (Illinois)

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<td>•</td>
<td>Lockers of deceased students were not allowed to be decorated.</td>
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<td>Student encouraged to participate in club which focused on suicide prevention.</td>
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<tr>
<td>•</td>
<td>“Our student tried to put something in the yearbook...you don’t want other students to see that and think, ‘I want to die because I’ll be remembered like this.”</td>
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- Christina Conolly, Acting Director of Psychological Services

Source: Thirteen Reasons Why (Netflix)
Does your school have policies in place to respond after deaths by suicide?

- Yes, our LEA has a plan which...  A
- Somewhat, our LEA has a plan,...  B
- No, our LEA has no plan how to...  C

No, our LEA has no plan how to respond to deaths by suicide.

Yes, our LEA has a plan which encompasses outreach, appropriate memorialization, and mental health services to our student body.

Somewhat, our LEA has a plan, but it could be more comprehensive.

Start the presentation to see live content. Get an app for content. Install this app or get help at Presentation.app.

PHONES DOWN
TAKE AWAYS

Roadmap: The Next Steps

• Establish protocol and open lines of communication to help staff spot, report, and respond to warning signs.
• Tackle the root causes: students’ mental health is critical. Build tolerant and inclusive campus communities for at-risk groups.
• Review AB 2246 protocols and ensure that your programs are in compliance.
• Establish a suicide response plan.
Recap - Objectives

- Understand the problem and causes
- Understand how to support students
- Understand how to respond/intervene
- Apply your knowledge

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Red Flags

Instructions: For each scenario below, write down any words or actions that you believe show the character might be at risk for suicide. (Red flags = warning signs.) Also write what you could do to help in each situation.

1. Leila hasn't been the same since her mom died. It's been especially tough because she doesn't get along with her dad. For months, she's been saying that if it weren't for her boyfriend, Dillon, she wouldn't have anyone who cares about her. But Dillon just broke up with her and Leila is devastated. She talks about needing to end her pain and just last night told you where the key to her diary was in case anyone wants to read it "afterward."

Red flags:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How I could help:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

2. Oliver comes from a family of perfectionists. In Oliver's family, the expectation is that he'll go to an Ivy League college, just like his parents and his sister did. But he just took his SATs for the third time and his scores aren't high enough. He thinks his grades might drop this semester, too. He's so worried about not getting into a top college and letting his family down that he hasn't been able to sleep or eat. His parents also grounded him for getting the family car in a fender-bender. Without access to a car he lost his part-time job delivering pizzas. He keeps saying how he's tired of feeling like a disappointment and he sees no way out.

Red flags:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How I could help:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Red Flags

3. Ben is the most talented actor at school, but he didn’t show for rehearsals this week and hasn’t told anyone why. You thought he might have the flu or something like that, until you see him under the bleachers after school. He’s totally drunk. When you ask him what’s going on, he confides that he recently came out to his parents and it didn’t go well. They told him to get out of the house. He’s staying with his aunt for now, and he just found out she keeps a gun in her nightstand. He says he bets his parents wouldn’t even miss him if he were gone.

Red flags: ____________________________

_______________________________

_______________________________

How I could help: _______________________

_______________________________

_______________________________

4. When Jolie’s cousin Mara, who was more like a sister to her, committed suicide, Jolie was the one to find her. Jolie says that since then, no matter how hard she tries to move on, she feels like she’s just going through the motions. Her grades dropped and never went back up. She also quit field hockey and track and hasn’t played sports since. Soon it will be 1-year anniversary of Mara’s death, and Jolie’s friends have been trying to keep her mind off of it. They invite her places, but she never goes. They text her, but she turns off her phone. Last night she tweeted, “Mara had it right. #abetterplace.”

Red flags: ____________________________

_______________________________

_______________________________

How I could help: _______________________

_______________________________

_______________________________

Red Flags

5. Charles hates school because he gets bullied a lot. He has ADHD and has repeated a grade. Charles used to spend a lot of time playing video games with his older brother, Robert. But Robert joined the Army, and now Charles spends most of his time alone. Sometimes he skips school and it seems like when he’s not sleeping, he’s eating. He tells you that he’d like to talk more with his mom, but she’s exhausted when she gets home from her second job. He says he’d probably be doing her a favor if she didn’t have to worry about him anymore.

Red flags: __________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How I could help: __________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Promote good mental health via messaging
Utilize media such as internet and social media to spread the message
Provide engaging workshops on mental health to parents at Parent University and Parent Project classes
Facilitate workshops on good mental health for K-12 grade students
Hold a Memorandum of Understanding (MOU) with multiple agencies to provide school-based mental health services to all our students
Maintain a school-based referral process through Gateway To Success
Facilitate cross-training with agencies such as [redacted] Police Department, [redacted] Fire Department, and mental health partners
Facilitate trainings on mental health for local agencies such as [redacted] Police Department
Provide mandatory trainings to all of our staff on suicide prevention since 2008
All school sites offer our students a rules assembly that involves talking about healthy relationships
Follow a suicide assessment protocol to support students and engage parents/legal guardians pre/post hospitalization
Hold a partnership with [redacted] Police Department to support in bringing awareness about suicide to our families
Offer an array of resources to support student’s mental and physical health
Gateway To Success Counselors are available at each school site to support students with socioemotional issues
Provide our students with a caring and safe school environment
WHEN TALKING TO KIDS & TEENS ABOUT SUICIDE

When Discussing Suicide:
- Reach out to the student and ask how he/she is doing
- Mention the changes you have noticed in his/her behavior and share your concern for them
- Listen. It can be more powerful than talking
- Always communicate your support and willingness to help the student
- Talk to Gateway Counselor or Administrator about your concerns for further evaluation and assessment

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Good skills to use: BE...
- A good LISTENER
- A good OBSERVER
- Direct
- Persistent
- Prepared
- Open
- Non-judgmental
- Calm and Comfortable
- Caring/Empathetic
- Positive

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When Discussing Suicide:
- DO NOT encourage guilt
- DO NOT be shocked
- DO NOT threaten to punish the student
- DO NOT tell the student he/she is just doing it for attention
- DO NOT minimize the problem

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Warning Signs of Suicide
- Current talk about suicide
- Giving away treasured possessions
- Withdrawal from friends
- A previous suicide attempt
- Signs of depression
- Increased alcohol and/or drug use
- Hinting at not being
- Preoccupation with death
- Written or drawn references of suicide
- Dramatic changes in attendance
- Dramatic changes in academic performance
- Decline in energy
- Loss of appetite
- Lack of sleep
- Self-injurious behavior

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KEY Messages:
- Take every threat and act SERIOUSLY
- Be prepared to refer to administrator or counselor
- It should never be a bother to deal with self-injurious behavior
- Know your limits and collaborate/consult with your administrator and/or Gateway Counselor
- Take time to care for your own needs and process

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If you have any questions,
Terms Related to Suicide

Assessment: A comprehensive evaluation, usually performed by a clinician, to confirm suspected suicide risk in a patient, estimate the immediate danger, and decide on a course of treatment. Also see Screening. To learn more, read SPRC’s Suicide Screening and Assessment.

At-risk: Characterized by a high level of risk for suicide and/or a low level of protection against suicide risk factors. An individual displaying warning signs of suicide would also be considered at risk. Note that most members of any at-risk group will not display warning signs, attempt suicide, or die by suicide. Also see Warning signs, Risk factor, and Protective factor.

Behavioral health: Emotional and mental health, and individual actions that affect wellness. Behavioral health problems include substance abuse and addiction, serious psychological distress and mental disorders, and suicidal behaviors. “The term is also used to describe the service systems encompassing the promotion of emotional health; the prevention of mental and substance use disorders, substance use, and related problems; treatments and services for mental and substance use disorders; and recovery support.” (SAMHSA 2011).

Cluster: “A group of suicides or suicide attempts, or both, that occurs closer together in time and space than would normally be expected in a given community.” (Centers for Disease Control and Prevention 1988). Recommendations for a community plan for the prevention and containment of suicide clusters. Morbidity and Mortality Weekly Report, August 19, 1988, 37(S-6), 1-12. Some researchers divide clusters into (1) “mass clusters,” in which “suicides occur closer in time than would be expected by chance following media coverage,” and (2) “point clusters,” which “involve suicides or episodes of suicidal behavior localized in both time and geographic space, often occurring within a small community or institutional setting.” [Niedzwiedz, C., Haw, C., Hawton, K., and Platt, S. (2014). The definition and epidemiology of clusters of suicidal behavior: A systematic review. Suicide and Life-Threatening Behavior, 44(5), 569-581.] Also see Contagion.

Connectedness: The degree to which a person or group is socially close, interrelated, or shares resources with other persons or groups. This definition encompasses the nature and quality of connections both within and between multiple levels of the social ecology, including connectedness between individuals, connectedness of individuals and their families to community organizations, and connectedness among community organizations and social institutions.

Contagion: Suicide risk associated with the knowledge of another person’s suicidal behavior, either first-hand or through the media. Suicides that may be at least partially caused by contagion are sometimes called “copycat suicides.” Contagion can contribute to a suicide cluster. Also see Cluster.

Copycat suicide: See Contagion.

Evidence-based practices: Suicide prevention activities that have been found effective by rigorous scientific evaluation.
Help-seeking: Seeking care or assistance for emotional distress, a mental health condition, or suicidal thoughts.

Indicated intervention: An activity that targets individuals who exhibit symptoms or have been identified by screening or assessment as being at risk for suicidal behavior. For example, safety planning for people who have reported thinking about suicide is an indicated intervention. Also see Selective intervention and Universal intervention.

Intervention: An activity or set of activities designed to decrease risk factors or increase protective factors. Also see Universal intervention, Selective intervention, and Indicated intervention.

Lethal means: Methods of suicide with especially high fatality rates (e.g., firearms, jumping from bridges or tall buildings). Also see Means.


Means: Objects, instruments, and methods used by people in suicide attempts (e.g., firearms, poisons, suffocation, jumping from buildings or bridges).


Non-suicidal self-injury (NSSI): Injury inflicted by a person on himself or herself deliberately, but without intent to die.

Postvention: Activities following a suicide to help alleviate the suffering and emotional distress of the survivors, and prevent additional trauma and contagion. See also Suicide loss survivor and Contagion.

Prevention: Activities implemented prior to the onset of an adverse health outcome (e.g., dying by suicide) and designed to reduce the potential that the adverse health outcome will take place.

Protective factor: An attribute, characteristic, or environmental exposure that decreases the likelihood of a person’s developing a disease or injury (e.g., attempting or dying by suicide) given a specific level of risk. For example, depression elevates a person’s risk of suicide, but a depressed person with good social connections and coping skills is less likely to attempt or die by suicide than a person with the same level of depression who lacks social connections and coping skills. Social connections and coping skills are protective factors, buffering the suicide risk associated with depression and thus helping to protect against suicide. Also see Risk factor (below).

Risk factor: "Any attribute, characteristic, or exposure of an individual that increases the likelihood of developing a disease or injury" (e.g., attempting or dying by suicide). [World Health Organization. (n.d.). Retrieved from http://www.who.int/topics/risk_factors/en/]. Risk factors do not necessarily cause a disease or injury, but can contribute to negative health outcomes like suicide or suicide attempts in combination with other risk factors. For example, depression, access to firearms, and substance abuse disorders (individually and in combination) increase
the likelihood of attempting or dying by suicide, although most people with these risk factors do not attempt suicide. Risk factors should not be confused with warning signs. Also see Protective factor and Warning signs.

**Safe messaging:** Media or personal communications about suicide or related issues that do not increase the risk of suicidal behavior in vulnerable people, and that may increase help-seeking behavior and support for suicide prevention efforts. To learn more, go to the National Action Alliance Framework for Successful Messaging and Recommendations for Reporting on Suicide.

**Screening:** A procedure in which a standardized tool, instrument, or protocol is used to identify individuals who may be at risk for suicide. Also see Assessment. To learn more, read SPRC’s Suicide Screening and Assessment.

**Selective intervention:** Activities targeting a group whose members are generally at higher than average risk for an adverse health condition (e.g., suicidal behaviors) regardless of whether individual members of the group display symptoms or have been screened for the condition. For example, suicide prevention interventions targeted at victims of intimate partner violence is a selective intervention because intimate partner violence is associated with increased risk of suicidal behaviors. Also see Indicated intervention and Universal intervention.

**Suicidal behaviors:** Suicide, suicide attempts, suicidal ideation, and planning/preparation done with the intent of attempting or dying by suicide.

**Suicidal crisis:** A suicide attempt or an incident in which an emotionally distraught person seriously considers or plans to imminently attempt to take his or her own life.


