Preventing and Responding to Threats of Suicide and Self-Harm in an Educationally Related Setting

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Objectives

- Learn about the prevalence of suicidal ideation and behavior in youth
- Learn how to develop school-wide preventative techniques to support the social-emotional needs of all students.
- Recognize the interplay between risk and protective factors as they relate to suicidal ideation and self-harm behavior.
- Identify interventions to support students that report thoughts of self-harm or suicide, and best practices for comprehensive threat assessment.
- Understand best practices for ongoing monitoring, follow-up, and support for students, staff and their families with access to resources, including the EDCOE SELPA's handbook, Suicide & Self Harm: A Prevention and Response Toolkit for Educators.
Access to resources including the “Suicide & Self Harm: A Prevention and Response Toolkit for Educators”

https://padlet.com/selpapd/ThreatAssessment
In 2017, the US suicide rate was 14 per 100,000 population.

http://dx.doi.org/10.15585/mmwr.mm6836a5
### Prevalence - US

#### 10-14 Year Olds in 2017

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Number of Deaths</th>
<th>Percentage of All Deaths in Age Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Deaths</td>
<td>3,217</td>
<td>100.0%</td>
</tr>
<tr>
<td>Unintentional Injury</td>
<td>860</td>
<td>26.7%</td>
</tr>
<tr>
<td>Suicide</td>
<td>517</td>
<td>16.1%</td>
</tr>
<tr>
<td>Malignant Neoplasms</td>
<td>437</td>
<td>13.6%</td>
</tr>
<tr>
<td>Congenital Anomalies</td>
<td>191</td>
<td>5.9%</td>
</tr>
<tr>
<td>Homicide</td>
<td>178</td>
<td>5.5%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>104</td>
<td>3.2%</td>
</tr>
<tr>
<td>Chronic Low. Respiratory Disease</td>
<td>75</td>
<td>2.3%</td>
</tr>
<tr>
<td>Cerebrovascular</td>
<td>56</td>
<td>1.7%</td>
</tr>
<tr>
<td>Influenza &amp; Pneumonia</td>
<td>51</td>
<td>1.6%</td>
</tr>
<tr>
<td>Benign Neoplasms</td>
<td>31</td>
<td>1.0%</td>
</tr>
<tr>
<td>All Others</td>
<td>717</td>
<td>22.3%</td>
</tr>
</tbody>
</table>

[https://webappa.cdc.gov/cgi-bin/broker.exe?_service=v8prod&_server=aspy-wisq-1.cdc.gov&_port=5099&_sessionid=310OgJNBQ52&_program=wisqars.dd_percents10.sas&age1=10&age2=14&agetext=10-14&category=ALL&_debug=0](https://webappa.cdc.gov/cgi-bin/broker.exe?_service=v8prod&_server=aspy-wisq-1.cdc.gov&_port=5099&_sessionid=310OgJNBQ52&_program=wisqars.dd_percents10.sas&age1=10&age2=14&agetext=10-14&category=ALL&_debug=0)

### Prevalence - US

#### 15-24 Year Olds in 2017

<table>
<thead>
<tr>
<th>Cause of Death</th>
<th>Number of Deaths</th>
<th>Percentage of All Deaths in Age Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Deaths</td>
<td>32,025</td>
<td>100.0%</td>
</tr>
<tr>
<td>Unintentional Injury</td>
<td>13,441</td>
<td>42.0%</td>
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<tr>
<td>Suicide</td>
<td>6,252</td>
<td>19.5%</td>
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<tr>
<td>Homicide</td>
<td>4,905</td>
<td>15.3%</td>
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<tr>
<td>Malignant Neoplasms</td>
<td>1,374</td>
<td>4.3%</td>
</tr>
<tr>
<td>Heart Disease</td>
<td>913</td>
<td>2.9%</td>
</tr>
<tr>
<td>Congenital Anomalies</td>
<td>355</td>
<td>1.1%</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>248</td>
<td>0.8%</td>
</tr>
<tr>
<td>Influenza &amp; Pneumonia</td>
<td>190</td>
<td>0.6%</td>
</tr>
<tr>
<td>Chronic Low. Respiratory Disease</td>
<td>168</td>
<td>0.6%</td>
</tr>
<tr>
<td>Complicated Pregnancy</td>
<td>168</td>
<td>0.5%</td>
</tr>
<tr>
<td>All Others</td>
<td>3,991</td>
<td>12.5%</td>
</tr>
</tbody>
</table>