**Suicide:** "Death caused by self-directed injurious behavior with any intent to die as a result of the behavior." [Crosby, A.E., Ortega, L., and Melanson, C. (2011). *Self-directed violence surveillance: Uniform definitions and recommended data elements*. Version 1.0. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.]

**Suicide assessment:** See Assessment.

**Suicide attempt:** "A nonfatal, self-directed, potentially injurious behavior with any intent to die as a result of the behavior. A suicide attempt may or may not result in injury." [Crosby, A.E., Ortega, L., Melanson, C. (2011). *Self-directed violence surveillance: Uniform definitions and recommended data elements*. Version 1.0. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control.]

**Suicide attempt survivor:** A person who has attempted suicide, but did not die. Also see Suicide loss survivor (below)

**Suicide loss survivor:** A person who has lost a family member, friend, classmate, or colleague to suicide. Sometimes called "suicide survivor," although the term "suicide loss survivor" is often favored to avoid confusion with "suicide attempt survivor."

**Suicide plan:** An individual's thinking about a suicide attempt that includes elements such as a timeframe, method, and place.

**Suicide screening:** See Screening.
**Suicide survivor:** See Suicide loss survivor.

**Universal intervention:** An activity designed to prevent negative health outcomes (e.g., suicide attempts and suicides) in an entire population regardless of the risk status of members of that population. For example, a middle school life skills curriculum that includes coping and help-seeking skills is a universal intervention, since it would be directed at all the students in that middle school regardless of their level of risk for suicide. Also see Indicated intervention and Selective intervention.

**Warning signs:** Behaviors and symptoms that may indicate that a person is at immediate or serious risk for suicide or a suicide attempt. To learn more, visit our Warning Signs for Suicide page.

School Violence Threat Assessment: Procedures/Guidelines

A Manual for School Staff
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INTRODUCTION

School violence has gained a substantial amount of attention due to some isolated but very tragic school shootings that led to far too many student deaths. However, schools are safer than the media makes them out to be and most incidents of school violence are sporadic and not epidemic. Regardless, the level of alertness to the issue has risen and cannot be ignored. School districts must address the issue and have plans in place to respond to possible causes of school violence threats. This resource manual contains information and guidelines gathered from a review of literature. It serves as a guide to school staff about what to do when they suspect a student poses a threat to others or the school or when a student has made some type of violent threat. There are important steps to take when investigating such cases and the steps must be thorough, clear, and grounded investigation of the facts and relevant background information. All threats are NOT created equal (O’Toole, 2000) and only a thorough threat assessment will differentiate students who pose transient threats from those that pose actual substantial threats. The FBI, Secret Service, and prominent researchers in the field do not recommend profiling a student because all school violence perpetrators and shooters are not alike; there is not accurate profile of a violent offender.

This manual contains some basic trends in school and youth violence and myths. Definitions of common terms will be provided to all staff. Staff will be given a list of warning signs as well as risk factors. Staff must be cognizant of possible motivations of students who threaten violence at school. Again, many youth possess a constellation of similar risk factors that put an adolescent at risk for multiple negative behaviors.

Most importantly, staff will be given guidelines and specific procedures to follow when conducting a school violence threat assessment. A threat assessment/inquiry helps staff differentiate between students who make a threat and those who POSE a threat. The majority of students who make threats do not carry out their threats. This manual contains specific questions to address during the assessment. Information should be collected from multiple sources (Cornel, 2003) from inside and outside the school. Cornel (2003) states, “Conclusions must be based on objective facts and behaviors, rather than inferred traits or characteristics of the student making the threat. There is no set of psychological characteristics that unequivocally indicates future violence in the absence of specific observations that the student is planning or threatening to commit an act of violence.”

It is hoped that this resource manual will be helpful to school staff in responding to possible threats of school violence. Procedures for responding to threats of violence are followed by an overview of the problem of school/youth violence and information about threat assessments. Guidelines for conducting a mental health interview during the threat assessment are provided along with an interview protocol of eleven key questions to ask during the threat assessment. Handouts to distribute to faculty (e.g., teachers, classified staff) are presented at the end of this manual.
PROCEDURES FOR REPORTING SCHOOL VIOLENCE THREATS

The procedures below will guide staff to identify credible threats of violence and will assist in addressing the needs of the individuals making the threat prior to the threat being carried out. The procedures below apply when either school staff or students have obtained information that a student is making or posing a threat (i.e., an expression of intent to do harm or act violently against someone or something). Such threat can be spoken, written, emailed, symbolic, or expressed in some other way, such as through gestures. **NOTE:** This protocol is applicable during any school-sponsored event or function, whether the event or function is on school property or not.

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**ALL CERTIFICATED AND CLASSIFIED STAFF**

*Any school staff member, upon receiving information that a person is threatening to commit an act of violence, shall:*

- Assume threat is serious
- Immediately report the threat to a school administrator OR their designee
- Do not leave student alone, supervise student until administrator gives you instructions
- Be available and cooperative in providing a statement of information, with the understanding that the information source (the staff member) will remain anonymous to the greatest extent possible

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**ALL STUDENTS**

*Any student, upon receiving information that a person is threatening to commit an act of violence, shall:*

- Assume threat is serious
- Immediately report the threat to a parent, guardian, school staff member, administrator or law enforcement officer
- Be available and cooperative in providing a statement of information, with the understanding that the information source (student) will remain anonymous to the greatest extent possible

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**ALL PARENTS**

*Any parent or guardian, upon receiving information that a person is threatening to commit an act of violence, shall:*

- Assume threat is serious
- Immediately report the threat to a school staff member, school administrator or law enforcement officer
- Be available and cooperative in providing a statement of information, with the understanding that the information source (parent or guardian) will remain anonymous to the greatest extent possible
PROCEDURES FOR REPORTING SCHOOL VIOLENCE THREATS
(Continued)

ALL ADMINISTRATORS
Any school ADMINISTRATOR, upon receiving information that a person is threatening to commit an act of violence, shall:

1. Assume threat is serious;
2. If student is on campus, arrange for student to be immediately removed from the classroom and segregated into a secured area pending further investigation
3. Immediately notify the designated law enforcement officer assigned to the school, campus supervisors (high school), and provide the team member with complete information regarding the information received; Require the school staff member, if this is the source of the information, or other source to provide immediate written statements regarding the information received
4. Immediately conduct or assign a designated assessment team member an assessment interview of the student making the threat. The assessment interview process should include at least one administrator. Complete 11 key questions.

It is recommended that the school ADMINISTRATOR conduct the initial evaluation of a threat, and make a triage decision. Either:

1. Resolve the threat immediately is the threat is not serious
2. Initiate a more comprehensive team assessment if the threat is serious.
(See levels of threat risk)
3. Classify threat as TRANSIENT (no lasting intent to harm, can be resolved with apology or explanation) or classify the threat as SUBSTANTIVE (serious with sustained intent to harm someone beyond immediate situation where threat is made). (Cornell 2004).

School ADMINISTRATOR should take protective action with all substantive threats to assure safety of all involved:

- Counsel student against carrying out act threat
- Contact student's parents
- Contact intended target and parents and other actions based on nature of threat.
- Assure safety foremost of all involved
PROCEDURES FOR REPORTING SCHOOL VIOLENCE THREATS
(Continued)

THE ASSESSMENT INTERVIEW

The primary purpose of the student interview is to engage in an assessment of the available information, in an attempt to determine the veracity of the threat, in order to decide what level of follow-up action is needed and appropriate. The assessment interview process should include at least one administrator. **The 11 key questions must be asked of the student making the threat.**

Once the assessment is complete, administrator and assessment team members shall convene privately to discuss the threat and consider options for follow-up action:

<table>
<thead>
<tr>
<th>If it is agreed that the threat is CREDIBLE:</th>
</tr>
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<tbody>
<tr>
<td>• Consult with law enforcement and district office (Student Services Office)</td>
</tr>
<tr>
<td>• The school administrator shall take administrative action in accordance with district policy</td>
</tr>
<tr>
<td>• The student’s parents or guardian shall be notified in accordance with district policy</td>
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</tbody>
</table>

| If it is agreed that the threat is NOT CREDIBLE, the school administrator shall assume responsibility to institute any further action deemed necessary. |

*Once the situation has been assessed and action has been taken, the school administrator assumes the responsibility for reporting to the district office/Superintendent.*

SCHOOL SHOOTING: IMMEDIATE RESPONSE

Immediate responses in the event of a school shooting include:

• Immediately call 911 and notify the school resource officer, if one is assigned to the school. Relay additional information on the location of the perpetrator and number of victims as it becomes available
• Institute lockdown and/or evacuation procedures
• Determine if the perpetrator is still on premises
• Attempt to determine the number of victims and identify witnesses
• Implement necessary first aid procedures through trained staff, school nurse, nurse's aide, physical education department, and/or athletic trainer
• Direct rescue personnel to injured and give any required assistance
• Designate staff member to accompany victim(s) in ambulance
SCHOOL VIOLENCE/YOUTH VIOLENCE TRENDS

Serious Violent Crime Rate in U.S. Schools

![Bar Chart showing serious violent crime rates per 1,000 students ages 12-18 from 1992 to 2003.](chart1.png)

Rate Per 1,000 Students Ages 12-18

Contrary to public perception, violent crime in schools has declined dramatically since 1994. The annual rate of serious violent crime in 2003 (6 per 1,000 students) was less than half of the rate in 1994. *Source: U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey (NCVS). Cited in Table 2.2 in Indicators of School Crime and Safety: 2005; National Center for Education Statistics, Bureau of Justice Statistics. Homicides in U.S. Schools: 1992-93 to 2004-05*

Homicides in U.S. Schools: 1992-93 to 2004-05

![Bar Chart showing number of homicides in U.S. schools from 1993 to 2005.](chart2.png)

Cases on school grounds during school day recorded by National School Safety Center

The rate of homicides in U.S. schools has also declined dramatically since the 1990's. There was an interruption in the downward trend during a period of highly publicized shootings that generated some copycat shootings. *Source: National School Safety Center's School Associated Violent Deaths Report. This chart only includes student homicides on school property.*
SCHOOL VIOLENCE/YOUTH VIOLENCE TRENDS

- Juveniles are not responsible for as much violent crime as the public tends to believe. The public tends to think that juveniles commit about 43% of violent crime whereas crime statistics place the number closer to 13%.
- However, there was an increase between 1985-1992 in the number of homicides committed by youth.
- Parents are six times more likely to murder their teenage children than teens are to murder their parents.
- A small group (between 5% to 10%) of youth who engage in antisocial behavior during teen years will engage in such behavior at every developmental stage.
- Between 1994-2001: School homicides decreased; Violent juvenile crime decreased; Student reports of school crime decreased.
- All threats are NOT created equal. Most threateners do not carry out threat.
- Top causes of teen death:
  1) Motor vehicle accidents  2) Other homicides  3) Suicide  4) HIV

There is no SINGLE factor that leads to violence; multiple factors cause a student to become violent. Secret service and FBI findings include:

- School violence is not an epidemic
- All school shooters are not alike and there is no accurate profile of the violent offender
- School shooters often have social difficulties, but they are not always loners
- Although a common factor, revenge is not the exclusive motivation for school shootings
- Most attackers had previously used guns and had access to them, but access to weapons is not the most significant risk factor
- Unusual or aberrant behaviors or interests are not the hallmark of a student destined to become violent
- Incidents of targeted violence at school are rarely impulsive
- Prior to most incidents, the attacker told someone about his/her idea or plans
- Most shooting incidents were not resolved by law enforcement
- In many cases, other students were involved in some capacity
- In a number of cases, bullying played a key role in and could have been a predictor of the attack
- Prior to the incident, most attackers engaged in behavior that caused concern
- Youth who engage in violence are not always loners
INACCURATE MYTHS ABOUT SCHOOL VIOLENCE

Is there a profile of school violence perpetrators?

The answer is Yes and No
There is no definite profile of school violence perpetrators, but there are some common characteristics such as being victims of bullying, family dysfunction, emotional conflict, suicidal ideation, alienation, etc. However, no distinct profile, single cause, or remedy has emerged.

Beware of information from the media, as it is often incomplete, inaccurate, or unbalanced. Common myths advanced by the media include some of the following:

- School violence is an epidemic.
- There is a specific profile of school shooters or students who pose threat to schools.
- You can accurately predict which student will commit violent act on school campus.
- All school shooters are alike.
- The school shooter is always a loner.
- School shootings are exclusively revenge motivated.
- Easy access to weapons is THE most significant risk factor.
- Unusual or aberrant behaviors, interests, hobbies, etc., are hallmarks of the student destined to become violent.
SCHOOL VIOLENCE THREATS: GLOSSARY OF TERMS

THREAT: A threat is an expression of intent to do harm or act violently against someone or something. It can be spoken, written, emailed, symbolic or expressed in some other way, such as through gestures. It can be direct, indirect, veiled, or conditional. Threats could be made directly to the intended victim, communicated to third parties, or expressed in private writings. Possession of a weapon such as a firearm or knife on school grounds would be presumed to indicate a threat, unless subsequent investigation found otherwise. How student used or threatened to use a weapon is important (O'Toole, 2000).