[https://webappa.cdc.gov/cgi-bin/broker.exe?_service=v8prod&_server=aspy-wisq-1.cdc.gov&_port=5099&_sessionid=310OgJNBQ52&_program=wisqars.dd_percents10.sas&age1=15&age2=24&agetext=15-24&category=ALL&_debug=0](https://webappa.cdc.gov/cgi-bin/broker.exe?_service=v8prod&_server=aspy-wisq-1.cdc.gov&_port=5099&_sessionid=310OgJNBQ52&_program=wisqars.dd_percents10.sas&age1=15&age2=24&agetext=15-24&category=ALL&_debug=0)
Prevalence - US

Males 15-19 years old

Females 15-19 years old

Prevalence - CA

Prevalence: Self Directed Violence

- According to 2015 data taken from the CDC, for every youth suicide that occurs, there have been nearly 34 attempts.

- A nationwide survey of students in grades 9-13 in public and private schools in the United States, found that:
  - 16% of students reported seriously considering suicide
  - 13% reported creating a plan
  - 8% reported trying to take their own life in the 12 months preceding the survey

School Wide Preventative Techniques

- Multi-Tiered Systems of Support (MTSS) and Positive Behavioral Interventions and Supports (PBIS)
- Universal Screeners, Programs and Curriculum
- Establishing a Crisis Response Team
- Identifying Community Resources
Multi-Tiered System of Supports (MTSS)

A coordinated system of supports and services is crucial for ensuring appropriate and timely attention to students’ needs. The Multi-Tiered System of Supports (MTSS) model expands California’s Response to Intervention and Instruction (RTI2) process by aligning all systems of high quality first instruction, support, and intervention and including structures for building, changing, and sustaining systems. In addition, assessments and progress monitoring are employed to allow for a data-based, problem-solving approach to instructional decision-making.

Tier I: Universal Programming
- Essential Academic Learning Standards to include mental health and suicide prevention.
- School District Plan Components:
  - Personnel Training and Certification
  - Procedures for how personnel should respond to suspicions, concerns, or warning signs
  - Recognition, screening, and referral procedures that incorporate personnel expertise

Tier II: Selective Programming
- MOU with local or regional Primary Care and Behavioral Health Service Provider
- Referral of students screened to primary care, behavioral health, and other social support services.

Tier III: Indicated Programming
- Protocols and procedures for communication with parents
- Protocol and procedure for how personnel are to respond in a crisis situation where a student is in imminent danger to themselves or others
- How the district will provide support to students and personnel after an incident of violence or youth suicide

School Wide Preventative Techniques: MTSS

Suicide Prevention through the MTSS Lens

Tier 1: School Wide Support (Universal Programming)

- Personnel Training
- Parent Training
- School Wide Social Emotional Curriculums/Programs
- School Wide Suicide Prevention Program Implementation
- Universal Screening
- School Wide Suicide Policy
  - AB 2246: Pupil Suicide Prevention Policy
    - Requires Local Education Agencies that serve students in grades 7-12, to adopt a policy on pupil suicide prevention. The Bill includes specific parameters that schools must implement
    - Refer to Appendix L and Appendix H for Models

School Wide Preventative Techniques: Universal Screeners, Programs, and Curriculums

The Substance Abuse and Mental Health Services Administration (SAMHSA) has created a toolkit, including school-based curriculums which can be used as a component of a school-wide preventative approach

https://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669

The SELPAs Suicide and Self-Harm toolkit highlights this information, including information on cost and how to find the curriculum
Tier 2: Selective Programming

Tier 2: Supporting At Risk Youth (Selective Programming)

- Screening At-Risk Students
- Training for Personnel to Monitor Warning Signs
- Training for Parents to Monitor Warning Signs
- Hold Conference with Parents to brainstorm needed areas of support. Consider both academic and social emotional needs.
  - Pre-Referral Meeting (SST Meeting)
- Access to School Based Mental Health Services and Monitoring
- Referral to Community Based Mental Health Professionals, if appropriate.

Section 1

Protective Factors

https://healthyfamilies.beyondblue.org.au
### Protective Factors

- Emotional intelligence
- Internal locus of control
- Coping skills (including conflict resolution and nonviolent handling of disputes)
- Frequent, vigorous, physical activity or participation in sports
- Body image, care, and protection
- Family support for school
- School connectedness
- Positive school experiences

Adapted from the SAMHSA Suicide Prevention Toolkit

### Risk Factors

https://healthyfamilies.beyondblue.org.au
Risk Factors: Mental/Behavioral Health Concerns

- Depressive disorders
- Substance abuse or dependence
- Conduct/disruptive behavior disorders
- Other disorders (eg- anxiety or personality disorders)
- Previous suicide attempts
- Self-harm (without intent to die)
- Genetic/biological vulnerability (ex- abnormalities in serotonin functioning which can lead to some of the behavioral health difficulties listed above)

Adapted from the SAMHSA Suicide Prevention Toolkit

Risk Factors: Personal Characteristics

- Hopelessness
- Low self-esteem
- Loneliness
- Social alienation and isolation, lack of belonging
- Low stress and frustration tolerance
- Impulsivity
- Risk taking, recklessness
- Underdeveloped problem solving or coping skills
- Perception of self as very under or overweight
- Capacity to self-injure
- Perception of being a burden (eg- to family and friends)

Adapted from the SAMHSA Suicide Prevention Toolkit
Risk Factors: Adverse Childhood Experiences

- Bullying (either as victim or perpetrator)
- Physical, sexual, and/or psychological abuse
- Exposure to suicide of peer
- Parental mental health difficulties
- Parental divorce

Adapted from the SAMHSA Suicide Prevention Toolkit

The Interplay between Risk and Protective Factors
Warning Signs

https://healthyfamilies.beyondblue.org.au

Warning Signs

- Changes in physical habits and appearance
- Sudden changes in personality, friends, behaviors
- Threats, including both direct (“I am going to kill myself”) and indirect (“The world will be better without me”)
- Suicide notes (these are a very real sign of danger and should be taken seriously)

Adapted from the SAMHSA Suicide Prevention Toolkit
A Note on LGBTQ+ Youth

- LGBTQ+ youth experience a **higher amount of suicidal behavior** than other subgroups and are considered a high risk population
- AB 2246 requires schools to include preventative efforts specifically aligned to the needs of LGBTQ+ youth

Adapted from the SAMHSA Suicide Prevention Toolkit

Tier 3- Indicated Programming and Intervention

### Tier 3: Responding to Threats of Suicide (Indicated Programming)

- Complete Risk Assessment
- Implement Crisis Protocol
  - Utilize the immediate actions/first 48 Hours Checklist for response protocol (page 6.1)
- Follow Procedures for contacting parent (page 3.14)
- Maintain Safety of Student, contact law enforcement, if necessary. (page 3.18)
- Follow Procedures to respond to an attempted suicide on campus (page 5.4) or death by suicide (Section 6).
- Plan for ongoing monitoring and support for students and personnel (page 11.1)
Tier 3 - Indicated Programming and Intervention

Establish a Crisis Response Team

In addition to schoolwide preventative efforts, there are two essential components that every school should have in place before a crisis event occurs:

- Protocols for helping students at risk of suicide
  - How is a student referred for a risk assessment?
  - Who conducts the risk assessment?