- A **DIRECT** threat identifies a specific act against a specific target and is delivered in a straightforward, clear, and explicit manner: "I am going to place a bomb in the school's gym."

- An **INDIRECT** threat tends to be vague, unclear, and ambiguous. The plan, the intended victim, the motivation, and other aspects of the threat are masked or equivocal: "If I wanted to, I could kill everyone at this school!" While violence is implied, the threat is phrased tentatively -- "If I wanted to" -- and suggests that a violent act COULD occur, not that it WILL occur.

- A **VEILED** threat is one that strongly implies but does not explicitly threaten violence. "We would be better off without you around anymore" clearly hints at a possible violent act, but leaves it to the potential victim to interpret the message and give a definite meaning to the threat.

- A **CONDITIONAL** threat is the type of threat often seen in extortion cases. It warns that a violent act will happen unless certain demands or terms are met: "If you don't pay me one million dollars, I will place a bomb in the school."

THREAT ASSESSMENT/INQUIRY *(Terms can be interchanged)*: A threat assessment is a fact based approach/evaluation originally developed by the US Secret Service to identify, assess, and manage individuals who may pose a threat of violence to identifiable targets. A threat assessment is conducted when a person (or persons) threatens to commit a violent act, or engages in behavior that appears to threaten an act of violence. This kind of threatened violence is termed targeted violence. Threat assessment is a process of evaluating the threat, and the circumstances surrounding the threat, in order to uncover any facts or evidence that indicate the threat is likely to be carried out. (Cornell 2003). **No parent consent is needed though it is recommended to contact parent after or during process.**
SCHOOL VIOLENCE THREATS: GLOSSARY OF TERMS
(Continued)

THREAT ASSESSMENT INVESTIGATION: a law enforcement activity initiated, conducted, and controlled by law enforcement officials.

TRANSIENT threat: threats or statements that do not express a lasting intent to harm someone and can be readily resolved (e.g., exchange of insults, meant as jokes) student does not have a sustained intention to harm someone.

SUBSTANTIVE threat: are serious in the sense that they represent a sustained intent to harm someone beyond the immediate incident or argument where the threat was made. If there is doubt whether a threat is transient or substantive, the team treats it as a substantive threat. Based on recent study by Corneli et al. (2004) about 30% (8%) of these were “very serious” while 22% were “serious”) are substantive threats in schools and most, 70%, are transient threats. The presumptive indicators, derived from the FBI report (O’Toole, 2000), include:

- The threat has specific plausible details, such as a specific victim, time, place and method of assault
- The threat has been repeated over time or related to multiple persons
- The threat is reported as a plan, or planning has taken place
- The student has accomplices, or has attempted to recruit accomplices

TYPICAL ASSESSMENT TEAM COMPOSITION: includes threat assessment site team plus district level staff: administrator, crisis intervention/risk manager; law enforcement; mental health staff (e.g., School Psychologist); and others as needed.

DUTY TO PROTECT or TARASOFF SITUATIONS: when a mental health professional determines that a client presents a serious risk of violence to another, the mental health professional incurs a duty to use “reasonable care to protect the victim” which includes such actions as (Tarasoff v. Regents of University of California 55 P.2d 334, 1976):

- Warning the intended victim or others who might be able to notify the potential victim of the danger
- Notifying law enforcement
- Taking other steps that might be reasonable given the particular circumstances (e.g., hospitalization or other forms of intervention)
RISK FACTORS/WARNING SIGNS

Students possess many general risk factors that are common to numerous youths so caution must be exercised when making use of a profile or checklist approach to identify violent prone students (Cornell, 2003, O’Toole, 2000). The FBI has concluded that profiling is not useful for school violence perpetrators as it can unfairly label many students as potentially lethal or dangerous who will never engage in any violent behavior. Checklists of warning signs or risk factors of “student characteristics will invariably lead to the false positive identification of a very large number of students who are not violent, therefore the base rate for severe violence is low.” (Sewell & Mendelsohn, 2000). A threat assessment examines specific behaviors directly linked to committing a violent act. The warning signs provided are presented for additional information of factors that put students at risk for negative behaviors and are NOT provided as specific indicators of violence. However, educators, students, and parents can recognize certain warning signs. The best advice is to assume that these warning signs, especially when they are presented in combination, indicate a need for further assessment to determine an appropriate intervention.

Threat Motivations: Threats are made for a variety of reasons and the emotions that underlie a threat can range from love, hate, fear, rage, desire for attention, revenge, excitement, or recognition. Motivations can include (O’Toole, 2000):

- warning signal
- reaction to fear of punishment or some other anxiety
- demand for attention
- intended to taunt
- intimidate
- assert power or control
- to punish
- to manipulate or coerce
- to frighten/terrorize
- to compel someone to do something
- to strike back for an injury, injustice, or slight
- to disrupt someone’s or some institution’s life
- to test authority or to protect oneself

IMMINENT WARNING SIGNS: Safety must always be first and school staff must take action immediately:

- Has presented a detailed plan (time, place, method) to harm or kill others -particularly if the child has a history of aggression or has attempted to carry out threats in the past
- Is carrying a weapon, particularly a firearm, and has threatened to use it
- Serious physical fighting with peers or family members
- Severe destruction of property
- Severe rage for seemingly minor reasons
- Detailed threats of lethal violence
- Possession and/or use of firearms and other weapons
- Other self-injurious behaviors or threats of suicide
EARLY WARNING SIGNS

The following early warning signs are presented with the following CAUTIONS: They are not equally significant and they are not presented in order of seriousness. Again, assume that these warning signs, especially when they are presented in combination, indicate a need for further assessment to determine an appropriate intervention.

The early warning signs include:

- **Social withdrawal:** In some situations, gradual and eventually complete withdrawal from social contacts can be an important indicator of a troubled child. The withdrawal often stems from feelings of depression, rejection, persecution, unworthiness, and lack of confidence.

- **Excessive feelings of isolation and being alone:** Research has shown that the majority of children who are isolated and appear to be friendless are not violent. In fact, these feelings are sometimes characteristic of children and youth who may be troubled, withdrawn, or have internal issues that hinder development of social affiliations. However, research also has shown that in some cases feelings of isolation and not having friends are associated with children who behave aggressively and violently.

- **Excessive feelings of rejection:** In the process of growing up, and in the course of adolescent development, many young people experience emotionally painful rejection. Children who are troubled often are isolated from their mentally healthy peers. Their responses to rejection will depend on many background factors. Without support, they may be at risk of expressing their emotional distress in negative ways including violence. Some aggressive children who are rejected by non-aggressive peers seek out aggressive friends who, in turn, reinforce their violent tendencies.

- **Being a victim of violence:** Children who are victims of violence, including physical or sexual abuse, in the community, at school, or at home are sometimes at risk themselves of becoming violent toward themselves or others.

- **Feelings of being picked on and persecuted:** The youth who feels constantly picked on, teased, bullied, singled out for ridicule, and humiliated at home or at school may initially withdraw socially. If not given adequate support in addressing these feelings, some children may vent them in inappropriate ways, including possible aggression or violence.

- **Low school interest and poor academic performance:** Poor school achievement can be the result of many factors. It is important to consider whether there is a drastic change in performance and/or poor performance becomes a chronic condition that limits the child's capacity to learn. In some situations, such as when the low achiever feels frustrated, unworthy, chastised, and denigrated, acting out and aggressive behaviors may occur. It is important to assess the emotional and cognitive reasons for the academic performance change to determine the true nature of the problem.
EARLY WARNING SIGNS
(Continued)

- **Expression of violence in writings and drawings:** Children and youth often express their thoughts, feelings, desires, and intentions in their drawings and in stories, poetry, and other written expressive forms. Many children produce work about violent themes that for the most part is harmless when taken in context. However, an over representation of violence in writings and drawings that is directed at specific individuals (family members, peers, other adults) consistently over time, may signal emotional problems and the potential for violence. Because there is a real danger in misdiagnosing such a sign, it is important to seek the guidance of a qualified professional, such as a school psychologist, counselor, or other mental health specialist, to determine its meaning.

- **Uncontrolled anger:** Everyone gets angry; anger is a natural emotion. However, anger that is expressed frequently and intensely in response to minor irritants may signal potential violent behavior toward self or others.

- **Patterns of impulsive and chronic hitting, intimidating, and bullying behaviors:** Children often engage in acts of shoving and mild aggression. However, some mildly aggressive behaviors such as constant hitting and bullying of others that occur early in children's lives, if left unattended, might later escalate into more serious behaviors.

- **History of discipline problems:** Chronic behavior and disciplinary problems both in school and at home may suggest that underlying emotional needs are not being met. These unmet needs may be manifested in acting out and aggressive behaviors. These problems may set the stage for the child to violate norms and rules, defy authority, disengage from school, and engage in aggressive behaviors with other children and adults.

- **Past history of violent and aggressive behavior:** Unless provided with support and counseling, a youth who has a history of aggressive or violent behavior is likely to repeat those behaviors. Aggressive and violent acts may be directed toward other individuals, be expressed in cruelty to animals, or include fire setting. Youth who show an early pattern of antisocial behavior frequently and across multiple settings are particularly at risk for future aggressive and antisocial behavior. Similarly, youth who engage in overt behaviors such as bullying, generalized aggression and defiance, and covert behaviors such as stealing, vandalism, lying, cheating, and fire setting also are at risk for more serious aggressive behavior. Research suggests that age of onset may be a key factor in interpreting early warning signs. For example, children who engage in aggression and drug abuse at an early age (before age 12) are more likely to show violence later on than are children who begin such behavior at an older age. In the presence of such signs it is important to review the child's history with behavioral experts and seek parents' observations and insights.

- **Intolerance for differences and prejudicial attitudes:** All children have likes and dislikes. However, an intense prejudice toward others based on racial, ethnic, religious, language, gender, sexual orientation, ability, and physical appearance — when coupled with other factors — may lead to violent assaults against those who are perceived to be different. Membership in hate groups or the willingness to victimize individuals with disabilities or health problems also should be treated as early warning signs.
EARLY WARNING SIGNS

(Continued)

• **Drug use and alcohol use.** Apart from being unhealthy behaviors, drug use and alcohol use reduces self-control and exposes children and youth to violence, either as perpetrators, as victims, or both.

• **Affiliation with gangs.** Gangs that support anti-social values and behaviors, including extortion, intimidation, and acts of violence toward other students, cause fear and stress among other students. Youth who are influenced by these groups – those who emulate and copy their behavior, as well as those who become affiliated with them – may adopt these values and act in violent or aggressive ways in certain situations. Gang-related violence and turf battles are common occurrences tied to the use of drugs that often result in injury and/or death.

• **Inappropriate access to, possession of, and use of firearms.** Children and youth who inappropriately possess or have access to firearms can have an increased risk for violence. Research shows that such youngsters also have a higher probability of becoming victims. Families can reduce inappropriate access and use by restricting, monitoring, and supervising children's access to firearms and other weapons. Children who have a history of aggression, impulsiveness, or other emotional problems should not have access to firearms and other weapons.

• **Serious threats of violence.** Idle threats are a common response to frustration. Alternatively, one of the most reliable indicators that a youth is likely to commit a dangerous act toward self or others is a detailed and specific threat to use violence. Recent incidents across the country clearly indicate that threats to commit violence against oneself or others should be taken very seriously. Steps must be taken to understand the nature of these threats and to prevent them from being carried out.

THREAT ASSESSMENT FOR SCHOOL VIOLENCE

PURPOSE:

1) Identify the student’s mental health status/needs associated with threat

2) Gather information about the student’s motivation in making the threat so team can identify strategies to reduce risk of violence

The function of the assessment is carefully outlined so examiner does not go beyond area of expertise and training (Morrison, Furlong, & Morrison, 1994).
Note: It is NOT a prediction model!

Four-Pronged Assessment Model:
Based on the "totality of the circumstances" known about the student in four major areas: (O'Toole, 2000)

1) **Prong One:** Personality of the student

2) **Prong Two:** Family dynamics

3) **Prong Three:** School dynamics and the student's role in those dynamics.

4) **Prong Four:** Social dynamics
THREAT ASSESSMENT FOR SCHOOL VIOLENCE:

SIX KEY ELEMENTS


1) Targeted violence is not a spontaneous, unpredictable event but part of deliberate and detectable process. Students who commit serious acts of violence do not suddenly “snap” and begin shooting at random; their behavior is preceded by days or weeks of thought and planning, and in many cases they shared their ideas and intentions with others (Vossekui, Fein, Reddy, Borum, Modzeleski, 2002).

2) Threat assessment must consider not only the student who makes the threat, but the situation, the setting, and the target as well. Get the complete picture- friends, family, risk factors.

3) School authorities investigating a threat must adopt a critical and skeptical mindset that strives to accumulate reliable evidence and verify all claimed facts about the situation. Do not jump to wrong conclusions based on rumors. Be fair and reject hypothesis based on information from investigation.

4) Conclusions must be based on objective facts and behaviors, rather than inferred traits or characteristics of the student making the threat. There is no set of psychological characteristics that unequivocally indicates future violence in the absence of specific observations that the student is planning or threatening to commit an act of violence.

5) Information should be gathered from multiple sources within and outside the school system. An “integrated systems approach” with law enforcement, social service agencies, mental health providers, religious organizations, and other groups or organizations that comprise the community.

6) Threat assessment is ultimately concerned with whether the student *poses* a threat, not whether the student has *made* a threat, i.e. they have an intent and means to carry out the threat. Threat assessment aims to determine how serious the threat is and then what should be done about it.
THREAT ASSESSMENT FOR SCHOOL VIOLENCE:
FOUR PRONG ASSESSMENT of MENTAL HEALTH AREAS

Prong One: Personality of the student
Prong Two: Family dynamics
Prong Three: School dynamics and the student’s role in those dynamics
Prong Four: Social dynamics

1. Personality of the Student

- Behavioral Characteristics
  - Capacity to cope with stress and conflicts
  - Ways of dealing with anger, humiliation or sadness, disappointments
  - Level of resiliency related to failure, criticism or other negative experiences
  - Response to rules and authority
  - Need for control
  - Capacity for emotional empathy or respect for others
  - Sense of self-importance compared to others (superiority/inferiority)

- Personality Traits
  - Tolerance for frustration
  - Coping skills
  - Focus on perceived injustices
  - Signs of depression/other mental illness
  - Self-perceptions (narcissism/insecurity)
  - Need for attention
  - Focus of blame (internalizes/externalizes)
THREAT ASSESSMENT FOR SCHOOL VIOLENCE:
FOUR PRONG ASSESSMENT of MENTAL HEALTH AREAS
(Continued)

2. Family Dynamics
   o Parent-child relationship
   o Attitudes toward pathological behavior
   o Access to weapons
   o Sense of connectedness/intimacy
   o Attitude toward/enforcement of parental authority
   o Monitoring of TV, video games, or Internet

   o Supervision of computer access

3. School Dynamics
   o Student's attachment to school
   o Tolerance for disrespectful behavior
   o Approach to discipline (equitable/arbitrary)
   o Flexibility/inclusiveness of culture
   o Pecking order among students
   o Code of silence

4. Social Dynamics
   o Peer group relationships and culture
   o Use of drugs and alcohol
   o Media, entertainment, technology
   o Level and focus of outside interests
   o Potential copycat effect of past incidents
THREAT ASSESSMENT FOR SCHOOL VIOLENCE:

ESTIMATED LEVELS OF RISK (O'Toole, 2000)

**LOW level threat:** A threat that poses a minimal risk to the victim and public safety.
- Threat is vague and indirect.
- Information contained within the threat is inconsistent, implausible or lacks detail.
- Threat lacks realism.
- Content of the threat suggests person is unlikely to carry it out.

*Example #1: Low-Level Threat:* Student John Jones sends another student an e-mail message saying: "You are a dead man."

**MEDIUM Level of Threat:** A threat that could be carried out, although it may not appear entirely realistic.
- Threat is more direct and more concrete than a low level threat.
- Wording in the threat suggests that the aggressor has given some thought to how the act will be carried out.
- There may be a general indication of a possible place and time (though these signs still fall well short of a detailed plan).
- There is no strong indication that the aggressor has taken preparatory steps, although there may be some veiled reference or ambiguous or inconclusive evidence pointing to that possibility -- an allusion to a book or movie that shows the planning of a violent act, or a vague, general statement about the availability of weapons.
- There may be a specific statement seeking to convey that the threat is not empty: "I'm serious!" or "I really mean this!"

*Example #2: Medium-Level Threat:* Tom Murphy, a ninth-grader, makes a videotape for one of his classes. The tape shows student actors shooting at other students on the school grounds, using long-barreled guns that appear real. On the videotape, the actor-students are heard yelling at other students, laughing, and making off-color remarks, while aiming their weapons at others. Murphy's teacher receives the tape and becomes concerned.

**HIGH Level of Threat:** A threat that appears to pose an imminent and serious danger to the safety of others.
- Threat is direct, specific and plausible.
- Threat suggests concrete steps have been taken toward carrying it out, for example, statements indicating that the aggressor has acquired or practiced with a weapon or has had the victim under surveillance.

*Example #3: High-Level Threat:* A high school principal receives an anonymous phone call at 7:30 a.m. The caller says: "There is a pipe bomb scheduled to go off in the gym at noon today. I placed the bomb in the locker of one of the seniors. Don't worry; it's not my locker. I just placed it there because I can see it from where I will be sitting -- and will know if someone goes to check on it."
**ELEVEN KEY AREAS**

<table>
<thead>
<tr>
<th>Check areas of concern</th>
<th>1. What are the student’s motive(s) and goals?</th>
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<tbody>
<tr>
<td></td>
<td>• What motivated the student to make the statement or take the actions that caused him/her to come to attention?</td>
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<tr>
<td></td>
<td>• Does the situation or circumstance that led to these statements or actions still exist?</td>
</tr>
<tr>
<td></td>
<td>• Does the student have a major grievance or grudge? Against whom?</td>
</tr>
<tr>
<td></td>
<td>• What efforts have been made to resolve the problem and what has been the result? Does the potential attacker feel that any part of the problem is resolved or see any alternatives?</td>
</tr>
</tbody>
</table>
2. Has the student shown inappropriate interest in the following: school attacks, attackers, weapons, incidents of violence, etc.?
   - School attacks or attackers; weapons (including recent acquisition of any relevant weapon); incidents of mass violence (terrorism, workplace violence, mass murders). Ask about Columbine, Santana, etc.

3. Have there been any communications suggesting ideas or intent to attack?
   - Have friends been alerted or "warned away"?

4. Has the student engaged in attack-related behaviors, such as the following:
   - Developing an attack idea or plan
   - Making efforts to acquire or practice with weapons
   - Casing or checking out, possible sites and areas for an attack
   - Rehearsing attacks or ambushes
5. Is the student’s conversation and “story” consistent with his or her actions?
   - Does information from collateral interviews and from the student’s own behaviors confirm or dispute what the student says is going on?

6. Does the student have the capacity to carry out an act of targeted violence?
   - How organized is the student’s thinking and behavior?
   - Does the student have the means; e.g., access to a weapon, to carry out an attack?

7. Is the student experiencing hopelessness, desperation and/or despair?
   - Does the student have the means; e.g., access to a weapon, to carry out an attack?
   - Has the student experienced a recent failure, loss and/or loss of status?
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<td>8.</td>
<td>Does the student have a trusting relationship with at least one responsible adult?</td>
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<td></td>
<td>• Does the student have at least one relationship with an adult where the student feels that he or she can confide in the adult and believes that the adult will listen without judging or jumping to conclusions? (Students with trusting relationships with adults may be directed away from violence and despair and toward hope.)</td>
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<tr>
<td></td>
<td>• Is the student emotionally connected to – or disconnected from – other students?</td>
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<td></td>
<td>• Has the student previously come to someone’s attention or raised concern in a way that suggested he or she needs intervention or supportive services?</td>
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<td>9.</td>
<td>Are other people concerned about the student’s potential for violence?</td>
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<td>----</td>
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<tr>
<td></td>
<td>• Are those who know the student concerned that he or she might take action based on violent ideas or plans?</td>
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|    | • Are those who know the student concerned about a specific target? |

|    | • Have those who know the student witnessed recent changes or escalations in mood and behavior? |

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<tr>
<th>10.</th>
<th>What circumstances might affect the likelihood of an attack?</th>
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<td></td>
<td>• What factors in the student’s life and/or environment might increase or decrease the likelihood that the student will attempt to mount an attack at school?</td>
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</table>

|     | • What is the response of other persons who know about the student’s ideas or plan to mount an attack? (Do those who know about the student’s ideas actively discourage the student from acting violently, encourage the student to attack, deny the possibility of violence, passively collude with an attack, etc.?) |

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<tr>
<th>11.</th>
<th>Does the student see violence as an acceptable, desirable solution or way to solve problems?</th>
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<tr>
<td></td>
<td>• Does the setting around the student (friends, fellow students, parents, teachers, adults) explicitly or implicitly support or endorse violence as a way of resolving problems or disputes?</td>
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Youth Suicide Intervention & Aftercare Guidelines

A Resource for School Staff

Rev 7/17
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Introduction

Youth Suicide

The probability of students, faculty, or staff dealing with a suicidal student is real, even at the elementary school level. Suicide is a difficult topic to discuss and many think it will not happen in their schools. But losing a student to suicide is an especially painful trauma that leaves deep wounds with all who deal with it. Suicide does not happen to only one type of student, it cuts across race, socio-economic status, gender, age, and sexual identification. Per the CDC, suicide is the second leading cause of death in students between the ages of 10 – 24. It is a myth that talking about suicide makes a student more likely to engage in suicide. Suicide Prevention programs have increased students’ knowledge about suicide and are associated with them being more likely to seek adult assistance for their peers. Students are typically very reluctant to break confidentiality with their peer who has expressed a suicidal thought. There is evidence that suicide is preventable in many cases but one must remember that no one can predict or prevent suicide with 100% accuracy. As school staff, you are responsible, ethically and legally for the welfare, safety, and health of all students. Staff attempts to build caring and positive relationships with students with open communication. This goes a long way toward preventing suicide. However, staff must remember that no one can take complete responsibility of the life of someone who is threatening suicide. You can only have so much control. Suicide crisis intervention that is timely, thorough, and established helps school staff stay calm and to assist the student as well as prevent copycat behaviors.

Guidelines

This resource manual builds upon the work of countless researchers, professionals, and organizations that have increased our knowledge of youth suicide prevention and intervention. Information was gathered from a review of important research and recommendations from leaders in the field. Every attempt was made to incorporate research based interventions and procedures. In particular, many procedures and guidelines were based on recommendations from Scott Poland and Rich Lieberman (School Psychologists and important pioneers in the field of suicide intervention in schools) and from the Maine Youth Suicide Prevention Resource manual for school personnel.

The guidelines in this manual serve to assist individual school site personnel in their suicide intervention planning and do not constitute legal advice. In addition, this manual complies with the requirements of California Assembly Bill AB-2246, Pupil prevention suicide policies to address procedures related to suicide prevention, intervention, and postvention.

Individual school sites may wish to supplement additional positive supports to fit the needs of their specific school. However, staff is advised to follow the specific measures outlined and complete the required district forms for documentation.
Assembly Bill No. 2246

Pupil suicide prevention policies

Approved by Governor, September 26, 2016.
Filed with Secretary of State, September 26, 2016.

Existing law establishes a system of public elementary and secondary schools in this state and provides for the establishment of school districts and other local educational agencies to operate these schools and provide instruction to pupils. Existing law establishes the State Department of Education in state government and vests the department with specified powers and duties relating to the state's public school system.

This bill would require the governing board or body of a local educational agency, as defined, that serves pupils in grades 7 to 12, inclusive, to, before the beginning of the 2017–18 school year, adopt a policy on pupil suicide prevention, as specified, that specifically addresses the needs of high-risk groups. By imposing additional duties on local educational agencies, the bill would impose a state-mandated local program. The bill would require the department to develop and maintain a model policy to serve as a guide for local educational agencies.

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1.
The Legislature finds and declares all of the following:

(a) According to the latest 2013 data from the federal Centers for Disease Control and Prevention, suicide is the second leading cause of death for youth and young adults 10 to 24 years of age, inclusive.

(b) As children and teens spend a significant amount of their young lives in school, the personnel who interact with them on a daily basis are in a prime position to recognize the warning signs of suicide and make the appropriate referrals for help.

(c) In a national survey conducted by the Jason Foundation, the number one person whom a pupil would turn to for helping a friend who might be suicidal was a teacher. It is imperative that when a young person comes to a teacher for help, the teacher has the knowledge, tools, and resources to respond.
(d) There are national hotlines available to help adults and lesbian, gay, bisexual, transgender, or questioning (LGBTQ) youth experiencing suicidal ideation, including the National Suicide Prevention Lifeline and the Trevor Project, respectively.