- Protocols for responding to a student death by suicide
  - Who is on the crisis response team?
  - What are the roles/responsibilities of team members?
Tier 3- Indicated Programming and Intervention

Establish a Crisis Response Team

- Executive Director/CEO/Superintendent
- Principal/Head of School
- Assistant Principal(s), Director(s), Dean
- Health Educators/School Nurse
- School Counselor or Psychologist/Contract Mental Health Providers/Social Worker
- Staffs Teachers, Clerical Support and Classified

Identify Community Resources

- Police (Chaplain)
- County Mental Health
- Fire Department
- Child and Family Service
- LGBTQ Youth Community Staff
- Immigrant/Refugee Organizations
- Big Brothers, Big Sisters
- Community Leaders (Church Leaders, Cultural Group Leaders)
Understanding Self-Harm:

“Self-harm refers to a person who intentionally harms their own body. Student self-harming behaviors can be one of the most perplexing and challenging behaviors that administrators, teachers, nurses, and counseling staff encounter in their schools”

~ Association for Supervision and Curriculum Development

**Tier 3- Indicated Programming and Intervention**

**Risk Assessment for Self-Harm**

1. **Referral**
   - Staff recognizes warning signs or becomes aware of self-harm either directly or indirectly.

2. **Risk Assessment**
   - Staff immediately refers the student to the appointed personnel, who then conducts a risk assessment.

3. **Next Steps**
   - Designated staff notifies parents, makes referrals, and completes documentation. A meeting is convened to discuss a safety plan and supports, and the need for additional assessment.
**Tier 3 - Indicated Programming and Intervention**

1. Discuss Confidentiality
2. Examine History
   a. How long has student been self-harming?
   b. What risk factors are present?
3. Examine Frequency
   a. How often is self-harm occurring?
   b. When is self-harm occurring?
4. Examine methods utilized to self-harm
   a. Knives, razor blades, paperclips, erasers
5. Examine triggers

6. Consider the psychological purpose
   a. Is the student alleviating mental stress? Are they punishing themselves? Are they focusing on physical pain instead of psychological?
7. Discuss disclosure
   a. Who have they told? Have parents been notified?
   b. Remind the student of disclosure parameters
8. Consider the help seeking and support systems available  
   a. What support systems exist for this student? Who do they turn to when they need support?

9. Consider history of or current suicidal ideation  
   a. Has the student exhibited suicidal ideation or behaviors? If yes, proceed to a suicide risk assessment.
**Tier 3- Indicated Programming and Intervention**

**Next Steps for Self-Harm**

- **For students without an IEP**, consider the following:
  - Student Study Team Meeting
  - Safety Plan and additional Supports
  - Assessment for Special Education Eligibility

- **For students with an IEP**, consider the following:
  - IEP Team Meeting
  - Safety plan and additional supports
  - Educationally Related Mental Health Assessment and/or Functional Behavior/Analysis Assessment
  - Additional goals and services based on identified areas of need

**Tier 3- Indicated Programming and Intervention**

**Risk Assessment for Suicidal Ideation/Behavior**

- **DO:**
  - Get assistance
  - Stay with the student
  - Listen to what the student is saying and take threats seriously
  - Observe the student’s nonverbal behavior
  - Engage in risk assessment questions
Tier 3- Indicated Programming and Intervention

Risk Assessment for Suicidal Ideation/Behavior

**DON’T:**
- Leave the student alone at any time
- Act shocked or be sworn to secrecy
- Underestimate a threat
- Let the student convince you that the crisis is over
- Take too much upon yourself. Your responsibility is to be supportive and refer the student accordingly. Do not attempt to counsel unless trained to do so

1. Engage in Suicide Inquiry
   a. Ask the student if they have had thoughts about ending their life
   b. Inquire as to ideation, plan, and means

2. Consider the Risk of Suicide and use Clinical Judgement
   a. Ask the student if they have had thoughts about ending their life
   b. Inquire as to ideation, plan, means

Other Risk Factors
- **Ideation**
  1. Have you thought of hurting yourself or someone else?
  2. “Have you thought about suicide?”
  3. “Do you have any thoughts about killing yourself?”
  4. “Have you ever attempted suicide?”
  5. “How long ago?”
  6. “Did your parents find you?”
  7. “What happened?”