(e) According to the Family Acceptance Project, research has found that, for an LGBTQ youth, having at least one supportive adult can reduce the youth’s risk of suicide.

(f) A model policy on suicide prevention created in consultation with suicide prevention experts and other stakeholders is available through the Trevor Project for adoption or adaptation, or both, by the State Department of Education and local educational agencies.

SEC. 2.
Article 2.5 (commencing with Section 215) is added to Chapter 2 of Part 1 of Division 1 of Title 1 of the Education Code, to read:

Article 2.5. Pupil Suicide Prevention Policies
215.
(a) (1) The governing board or body of a local educational agency that serves pupils in grades 7 to 12, inclusive, shall, before the beginning of the 2017–18 school year, adopt, at a regularly scheduled meeting, a policy on pupil suicide prevention in grades 7 to 12, inclusive. The policy shall be developed in consultation with school and community stakeholders, school-employed mental health professionals, and suicide prevention experts and shall, at a minimum, address procedures relating to suicide prevention, intervention, and postvention.

(2) The policy shall specifically address the needs of high-risk groups, including, but not limited to, all of the following:

(A) Youth bereaved by suicide.

(B) Youth with disabilities, mental illness, or substance use disorders.

(C) Youth experiencing homelessness or in out-of-home settings, such as foster care.

(D) Lesbian, gay, bisexual, transgender, or questioning youth.

(3) (A) The policy shall also address any training to be provided to teachers of pupils in grades 7 to 12, inclusive, on suicide awareness and prevention.

(B) Materials approved by a local educational agency for training shall include how to identify appropriate mental health services, both at the school site and within the larger community, and when and how to refer youth and their families to those services.

(C) Materials approved for training may also include programs that can be completed through self-review of suitable suicide prevention materials.
(4) The policy shall be written to ensure that a school employee acts only within the authorization and scope of the employee's credential or license. Nothing in this section shall be construed as authorizing or encouraging a school employee to diagnose or treat mental illness unless the employee is specifically licensed and employed to do so.

(5) To assist local educational agencies in developing policies for pupil suicide prevention, the department shall develop and maintain a model policy in accordance with this section to serve as a guide for local educational agencies.

(b) For purposes of this section, "local educational agency" means a county office of education, school district, state special school, or charter school.

SEC. 3.
If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.
Goals of This Manual

1. To provide staff with information on youth suicide and the stresses youth face, in particular, high risk groups (LGBTQ youth; foster youth; youth with disabilities, mental illness, and/or substance use disorders; youth experiencing homelessness, and youth bereaved by suicide)

2. To promote understanding of warning signs

3. To improve staff-student communication

4. To clarify referral procedures

5. To outline suicide crisis intervention strategies

6. To identify community resources

7. To educate staff on AB-2246, Pupil suicide prevention policies
COMPONENTS OF
SCHOOL BASED
SUICIDE INTERVENTION:

Procedural Guidelines
(FOR SCHOOL STAFF DISTRIBUTION ONLY)

WARNING SIGNS/
RISK & PROTECTIVE FACTORS OF YOUTH SUICIDE

WARNING SIGNS

• Verbal references to suicide
• Giving away treasured possessions
• Withdrawal from friends
• Dramatic changes in attendance
• Declining academic performances/failure to complete work
• Frequent talk or writing about death/despair
• Mood Swings
• Dramatic changes in personality/appearance
• Increased use of drugs and/or alcohol

RISK FACTORS

Risk factors are stressful events, situations, or conditions that exist in a person's life that may increase the likelihood of attempting or dying by suicide. There is no predictive list of a particular set of risk factors that spells imminent danger of suicide. It is important to understand that risk factors DO NOT cause suicide.

Primary Risk Factors

• History of prior suicide attempts & current acute suicide ideation.
• Depressive or other psych. disorder with extreme hopelessness.
  -Depression, Conduct Disorder, Anxiety Disorder
• Recent loss/separation (e.g., breakup with boyfriend, death of loved one.)
• Victim of physical or sexual abuse.
• Substance Abuse (drugs/alcohol).
• Psychiatric Disorder
• Substance Abuse
• Hopelessness; isolation; perfectionism
• Impulsive or aggressive tendencies
• History of running away
• Easy access to firearms in home- associated with completed suicides.
(FOR SCHOOL STAFF DISTRIBUTION ONLY)

School/Community Risk Factors:

- Exposure to recent suicide in community
- Truancy
- Disciplinary actions (suspension, expulsion)
- Low scores on achievement tests & perceived failure with pressure to succeed
- Peer rejection or victimization
- Loss of close relationship (e.g., boy/girlfriend)

Family Risk Factors:

- Child sexual abuse
- Use of extreme physical punishment
- Lower family SES
- Changes of parents/family (e.g., divorce, remarriage, recent death of loved one)
- Poor parent-child attachment
- Parent alcohol problems/drug use
- Low parental monitoring
- Family history of suicide or suicide attempt

PROTECTIVE FACTORS

Protective factors are the positive conditions, personal and social resources that promote resiliency and reduce the probability for youth suicide as well as other high-risk behaviors. (Bryan & Rudd, 2003)

- Presence of social support
- Problem solving skills and history of coping skills
- Active participation in treatment
- Presence of hopefulness
- Religious commitment
- Fear of suicide or death
- Fear of social disapproval
- Life satisfaction
- Intact reality testing
- Children, pets

(FOR SCHOOL STAFF DISTRIBUTION ONLY)
### SUICIDE INTERVENTION: DOs and DON'Ts

<table>
<thead>
<tr>
<th><strong>DO</strong></th>
<th><strong>DON'T</strong></th>
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<tr>
<td>Quiet the environment</td>
<td>Overlook the signs of suicide</td>
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<tr>
<td>Talk openly</td>
<td>Leave the student alone</td>
</tr>
<tr>
<td>Show you care &amp; that</td>
<td>Try to physically take away a</td>
</tr>
<tr>
<td>student is not alone</td>
<td>weapon</td>
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<tr>
<td>Ask direct/clarifying</td>
<td>Get overwhelmed</td>
</tr>
<tr>
<td>questions</td>
<td>Be shocked</td>
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<tr>
<td>Stay calm &amp; proceed</td>
<td>Encourage guilt</td>
</tr>
<tr>
<td>slowly</td>
<td>Promise anything/total confidentiality</td>
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<tr>
<td>Pay attention (nonverbal</td>
<td>Minimize the problem</td>
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<tr>
<td>cues)</td>
<td>Argue against suicide</td>
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<tr>
<td>Avoid interrupting</td>
<td>Give up hope</td>
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<tr>
<td>Focus on the main issue</td>
<td>Take responsibility for</td>
</tr>
<tr>
<td></td>
<td>student’s life</td>
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<td>Wait→Think→Respond</td>
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<td>Help problem solve vs.</td>
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<tr>
<td>giving advice</td>
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<td>Be patient</td>
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<td>Know your limits</td>
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<td>Consult with colleague</td>
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<td>Take care of yourself</td>
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<td>and process/debrief event.</td>
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Guidelines for When the Risk of Suicide Has Been Raised

The risk of suicide is raised when any peer, teacher, or other school employee identifies someone as potentially suicidal because s/he has directly or indirectly expressed suicidal thoughts (ideation) or demonstrated other clues or warning signs (e.g., poems, essays, drawings). *(See Warning Signs Handout)*

1. **All staff members must take threat of self-harm and suicidal behavior seriously every time!**

2. Take immediate action. Contact the building administrator or designee to inform him/her of the situation. Pursuant to AB-2246, if unable to reach them, immediately contact crisis team member (i.e., school psychologist, guidance counselor, high school Gateway Counselor, elementary intervention advisor, school nurse) designated to respond to such situations. Schools must have alternates identified in the event of unavailability of staff due to conference attendance, illness, vacation, etc. pursuant to Assembly Bill 2246 have a duty to report.

3. Prior to initiating a formal assessment, the school administrator or district appointed designee will conduct a search of student and belongings to insure they are not in possession of any harmful objects. (Explain to student the reason for the search.)

4. The staff will talk with the student, staying calm and listening attentively. It is crucial to keep the student under continuous adult supervision until the designated trained staff person arrives or student is escorted to that person.

5. The designated staff person trained in suicide prevention (typically crisis team member) is contacted to meet with the student and complete a suicide risk screening that includes *(see Suicide Assessment Scale & Levels of Risk forms)*:

   a. Assessing for SAL:

   ![SAL Table]

   - Specifics of plan
   - Availability of method
   - Lethality of the method

   b. Gathering background information (precipitating factors, risk factors, etc.)
   c. Consulting with a psychiatric crisis service provider (PMRT) if necessary to obtain an assessment of the student’s mental state and a recommendation for treatment.

6. If the student is in possession of lethal means, get assistance immediately - call for Administrator or 911 if after school hours. It is best to call a trained law enforcement officer to remove lethal means. Law enforcement officers have special training to de-escalate a situation that can very quickly become dangerous (i.e. possession of a gun or knife).
7. The administrator or designee contacts the parents or guardians to:
   a. Notify them of the situation and request that they come to school.
   b. Provide them with a full report upon arrival at school.
   c. Discuss and advise them on steps to be taken. Could involve reviewing information in the handout, “Five Minutes Can Save A Life” (see page 225). Have parent sign “Parent Notification’ Letter.
   d. The same person should follow up with the parents within a few days to determine what has been done and the next steps.

8. In the event that a school staff member determines that a student under age 18 appears to be at risk of attempting suicide and the parent/guardian refuses to obtain services for him/her or there is suspicion of child abuse/neglect a report should be made to Department of Children and Family Services (DCFS by calling 1(800) 540-4000 (toll-free) for neglect – failure to seek necessary mental health treatment, which may place the child at-risk of serious harm.

9. If deemed necessary (i.e., student presents with heightened risk for suicide), or if the student refuses to give any information, assessor will contact the PMRT to come to the school site and complete emergency assessment.

Psychiatric Mobile Response Teams (PMRT)
Main Number: 1-800-854-7771
PMRT Office in Covina: (626) 430-2901

The PMRT team will determine if student needs to go to hospital. Attempt to call parents prior to calling PMRT and obtain medical insurance information. Tell parent(s) to bring such information to school site immediately. Assessor can also call to consult with PMRT team member to determine if they need to come. Parent can also take student to nearest ER to assess for hospitalization for suicidal risk. Only allow this to occur if you are sure parent will follow through and risk is not high to extreme. If risk is high to extreme it is recommended that school staff call PMRT and ask them to come to school site. The time span between phone call to PMRT team arriving at site can be lengthy.

   a. Notify school administrators and other appropriate staff (e.g., campus supervisors) that PMRT members are expected on campus.

   b. Notify administrator if student is taken by ambulance to hospital so they can complete necessary documentation, especially if parents do not come to site. It also might be helpful to print out address/phone number/map for hospital student is being taken to. Notify Director of Student/Employee Welfare by faxing required forms and by phone.

10. NO STUDENT IN THIS SITUATION SHOULD BE SENT HOME ALONE!!!
11. Document actions taken as required by district protocol of district forms.
   a. Send Suicide Risk Assessment Referral Data (RARD) form to Student/Employee Welfare within 48 hours of incident.
   b. Give “Parent Notification of Suicide Risk” letter to parent.

12. Debrief with all staff members who assisted with the intervention.

13. Follow-up with parent/guardian as arranged.
Guidelines for Assisting Other Students During a Crisis

1. During a crisis that threatens others, clear the area of other students immediately. It is best to keep students in current classrooms and provide a supportive presence until the emergency situation is under control. Experienced or trained staff may be able to help students in the following ways:

   a. Engage them in discussion of how to support each other.
   b. Encourage them to express their feelings.
   c. Discuss feeling of responsibility or guilt.
   d. Talk about fears for personal safety for self and others.
   e. Together, list resources for students to get help and support if needed.

2. The superintendent or designee alerts principals at schools attended by siblings, who in turn will notify counselors, nurses, and others in a position to help siblings and other students who might be affected.

3. Administrators should consult with district Crisis Team leaders (Student/Employee Welfare) to determine if need to mobilize the school-based crisis team, with support from community crisis service providers, to help staff address the reactions of other students. When other students know about a suicide attempt, steps must be taken to avoid copycat behavior among vulnerable at-risk students. (*Note: At-risk students may be friends and relatives of the student and other students who may not know the individual, but who themselves are troubled.)