- **Other Risk Factors**
  1. **Unemployment**
  2. **Depression**
  3. **Irritability**
  4. **Loss of appetite**
  5. **Becoming more involved in activities**
  6. **Purposelessness**
  7. **Thoughts of death**
  8. **Change in sleep patterns**
  9. **Change in activity level**
  10. **Change in social behavior**
  11. **Fear of failure**
  12. **Suicide threats**

- **Other Risk Factors**
  1. **Thoughts of death**
  2. **Change in sleep patterns**
  3. **Change in activity level**
  4. **Change in social behavior**
  5. **Suicide threats**

**Session 3 Page 5**
**Tier 3- Indicated Programming and Intervention**

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Risk/ Protective Factors</th>
<th>Suicidality</th>
<th>Immediate Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>Mental health disorders paired with precipitating event and/or risk factors, perceived protective factors not relevant</td>
<td>Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal.</td>
<td>Contact law enforcement or identified community agency equipped for immediate crisis response &amp; evaluation.</td>
</tr>
<tr>
<td>Moderate</td>
<td>Multiple risk factors, few protective factors.</td>
<td>Suicidal ideation with plan, but no intent or behavior.</td>
<td>Evaluation by identified community agency equipped for crisis response/ evaluation or law enforcement may be warranted. Develop safety plan/care card.</td>
</tr>
<tr>
<td>Low</td>
<td>Modifiable risk factors, strong protective factors</td>
<td>Thoughts of death, no plan, intent, or behavior.</td>
<td>Referral to community mental health professional, symptom reduction, create safety plan/care card.</td>
</tr>
</tbody>
</table>

When to contact law enforcement:

- The student has expressed intent and has direct access to methods to end his/her life
- Student is displaying significant emotional instability
- Student has made previous threats to end his/her life that have not been addressed despite notification
- Parents cannot be reached or are non-responsive to threats
- Student has attempted suicide on school campus
- Student has made suicidal threats via social media, is not in attendance at school, and parents cannot be reached
Tier 3- Indicated Programming and Intervention

Notifying Parents:

- Ask that parents come to the school immediately
- When they arrive, explain why you think the child is at risk
- Explain importance of removing weapons or other dangerous items from the home
- If the student is at a low to moderate risk, and does not need to be hospitalized, discuss available options for follow-up care. Provide the parents with a list of resources
- Tell parents that you will follow-up with them in a specified number of days, and when doing so seek to determine whether or not they have followed up with a mental health professional
**Tier 3- Indicated Programming and Intervention**

### Notifying Parents:

- If the student **does not** need to be hospitalized, release the student to the parents
- If the parents refuse to seek services for a child under the age of 18 who you believe is in danger of suicide, you may need to notify CPS
- Document all contact with the parents

### Tier 3- Indicated Programming and Intervention

#### Next Steps for Suicidal Ideation/Behavior

- For students **without an IEP**, consider the following:
  - Student Study Team Meeting
  - Safety Plan and additional supports
  - Assessment for Special Education Eligibility

- For students **with an IEP**, consider the following:
  - IEP Team Meeting
  - Safety plan and additional supports
  - Educationally Related Mental Health Assessment and/or Functional Behavior/Analysis Assessment
  - Additional goals and services based on identified areas of need
Tier 3 - Indicated Programming and Intervention

STUDENT SUICIDE RISK DOCUMENTATION FORM

INDIVIDUAL STUDENT SAFETY PLAN

Postvention
Postvention

“Suicide Survivorship”
- Survivor applies to bereaved persons personal/close relationship with the deceased.

“Exposure to Suicide”
- Exposure applies to persons who did not know the deceased personally, but who know about the death through reports of others or media reports or who has personally witnessed the death of a stranger.

Both Survivors and Exposed Persons Need Support.
Survivors Need: support groups; support from outside the family; to be educated about the complicated aspects of grieving; to be contacted in person (instead of by letter or phone).

Postvention - The First 48 Hours After a Suicide: Initial Response

School-Based Suicide Postvention
1. Verify the death
2. Mobilize the Crisis Team
3. Assess impact & determine response
4. Notify affected school staff members
5. Contact the deceased’s family
6. Determine what to share
7. Determine how to inform others
8. Identify crisis intervention priorities
9. Faculty planning session
10. Provide crisis intervention services
11. Ongoing daily planning sessions
12. Memorials
13. Social Media
14. Debrief
Postvention - The First 48 Hours After a Suicide: Initial Response

**Initial Response: Resources**

- First 48 Hours Checklist and Administrators Checklist: 6.2, 6.5
- Activities to Encourage/Discourage: 6.8
- Avoiding Suicide Contagion: 6.9
- Triage: At-Risk Students: 6.10
- Support Rooms: 6.11
- Debriefing: 6.12

**Announcements and Letters**

- Making the Announcement: 7.1
- Sample Student Announcement: 7.2
- Sample Announcement for Teachers: 7.4
- Sample Announcement for Staff: 7.5
- Sample Announcement for Parents: 7.6
- Talking Points for Student and Staff: 7.7
- Press Release Guidelines/Phone Statement
**Postvention - The First 48 Hours After a Suicide: Initial Response**

**Working with the Media**

**TIPS FOR WORKING WITH THE MEDIA**

1. Establish a good working relationship with the media before a crisis occurs.
2. Know all facts before speaking with the media. Make sure written down and provide reports to the media people who will be talking to the public involved.
3. Have a designated spokesperson. This should be the individual who the media can find and who has authority to speak for the school district (Superintendent, Administrator).
4. Be honest. If you don’t have an answer, give a reason for getting back to them and the information. If you can’t obtain information, report that you can’t answer in this area.
5. Avoid using “no comment” which may lead to speculations. Instead say, “This is still under investigation.” Don’t get back to you with those details as we are free to do so.” It would be inappropriate for me to comment on this.
6. Give media a central contact, location and phone number. They will be happy to make sure that phone call reached/ hung up to track down answers.
7. Establish a flow of information. Tell media you’ll get back to them, give times, even if there is no additional news.
8. Have a statement prepared for phone calls and/or gatherings. Circulate the appropriate school staff back to this statement (e.g.,)

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**Postvention - Ongoing Support**

**WHAT’S NEXT?**
**Postvention - Ongoing Support**

**Guidelines for Ongoing Support**

- Coordinate implementation of long-term response protocol.
- Monitor and assist vulnerable students.
- Prepare for anniversaries of the death.
- Prepare for long-term memorials.
- Prepare to provide ongoing support to siblings.

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**Postvention - Social Media**

**Postvention and Social Media**

- Monitor social media activity.
- Post resources using sample script in handbook.
- Involve parents in using sample letter.
Guidelines for Anniversaries

The crisis response team should create a plan to prepare for student's reactions on the anniversary date.

Milestones to Monitor:
- The birthday of the suicide victim
- Holidays
- Athletic or other events in which the deceased would have participated
- The start of the school year
- School dances
- Graduation

Evaluating the Suicide Crisis Response

It is recommended that the Suicide Crisis Coordinator have processes in place to evaluate each crisis response and a plan for follow-up. For example, did the team:

- Notify the appropriate people at the onset?
- Include resources immediately to meet the needs of the students, families, and staff?
- Provide regular information-updates and maintain open communication with teachers, other staff, and parents?
- Monitor rumors and maintain timely, accurate information?
- Speak through one spokesperson to provide factual information to the media?
- Develop media statements that communicate ways that parents can support the recovery of their children?
- Provide mental health resources for those in emotional distress and identify and follow up with vulnerable students and staff during the recovery period?
- Identify during the aftermath any signs that would be traumatic reminders of the crisis and monitor behaviors among students and staff?
- Appropriately monitor social media activity?
- Support staff in implementing their own self-care?
- Develop a process for measuring and reevaluating your suicide crisis response plan and making
“You can always change your plan, but only if you have one.”
— Randy Pausch
Thank You!

No one else can play your part.