Suggested Steps:

   a. Submit Gateway Referral
   b. In classrooms or other small groups, offer a brief statement assuring others that the student who made the suicide attempt is receiving help. Keep the details of the attempt confidential.
   c. Describe and promote resources for where students can get help.
   d. Monitor close friends and other students known to be vulnerable and offer support as needed.
   e. Hold a mandatory debriefing for staff, administrators, and crisis response team members who directly dealt with the student in crisis.
   f. Debrief with other school staff to provide an opportunity to address feelings and concerns, and conduct any necessary planning.
   g. Document actions taken as required by school protocol.

(Adapted from Maine Youth Suicide Prevention School Personnel Resource Guide, 2002)
Guidelines for Assisting Other Students During a Crisis

1. During the crisis, clear the area of other students immediately. It is best to keep students in current classrooms and provide a supportive presence until the emergency situation is under control. Experienced or trained staff may be able to help students in the following ways:
   a. Engage them in discussion of how to support each other.
   b. Encourage them to express their feelings.
   c. Discuss feelings of responsibility or guilt.
   d. Talk about fears for personal safety for self and others.
   e. Together, list resources for students to get help and support if needed.

2. The superintendent or designee alerts principals at schools attended by siblings, who in turn will notify counselors, nurses, and others in a position to help siblings and other students who might be affected.

3. Administrators should consult with the district Crisis Team leader to determine if there is a need to mobilize the school based crisis team to assist staff in addressing the reactions of other students. When other students know about a suicide attempt, steps must be taken to avoid copycat behavior amongst vulnerable at-risk students (Note: At-risk students may be friends and relatives of the student and other students who may not know the individual, but who themselves are troubled).

Suggested Steps:

   a. In classrooms or other small groups, offer a brief statement assuring others that the student who made the suicide attempt is receiving help. Keep the details of the attempt confidential.

   b. Describe and promote resources for where students can get help.

   c. Monitor close friends and other students known to be vulnerable and offer support as needed.

   d. Hold a mandatory debriefing for staff, administrators, and crisis response team members who directly dealt with the student in crisis.

   e. Debrief with other school staff to provide an opportunity to address feelings and concerns, and conduct any necessary planning.

   f. Document actions taken as required by school protocol.

(Adapted from Maine Youth Suicide Prevention School Personnel Resource Guide, 2002)
Guidelines for Responding to a Student Suicide Attempt on School Premises

When a student exhibits life-threatening behavior or has committed an act of deliberate self-harm on the school premises, an immediate response is necessary. Actions required of the staff person on the scene as well as those of the school administrator must be carefully planned in advance.

Procedures for Assisting a Student in Crisis:

1. Keep the student safe and under close supervision. Never leave the student alone. Designate one or more staff members to stay with and support the individual in crisis while help is being sought. Call school nurse if student needs emergency medical help.

2. Notify the school administrator and assistant superintendent of Student/Employee Welfare or designee who will immediately communicate with campus supervisors, the Assistant Superintendent of Student/Employee Welfare, designated crisis intervention team members and/or law enforcement.

3. Notify the parents/guardians of what has occurred and arrange to meet them wherever appropriate (as student might need emergency transportation to hospital).

4. Consult with Psychiatric Mobile Response Team (PMRT) as necessary to assess the student’s mental state and to obtain a recommendation for needed treatment.

5. If the youth does not require emergency treatment or hospitalization and the immediate crisis is under control, release the student to the parent/guardian with arrangements for needed medical treatment and/or mental health counseling and make sure to have parent sign the Suicide Prevention Notification letter on page 33.

6. In the event that the situation requires transportation to a hospital emergency department, contact administrator to assess the situation, and expedite the transition to the hospital.

7. Explain that a designated school professional will follow-up with parents and student regarding arrangements for medical and/or mental health services.

8. Establish a plan for periodic contact with the student while away from school.

9. Make arrangements, as necessary, for class work assignments to be completed at home if the student is unable to attend school for his/her course requirements.

10. Other school policies that apply to a student’s extended absence should be followed.
Guidelines for When the Threat Involves a Suicide Pact

A suicide pact is when two or more individuals agree to kill themselves at the same time and place, or agree that if one dies, the other(s) will soon follow. Suicide pacts are very rare, extremely dangerous and must be taken seriously whenever rumored or threatened. Common characteristics of pacts include:

- Suicide pacts are likely to involve unhappy lovers, close friends suffering from depression or individuals feeling misunderstood or maltreated by others. It is not uncommon for those involved in a suicide pact to be using drugs and having serious problems at school and/or home.

- Usually there is a “leader” who clearly dominates the other(s) putting one or more individuals in danger. It is important to identify him/her as soon as possible. Often the parties involved have been sworn to secrecy and are reluctant to disclose information out of fear and loyalty.

1. Follow all the steps in the previous section, expanded to identify all of the individuals involved in the pact and those who know about it. Follow-up with all of those involved and their parent/guardians is vitally important, as is careful planning for transitioning back into the school environment.

2. In an attempt to keep the behavior from escalating, ongoing communication between school personnel, parents/guardians, mental health care providers and the individual students involved in planning the pact is necessary.

(Adapted from Maine Youth Suicide Prevention School Personnel Resource Guide, 2002)
Five Minutes Can Save a Life
A Four-Step Intervention to Use with Parents of Suicidal Adolescents

1. Inform the parents that their adolescent is at risk for suicide and why you think so. For example, if you are working with an adolescent who is known to have made one attempt, it is important to inform the parent or caretaker that “Adolescents who have made a suicide attempt are at-risk for another attempt. One attempt is a very strong risk factor for another.”

2. Tell parents or caretakers that they can reduce the risk of suicide by removing firearms from the house. Research shows that the risk of suicide doubles if a firearm is in the house, even if the firearm is locked up. It is extremely important to help parents or caretakers understand the importance of removing access to firearms and other lethal means. Majority of youth suicides are committed with a firearm. This is important information for all parents, even if they do not own a firearm. Lethal means may be readily available at the home of other family members, friends, or neighbors. Every effort must be made to remove all access to lethal means.

3. Educate parents about different ways to dispose of, or at the very least, limit access to a firearm. Officers from local police or sheriff’s departments are willing to discuss removing, storing, or disposing of firearms.

4. Ask parents to remove any lethal means student can use to harm self such as medications, over the counter pills, knives, etc.

For More Information:

Hotlines
- 1877-7-CRISIS (Toll free 24/7 LA County)
- 1-800-273-TALK (Toll free, 24/7 Nationwide)
- 1-800-SUICIDE (Toll free, 24/7 Nationwide)

Websites
- American Association of Suicidology - suicidology.org
- Centers for Disease Control - cdc.gov
- National Assoc. of School Psychologists - nasponline.org
- National Institute of Mental Health - nimh.nih.gov
Guidelines for When A Student Returns to School Following Absence for Suicidal Behavior

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 render 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/her return to school is integral to making decisions concerning needed supports and the student’s schedule.

Some suggestions to ease a student’s return to school are as follows:

1. The designated school staff should:
   a. Review and file written documents as part of the student’s confidential record.
   b. Serve as case manager for the student. Understand what precipitated the suicide attempt and be alert to what might precipitate another attempt. Be familiar with practical aspects of the case, i.e. medications, temporary classroom accommodations, needed recommendations.
   c. Help the student through re-admission procedures, monitor the re-entry, and serve as a contact for other staff members who need to be alert to reoccurring warning signs.
   d. Serve as a link with the parent/guardian, and with the written permission of the parent/guardian, serve as the school liaison with any external medical or mental health service providers supporting the student.

2. Prior to the student’s return, a meeting between a designated school staff such as the school nurse, Gateway counselor, intervention advisor, administrator, or designee who is trusted by the student and parents/guardian should be scheduled to discuss possible arrangements for support services and to create an individualized re-entry plan.

3. Classroom teachers do need to know whether the student needs temporary accommodations in the classroom and are to be updated on the student’s progress in general. They do not need clinical information or a detailed history.

4. Discussion of the case among personnel directly involved in supporting the student should be specifically related to the student’s treatment and support needs. Discussion of the student among other staff should be strictly on a “need to know” basis. That is, information directly related to what staff has to know in order to work with the student.

5. Discussion of any specific case in classroom settings should be avoided entirely since such discussion would constitute a violation of the student’s right to confidentiality, and would serve no useful purpose to the student or his/her peers.
6. It is appropriate for school personnel to recommend to students that they discuss their concerns or reactions with an appropriate administrator or other designated school personnel. The focus of these discussions should not be on the suicidal individual, but on building help seeking skills and resources for others who might be depressed or suicidal.

Every student will react differently upon return to school and interventions should be tailored to meet their needs. It is very common that some of the school staff, the family, the mental health professional, and the student will express concerns regarding the transition process. School staff might need to meet to address these concerns and make necessary changes/accommodations.

(Adapted from Maine Youth Suicide Prevention School Personnel Resource Guide, 2002)
### Suicide Aftercare General Guidelines

<table>
<thead>
<tr>
<th>✓ Plan in advance for crisis</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Select/train crisis team</td>
</tr>
<tr>
<td>✓ Verify report of suicide with police/family</td>
</tr>
<tr>
<td>✓ Do not dismiss school</td>
</tr>
<tr>
<td>✓ Do not encourage funeral attendance during school hours</td>
</tr>
<tr>
<td>✓ Do not dedicate memorial</td>
</tr>
<tr>
<td>✓ Do not release information in large assembly or via intercom</td>
</tr>
<tr>
<td>✓ Disseminate info. via teachers, students, &amp; parents</td>
</tr>
<tr>
<td>✓ Contribute to suicide prevention effort in school &amp; community</td>
</tr>
<tr>
<td>✓ Identify close friends of student to provide support</td>
</tr>
</tbody>
</table>

| ✓ Do contact family, inform them of school’s efforts, and assist with funeral if needed |
| ✓ Follow victim’s classes throughout the day with discussion & counseling |
| ✓ Identify close friends of student to provide support |
| ✓ Collaborate with police/media/community agencies |
| ✓ Arrange for counseling rooms to provide counseling to staff and students |
| ✓ Collaborate with police/media/community agencies |
| ✓ With media emphasize: prevention, no one person/thing is to blame, help is available |
Documentation Procedures/Maintenance of Files

1. Either the site administrator or crisis team member designee completes the *Suicide Risk Assessment Referral Data (RARD)* form to document incident and intervention actions taken. Please complete all sections, obtain site administrator’s signature, sign, and send to the District Mental Health Coordinator’s office within **48 hours** of incident. Place copy of RARD, Notification of Emergency Conference.

2. Place completed/signed copy of MAPS, Levels of Suicide Risk Table, RARD, No Harm Contract, Notification of Emergency Conference, and Teacher Notification letter in student’s health records file.

3. Document on PowerSchool student database as- "See Health File".

4. School administrators and designated others shall maintain secure individual student records containing forms documenting actions taken.


6. All records must follow students who transfer either within the district or to a school in another school district in the State. Departing school staff should notify receiving school of student’s suicide risk.
Youth Suicide and Intervention:

Assessment Forms for Crisis Team Members

- MAPS: Measure of Adolescent Potential for Suicide
- Suicide Risk Levels Table
- Suicide Risk Assessment Referral Data (RARD) Form
- Agreement to Seek Help
- Parent Notification: Verification of Emergency Conference Regarding Suicide Risk Sample
- Teacher Notification Letter (Confidential!)
- Suicide Prevention Notification Letter
- Community Resources
- Suicide Intervention and Advice for Parents/Guardians
- Common Youth Reactions to Suicide and Recommended Responses
- How to Support Youth
Suicide Assessment Checklist

Confidential Form 1

Student ID:

Initial Assessment Checklist and Questionnaire

Date: ________________ Time: ______

School Location Code: ________________ School Name: __________________________

Student’s Name: __________________________

Grade: _______ Student Birthdate: _______ Age: _______ Gender: M___ F___

Estimated Risk Level (0-10): _______ Brief Explanation of Est. Risk Level: __________________________

Questionnaire:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the individual have frequent suicidal thoughts?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>2. Have there been any suicide attempts by the student or significant others in his or her life?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>3. Does the student have a detailed, feasible plan?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>4. Has he/she made special arrangements, such as giving away prized possessions or property?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>5. Does the student fantasize about suicide as a way to make others feel guilty or as a way to get to a happier mental state?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>6. Is the student experiencing severe psychological distress, such as anxiety, depression, rage, mood swings, violence and or aggression toward peers, or family members?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>7. Have there been any major changes in recent behavior along with negative feelings and thoughts?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>8. Is there a lack of significant others to help the student survive?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>9. Does the student feel alienated?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>10. Does the student take life-threatening risks or display poor impulse control?</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

* Use this checklist as an exploratory guide with students about whom you are concerned. Each yes raises the level of risk, however, there is no single score indicating high risk. A history of suicide attempts is a sufficient reason for action. High risk also is associated with very detailed plans (when, where, how) that specify a lethal and readily available method, a specific time, and a location where it is unlikely the act would be disrupted. Further high-risk indicators include the student having made final arrangements and information about a critical, recent loss.
MAPS: FOLLOW-THROUGH STEPS AFTER ASSESSING SUICIDAL RISK – CHECKLIST

(1) As part of the process of assessment, efforts will have been made to discuss the problem openly and nonjudgmentally with the student. (Keep in mind how seriously devalued a suicidal student feels. Thus, avoid saying anything demeaning or devaluing, while conveying empathy, warmth, and respect.) If the student has resisted talking about the matter, it is worth a further effort because the more the student shares, the better off one is in trying to engage the student in problem solving.

(2) Explain to the student the importance of and your responsibility for breaking confidentiality in the case of suicidal risk. Explore whether the student would prefer taking the lead or at least be present during the process of informing parents and other concerned parties.

(3) If not, be certain the student is in a supportive and understanding environment (not left alone/isolated) while you set about informing others and arranging for help.

(4) Try to contact parents by phone to
   a) Inform about concern
   b) Gather additional information to assess risk
   c) Provide information about problem and available resources
   d) Offer help in connecting with appropriate resources
   Note: if parents are uncooperative, it may be necessary to report child endangerment after taking the following steps.

(5) If a student is considered to be in danger, only release her/him to the parent or someone who is equipped to provide help. In high risk cases, if student needs to be hospitalized or if parents are unavailable (or uncooperative) and no one else is available to help, it becomes necessary to contact local public agencies (e.g., children's services, services for emergency hospitalization, local law enforcement). Agencies may want the following information:
   *Student's name/address/birthdate/social security number
   *Data indicating student is a danger to self (see Suicide Assessment -- Checklist)
   *Stage of parent notification
   *Language spoken by parent/student
   *Medical health plan coverage plan if there is one
   *Where student is to be found

(6) Follow-up with student and parents to determine what steps have been taken to minimize risk.

(7) Document all steps taken and outcomes. Plan for aftermath intervention and support. Send parent notification letter. Send Suicide Risk Assessment Referral Data (RARD) Form to District Mental Health Coordinator's office.

(8) Report child endangerment if necessary.

c: File original in student's health file.
# Levels of Suicide Risk Table  
(Bryan & Rudd, 2003)

<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. NONEXISTENT</strong></td>
<td>No identifiable suicidal ideation</td>
</tr>
<tr>
<td></td>
<td>Suicidal ideation of limited frequency</td>
</tr>
<tr>
<td></td>
<td>No plans</td>
</tr>
<tr>
<td></td>
<td>No intent (degree to which student has planned suicide behavior)</td>
</tr>
<tr>
<td></td>
<td>Few risk factors</td>
</tr>
<tr>
<td></td>
<td>Good self-control</td>
</tr>
<tr>
<td></td>
<td>Presence of protective factors</td>
</tr>
<tr>
<td><strong>2. MILD or LOW</strong></td>
<td>Frequent suicidal ideation with limited intensity and duration</td>
</tr>
<tr>
<td></td>
<td>Some plans, not specific</td>
</tr>
<tr>
<td></td>
<td>No intent</td>
</tr>
<tr>
<td></td>
<td>Some risk factors</td>
</tr>
<tr>
<td></td>
<td>History of previous suicide threat/attempt</td>
</tr>
<tr>
<td><strong>3. MODERATE</strong></td>
<td>Frequent suicidal ideation</td>
</tr>
<tr>
<td></td>
<td>Intense suicidal ideation</td>
</tr>
<tr>
<td></td>
<td>Enduring suicidal ideation</td>
</tr>
<tr>
<td></td>
<td>Specific plans</td>
</tr>
<tr>
<td></td>
<td>Some intent or method <em>(call PMRT)</em></td>
</tr>
<tr>
<td><strong>4. SEVERE</strong></td>
<td>Frequent suicidal ideation</td>
</tr>
<tr>
<td></td>
<td>Intense suicidal ideation</td>
</tr>
<tr>
<td></td>
<td>Enduring suicidal ideation</td>
</tr>
<tr>
<td></td>
<td>Specific/concrete plans</td>
</tr>
<tr>
<td></td>
<td>Clear intent or method</td>
</tr>
<tr>
<td></td>
<td>Limited self-control</td>
</tr>
<tr>
<td></td>
<td>Severe depression symptoms</td>
</tr>
<tr>
<td></td>
<td>Sense of hopelessness</td>
</tr>
<tr>
<td></td>
<td>Reports writing suicide note</td>
</tr>
<tr>
<td></td>
<td>Many risk factors</td>
</tr>
<tr>
<td></td>
<td>No protective factors</td>
</tr>
<tr>
<td></td>
<td>Low level of rescue &amp; reversibility of plan <em>(call PMRT)</em></td>
</tr>
<tr>
<td><strong>5. EXTREME</strong></td>
<td>Frequent suicidal ideation</td>
</tr>
<tr>
<td></td>
<td>Intense suicidal ideation</td>
</tr>
<tr>
<td></td>
<td>Enduring suicidal ideation</td>
</tr>
<tr>
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</tr>
<tr>
<td></td>
<td>Low level of rescue &amp; reversibility of plan <em>(call PMRT)</em></td>
</tr>
</tbody>
</table>

*c: File original in student’s health file.*
School Mental Health – Suicide Prevention

Confidential Form 1

Student ID:

Risk Assessment Referral Data (RARD)

Referral Date: ____________   Time: __________

1. School Location Code: ____________   School Name: ________________________________

2. Student’s Name: ________________________________________________________________

3. Student Birthdate: __________ Age: _______ Gender: M ___ F ___ Ethnicity: ___________

4. Lives with: A. _______ Parent(s)  B. _______ Other Guardian  C. _______ Foster  D. _______ Homeless

5. Parent/Guardian Name: __________________________________________________________

6. Address: ______________________________________________________________________

7. Phone: ________________ (Home) ________________ (Work) ________________ (Cell)

8. Student Referred By: (Check all that apply)
   a. ______ Self  e. ______ Psychologist  i. ______ peer/friend
   b. ______ Parent  f. ______ Administrator  j. ______ Other(Specify)
   c. ______ Teacher  g. ______ Social Worker
   d. ______ Counselor  h. ______ Nurse

9. Reason for Referral: (Check all that apply)
   a. ______ Direct Threat  i. ______ Frequent complaints of illness or pain
   b. ______ Indirect Threat  j. ______ Drug, alcohol or substance abuse
   c. ______ Previous Attempt(s) Indicated  k. ______ Previous RARD
   d. ______ Giving away Personal Possessions  l. ______ Self-inflicted injuries
   e. ______ Mood Swings  m. ______ Psychological Stressors/Recent Triggers
   f. ______ Sudden Changes in Behavior  n. ______ Other (Specify)
   g. ______ Signs of Depression
   h. ______ Truancy or Running away

10. Data Recorded by Case Carrier (Check all that apply)
   a. _____ Counselor
   b. _____ Psychologist
   c. _____ Nurse
   d. _____ Social Worker
   e. _____ Administrator
   f. _____ Other (Specify)

11. Intervention(s) Outcome(s):
   a. _____ Parent Contact Made
   b. _____ Parent Brochure Provided
   c. _____ Referral for Community Program
   d. _____ Child Abuse Form Filed
   e. _____ Referred for Treatment
   f. _____ Group Counseling School Based
   g. _____ Individual Counseling School Based
   h. _____ Program Modification (i.e. Smaller class size, IEP, etc.)
   i. _____ Other (Specify)

12. School Transfer (If applicable) – School Name: ____________________________

    Transfer Date: __________
Agreement to Maintain Personal Safety Form

(To be Completed by Counselor and Student)

I, ________________________, a student at ________________________, agree to take
the responsibility for my own welfare and mental health. I agree to refrain from harming myself in any way. If I am
having thoughts of hurting myself or committing suicide, then I will do the following until I am able to protect
myself:

Step 1: Identify my warning signs:

1. __________________________________________
2. __________________________________________
3. __________________________________________

Step 2: Decide what my internal coping strategies will be:

1. __________________________________________
2. __________________________________________
3. __________________________________________

Step 3: Contact designated people who can provide help or distraction:

1. Name: __________________________ Phone Number: __________________________
2. Name: __________________________ Phone Number: __________________________
3. Name: __________________________ Phone Number: __________________________

Step 4: Contact designated people who can help keep me safe:

1. Name: __________________________ Phone Number: __________________________
2. Name: __________________________ Phone Number: __________________________
3. Name: __________________________ Phone Number: __________________________
Step 5: Contact my doctor/agency I am receiving treatment from for help:

1. Doctor Name: __________________________ Phone Number: __________________________

Step 6: Get assistance from an adult (ie, parent(s), family member, school official, school psychologist, school administrator, friend’s parents, trusted adult)

Step 7: Create a safe environment for myself until help can be obtained by:

1. __________________________________________
2. __________________________________________
3. __________________________________________

Step 7: Call the 24 hr. Crisis Hotline:

- 1-877-7-CRISIS
- 1-800-273-TALK
- 1-800-303-7432 (Spanish Speaking)

I understand the contract I am signing and agree to follow it.

__________________________________________  _________________________
Student Signature                          Date

__________________________________________  _________________________
Witness                                    Date

To be completed by student during transition meeting before returning to school
Parent Notification
Emergency Conference Regarding Suicide Risk

(To Be Completed by Parents & School Administrator)

I/we, _____________________________________________, the parent(s)/guardian(s) of,
____________________________________ (Student Name), were involved in a conference with school
personal on ________________, (Date) at ______________________________________ (School Name).

We have been notified that our child may be suicidal and/or at risk for self-harm. We have been further advised that
we should seek some form of psychological/psychiatric consultation for our child, immediately, by contacting either
our child’s primary care physician, who will recommend/refer our child for treatment/aid, or by contacting the
community within which we live to obtain aid in diagnosing and assisting our child with their mental health needs.
We have been provided with a list of community services available. The school district has clarified its role in
helping our child and will provide follow-up assistance to support treatment services provided by a licensed doctor,
psychologist or community recommendations for support.

Upon my child’s return to school, we will:

☐ Participate in a transition meeting
☐ Bring doctor clearance of child’s ability to return to school
☐ If applicable, bring a copy of any prescribed medication
☐ Sign a release of information form
  • Name of Primary Care Physician/Agency/Community Support Group that we will be treating our
    child:

________________________________________________________________________

Facility Phone Number: ______________________

Staff Member who will call to verify treatment for Student: ______________________

Date of follow up call: ______________________ (to be completed within 24 hours of Parent Notification)

________________________________________________________________________

Parent(s) or Legal Guardian(s) Signature(s)

________________________________________

School Administrator Signature

❖ To be filled out by parent(s)/guardian(s) when student is released after mental health assessment
CONFIDENTIAL

Teacher Notification Letter

Date: ______________________

RE: ____________________________________ (Student Name, Grade)

The intent of this letter is to inform you that ___________________________________ (Student), was involved in a mental health risk assessment on ________________(Date). We are monitoring the student, who is experiencing heightened levels of emotional distress. Detailed information cannot be shared in this letter due to the confidential nature of the situation. However, your support in monitoring the student closely while they are in your classroom is imperative to protecting and maintaining the student’s health. If you observe any behavioral concerns, please contact the school support staff (ie, school psychologist, guidance counselor, school nurse, or the site administrator). If you suspect that the student appears to be exhibiting any level of risk for self-harm, please immediately contact the appropriate the site administrator so that immediate interventions can be made.

Please contact us with any questions regarding how you may best support the student in class. Please allow the student any necessary accommodations in the classroom in the near future by discussing with them their needs so that they might remain successful in school. Your support and the information that you provide are crucial in helping the student. Thank you in advance for your understanding and accommodations.

Your confidentiality regarding this matter is expected and we request that you do not share the information provided within this letter to other staff members who do not work directly with the student or other peers within the school.

Respectfully,

_____________________________________

School Administrator

_____________________________________

End Date (30 Days from date of written notice, unless otherwise notified)

♦ Must be sent to each teacher after the transition meeting has been completed
Suicide Prevention Notification
GATEWAY TO SUCCESS

Date: ____________________________

I have been informed that the school has serious concern about my child,
__________________________, and his/her expressed desire to commit suicide. I understand that by
signing this form I am acknowledging that the school is fulfilling its duty to notify me pursuant
to Education Code Section 49602 (c) regarding a matter involving my child’s safety and that
professional counseling is recommended to begin immediately.

☐ Referrals for an emergency evaluation for suicide risk/potential have been given to me and I
understand that it has been recommended that I take my child to one of these agencies
immediately to help ensure the safety of my child. (See Resource Handout Provided)

☐ Referrals to local counseling services have been provided to me and I understand that it is
recommended that I contact one of them directly to schedule an appointment to obtain
professional psychological services for my child. I understand that a school counselor/school
psychologist will have a mandatory follow up meeting with me and my child
on__________________________

Parent/Legal Guardian Signature Date ____________________________

School Administrator Signature ____________________________

GIVE PARENT COPY AND FILE ORIGINAL IN STUDENT’S HEALTH FILE
COMMUNITY RESOURCES/
MENTAL HEALTH REFERRALS

Psychiatric Mobile Response Team (PMRT) LA County - will come to school and assess suicide risk and need for/arrange for immediate hospitalization. (Ask for student's medical insurance info).

- 1-800-854-7771 - Main number
- 626-430-2901 - Covina office

Hotlines

- 1877-7-CRISIS (Toll free 24/7 LA County)
- 1-800-273-TALK (Toll free, 24/7 Nationwide)
- 1-800-SUICIDE (Toll free, 24/7 Nationwide)
- 1-800-799-4889 (TTY)

Websites

- American Association of Suicidology - suicidology.org
- Centers for Disease Control - cdc.gov
- National Assoc. of School Psychologists - nasponline.org
- National Institute of Mental Health - nimh.nih.gov

Hospitals

- Los Angeles County USC, 1200 N. State St., LA, 90033
  (323) 226-5581 24 hrs
  (323) 226-3601 Pediatric Emergency
  (323) 226-5303 Child/Adolescent Psychiatry, Outpatient (M-F, 8-4:30)
- Garfield Medical Center, 525 N. Garfield, Monterey Park
  (626) 573-2222
- Aurora/Charter Oak Behavioral Health, 1161 W. Covina Blvd., Covina, CA
  (626) 966-1632
- BHC Alhambra Psychiatric Hospital, 4619 N. Rosemead Blvd., Rosemead, CA
  (626) 286-1191

Outpatient Mental Health Clinics

- Roybal Comprehensive Health Center/Mental Health Division, East L.A.
  (323) 780-2316 (accept Medi-Cal)
- Pacific Clinics, Pasadena
  (626) 795-8471 (accept Medi-Cal)
- USC County Child/Adolescent Psychiatry, Outpatient (M-F, 8-4:30)
  (323) 226-5303
- Chinatown Service Center, 767 N. Hill St., #400, L.A.
  (213) 253-0880 (ask for counseling program in Cantonese, Mandarin)
- Asian-Pacific Clinics, Rosemead
  (626) 287-29888 (Cantonese, Mandarin, Vietnamese, Korean)
SUICIDE INTERVENTION AND ADVICE FOR PARENTS/GUARDIANS

- Be patient, show love, & seek help for your child with no strings attached.
  - Show you care — Listen carefully — Be genuine.
    "I'm concerned about you...about how you feel. I love you."
- Take all threats and gestures seriously.
- Keep communication open.
- Closely supervise your child.
- Remove all weapons, sharp objects, medications, other lethal means.
- Seek professional mental health assistance (see referral list, consult with your medical insurance carrier for referrals)
- Notify school staff of any changes as well as concerns you have.
- Do not be afraid to ask school staff questions and get their assistance.
  They are there to help you and your child.
- Take care of yourself and seek support

WARNING SIGNS of SUICIDE

- Verbal references to suicide
- Giving away treasured possessions
- Withdrawal from friends
- Dramatic changes in attendance
- Declining academic performances/failure to complete work
- Frequent talk or writing about death/despair
- Mood Swings
- Dramatic changes in personality/appearance
- Increased use of drugs and/or alcohol

(Adapted from Maine Youth Suicide Prevention School Personnel Resource Guide, 2002)
(FOR SCHOOL STAFF & PARENTS)

Common Youth Reactions to Suicide and Recommended Responses

Everyone grieves differently. Personal and family experiences with death, religious beliefs, community exposures and cultural traditions all play a role. Below are some of the more or less predictable adolescent reactions to a suicide and suggested responses.

➢ Shock and Denial. At first there may be remarkably little response. The reality of the death has yet to be absorbed. "You are kidding, right?" "This is just a joke — it can't be true."
   Suggested Response: Acknowledge the shock, anticipate the reaction to come, demonstrate a willingness to talk when students are ready.

➢ Anger and Protection. Generally speaking, "black and white" thinking sets in. Students want someone to blame for this and may openly express/direct anger at the deceased's parents/teachers/boy/girlfriend. "Why did you let this happen?" "It is all your fault that this happened!"
   Suggested Response: Listen and then listen some more. Gently explain that it is natural to want to find a reason for things we don't understand. Suggest that suicide is a very complicated human behavior and that there are always multiple reasons... and that blaming another individual may put that person at risk of suicide also.

➢ Guilt. Students close to the deceased may blame themselves. "If only I had called him back last night;" "should have known...I should not have teased him..."
   Suggested Response: Remind students that only the person who kills him/herself is responsible for having made that decision.

➢ Anger at the Deceased. This is surprisingly common, among close friends as well as those who were not close to the deceased. "How could she do something so stupid?"
   Suggested Response: Allowing and acknowledging some expression of anger is helpful. Explain that this is a normal stage of grieving. Acknowledgement of anger often lessens its intensity. Can be helpful to describe student who committed suicide as both the "perpetrator and "victim" so allows them to feel both emotions.

➢ Anxiety. Students sometimes start to worry about themselves and/or other friends. "If she could get upset enough to kill herself, maybe the same thing will happen to me (or one of my friends)."
   Suggested Response: Help students differentiate between themselves and the dead person. Remind them that help is always available. Discuss other options and resources. Practice problem solving.

➢ Loneliness. Those closest to the deceased may find it almost impossible to return to a normal routine, and may even resent those who appear to be having fun. They may feel empty, lost, totally disconnected. They may become obsessed with keeping the memory of their friend alive.
   Suggested Response: Encourage students to help each other move forward in positive ways. Notice anyone who seems to be isolating from others and reach out to them, offering resources to help with grieving process.

➢ Hope and Relief. Once the reality of death has been accepted, and the acute pain of the loss subsides, students find that life resumes a large degree of normalcy and they come to understand that, over time, they feel much better. They can remember their friend without extreme pain.
   Suggested Response: Simply remain open to listening to student's feelings, especially on the anniversaries (two weeks, months, years, etc.). Recognize the importance of both mourning and remembering.

(Adapted from Maine Youth Suicide Prevention School Personnel Resource Guide, 2002)
(FOR SCHOOL STAFF & PARENTS)

How to Support Youth

Avoid:

- Giving a lot of advice
- Arguing over trivial matters
- Making moralistic statements about the student in crisis
- Minimizing the crisis situation
- Discouraging or time-limiting the assessment process

Do:

- Learn about the student and their crisis and personal need
- Be absolutely genuine and truthful
- Demonstrate respect by being attentive
- Encourage talking about feelings and about themselves
- Listen, no matter what!
- Ongoing monitoring of student
- Expect that your presence may be important, while talking may be limited ("Silence is Golden")
- Help to identify others to talk to (i.e., minister, priest, rabbi or counselor)
- Believe in healing and growth

(From Maine Youth Suicide Prevention School Personnel Resource Guide, 2002)
Notification of Transition

Date: ____________________________

To the parent/guardian of ________________________________ Student ID No: ____________________

It is the request of ___________________ and school administrator ________________________,

Principal of ____________________________ (school site), that you and your child participate in a

Transition Meeting upon return to school after hospitalization. The purpose of this meeting is to review any aftercare
requirements or accommodations needed, as outlined by the attending doctor/psychologist overseeing your child’s
mental/physical health condition. The intention of this meeting will be to develop a school based support plan to
provide protection and safety for your child while they are attending class. Upon your child’s release, you will need
to complete and provide the following:

☐ Call the school to schedule a transition meeting with the principal or school psychologist
  - School Phone Number: ________________________________

☐ Supply a letter of discharge from the hospital indicating medical clearance for the student to return to
  school

☐ Supply any documentation of a diagnosis and/or prescribed medication

☐ Supply your child’s health card and/or social security card to facilitate aftercare services in the event of
  need

________________________________________

School Administrator

* To be filled out by staff when student is hospitalized for mental health assessment, then mailed to parent/guardian
Post Hospitalization Check List
(To Be Completed before Re-entry to class)

Date: ____________________ Staff Member Completing Check List: ______________________________________

Student ID Number: ____________ Student’s Name: ________________________________________________

Parent/Guardian Name: _________________________________________________________________

Phone: ________________________ (Home) ____________________ (Work) ___________________ (Cell)

- Contact Parent/Guardian to Check-In and Schedule Transition Meeting
  - Date Completed: ________________
  - Completed by: __________________

- Hold Transition Meeting
  - Date Completed: ________________
  - Completed by: __________________

- Complete referral for student if not previously in connection with community services
  - Date Completed: ________________
  - Completed by: __________________

- Check-In with Student at least once a week for two weeks or more if needed
  - Week 1 Check In Date: ________________
  - Week 1 Check in Completed by: __________________
  - Week 2 Check In Date: ________________
  - Week 2 Check in Completed by: __________________

- Log and document transition information and updates in Aeries

- Name of Agency providing after care during transition: _______________________________________

◊ To be filled out by staff member after student has been hospitalized
Transition Meeting Check List for Staff

Date: ___________________ Student ID Number: _____________________________________________

Student’s Name: ___________________________ Grade: _______ DOB: __________

Parent/Guardian Name: ___________________________________________________________________

Phone: _____________________ (Home) _____________________ (Work) _____________________ (Cell)

The following documents were supplied and/or completed upon return to school:

□ Consent for Counseling/Student Agreement to Seek Aid
□ Copy of Health Card
□ Copy of Social Security Card
□ Letter of Discharge from the medical facility indicating medical clearance for the student to return to school
□ Documentation of Diagnosis for IEP purposes, if needed
□ Documentation of prescribed medication
□ Release of information form

If student is currently receiving or linked to aftercare services:

□ Name of Agency or Doctor/Psychologist: ________________________________________________

□ Release of information from Agency or Doctor/Psychologist regarding diagnosis and treatment, as well as follow up accommodations and support if needed

____________________________________________________________________________________

School Staff Member/Title

◆ To be filled out by staff when student returns to school after risk assessment or hospitalization
After Care Accommodations and Treatment Form

(To be completed by Doctor/Agency treating Student for Mental Health Needs)

Date: ____________________

Name of Student/Patient: ________________________________

The following after care treatments are being provided for the student until a time when care is no longer deemed necessary by the Doctor/Agency currently providing treatment:

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

The following accommodations and special health considerations for the student are required:

______________________________________________________________________

______________________________________________________________________

______________________________________________________________________

End Date of required accommodations, unless otherwise notified by Doctor/Agency: ______________________

Signature of Doctor/Agency Representative: ________________________________
Authorization for Release of Information

Date: ____________________________

I (please print) ____________________________

Authorize (name of Doctor/Agency) ____________________________

To release the following information regarding my child’s health and treatment:

Name of Child: _______________________________________

Diagnosis: _______________________________________

Prescribed Treatment and/or Medication(s): _______________________________________

To (name and title of person of organization to which disclosure is to be made):

School Site Administrator: _______________________________________

School Counselor/Psychologist: _______________________________________

I may revoke this authorization in writing at any time, except for information, which has already been released in accordance with this authorization prior to my revocation.

Student Name: _______________________________________

Student ID Number: ____________________________

Signature of parent, guardian, or legal rep. _______________________________________

Witness: _______________________________________

Prohibition on redisclosure: This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulations (ADA) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general Authorization for the release of medical or other information is not sufficient for this purpose.
Return to School Liability Release Form

(To be completed by Doctor/Agency treating Student for Mental Health Needs)

Date: _______________________

Name of Student/Patient: ________________________________________________

I, ___________________________________________ (Name of Doctor/Agency Representative providing treatment for student), attest to the ability of ____________________________ (Student Name), to return to school, following a full psychiatric evaluation and diagnosis of mental health concerns and/or needs. After care treatment will be provided to the student based on his/her needs. The school administrator has been provided a list of any additional accommodations or after care requirements that the student will need by my having completed the After Care Accommodations Form. The student has completed an Agreement to Maintain Personal Safety Form, which my office has been provided a copy. The student is aware of and has discussed the recommended follow up care, so that they might be best informed on how to sustain their own personal health and safety. They have also worked with my staff/agency representatives to complete a safety plan as to who they should contact or what they should do when experiencing difficulty.

If there are any additional concerns or questions regarding the student’s diagnosis or safety, I am available for contact by the School Administrator or School Counselor/Psychologist assisting the student during transition.

Signature of Doctor/Agency Representative: ______________________________________

※ To be given to parent(s) at transition meeting for doctor release back to school
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