Nestucca Valley School District Suicide Prevention, Intervention and Postvention Protocol

NVSD Suicide Prevention and Awareness Program Checklist

Prevention 2020/2021 School Year

Counselor Component	❏ All counselors within the district will receive training from either of the following programs ❏ ASIST Training or ❏ YouthSaves ❏ Connect ❏ The High School Social/worker Counselor will help staff connect with a QPR training by TFCC ❏ All school counselors will receive training on implementing the Columbia-Suicide Severity Rating Scale (C-SSRS) https://cssrs.columbia.edu/training/training-options/ and keep certification of completionon file. ❏ A Crisis Response Team and protocol will be created possibly using the Connect training format. All Counselors and Principals will go through the Connect training by 2021-2022 SY..
Teacher Component	❏ All teachers in the district will receive QPR training/certification and should keep up their certificate bi-annually. ❏ Teachers will be responsible for receiving and reading all communication from the School Counselors pertaining to suicide prevention. ❏ Teachers should be trained in the referral process when they are concerned about a student.
All School Programming	❏ NVSD will provide ❏ A School Counselor in each building to: ❏ provide prevention strategies and SEL lessons ❏ Support teachers dealing with students in crisis ❏ Respond to suicide ideations ❏ Liaison to TFCC Crisis Services Team ❏ Develop safety plans with students while in school ❏ Teach/support students coping skills ❏ Train teachers and staff in the areas of crisis and suicide prevention/intervention ❏ Train teachers on the use of wellness strategies within classrooms ❏ The District through the Tillamook Education Consortium, will provide a Drug and Alcohol School Counselor ❏ Support and collaborate with the School Counselors

	❏ Connect students with necessary referrals and resources ❏ Participate in the Crisis Response Team to provide planning and mental health support ❏ School-Wide Programming ❏ Youth Line Classroom Outreach ❏ Problem Solving Skills Training ❏ K-5- Power Paws lessons ❏ 6 -12 TBD ❏ Counselor lessons

Parent Component	❏ Available training provided to parents via google meet, video recordings, or in-person groups: ❏ QPR training through TFCC ❏ Virtual Mental Health 101 through Oregon Youthline workshops for parents ❏ The Suicide Response Protocol requires school counseling staff to work with the student and parent/guardian on safety planning and connecting with resources at school and in the community.

Student Component	❏ All MS/HS students will receive up to 3 lessons per year on suicide prevention (defining depression, dispelling suicide myths, encouraging help-seeking behaviors, and building resilience), taught in partnership between teachers and counselors. ❏ All MS/HS students will take health class receiving direct instruction from an evidence-based adopted curriculum. ❏ Students will continue to receive behavioral and mental health support from the counseling office, which could include referrals to mental health resources in the community, the implementation of the Suicide Response Protocol executed by the school counselor, response from the Tillamook Family Counseling Center Crisis team for medium/high level of threat for suicide ideation/threat assessments, referral to drug and alcohol school counselor for substance use concerns, and students will have access to the Community Health Department through the district nurse.

	❏ Oregon Youthline will provide ongoing mental health peer training via virtual or in-person on one or more of the following topics as needed/possible: ❏ Let's Talk ❏ Suicide Awareness ❏ Coping with Stress ❏ Stress Management and Suicide Awareness ❏ Underpressure ❏ Understanding Bullying ❏ Teen Decision Making

Introduction

What is Adi's Act? Senate Bill 52, also known as "Adi's Act," was passed in Oregon in 2019. This legislation requires school districts to develop and publicly post the school district's plan for suicide prevention, intervention, and postvention response activities. It is to build off Oregon's Safe Schools Act of 2009 that requires anti-bullying policies in K-12 schools. Specifically, a suicide response protocol should address prevention, intervention, and postvention protocols in the school system and address populations at higher risk for youth suicide – like LGBTQ students.

According to the Substance Abuse and Mental Health Services Administration (SAMHSA), the two essential components that every school should have in place are; protocols for helping students at possible risk of suicide; and protocols for responding to a suicide death (and thus preventing additional suicides).

The Nestucca Valley School District- Suicide Prevention and Response Protocol (NVSD-SPRP) recognizes and builds on the skills and resources inherent in school systems. Schools are exceptionally resilient and resourceful organizations whose staff members may be called upon to deal with a crisis on any given day. Schools can be a source of support for students and community members when a crisis occurs in their community.

Myths and Facts of Suicide

The following myths and facts about suicide are some of the more common myths and misconceptions found in a school community. It is essential to share these myths and facts and use as a teaching tool to introduce the subject of suicide to school staff to help school staff feel

more at ease to talk about suicide with students. Continued conversations with school staff around suicide help to break down some of the fear and misconceptions about suicide itself.

- *Suicide should be left to the professionals*: School staff is frequently considered the first line of contact with potentially suicidal students. Most school personnel are neither qualified nor expected to provide an in-depth assessment or counseling necessary for treating a suicidal student. They are responsible for taking reasonable and prudent actions to help at-risk students, such as notifying parents, making appropriate referrals, and securing outside assistance when needed. All school personnel need to know that protocols exist to refer at-risk students to trained professionals so that the burden of responsibility does not rest solely with the individual "on the scene."
- *I can rely on my students to be the eyes and ears of other students in distress*: School personnel, parents/guardians, and students need to be confident that help is available when raising concerns regarding suicidal behavior. Students often know but do not tell adults about suicidal peers. Having support in place may lessen this reluctance to speak up when students are concerned about a peer.
- *Some believe, "Not my student/child, they would never think about suicide:"* According to the National Suicide Prevention Lifeline, suicide is not inevitable for anyone. By starting the conversation, providing support, and directing help to those who need it, we can prevent suicides and save lives.
- *Teachers might feel it is dangerous to talk about suicide with their students:* According to the National Suicidal Prevention Lifeline, evidence shows that providing support services, talking about suicide, reducing access to means of self-harm, and following up with loved ones are just some of the actions we can all take to help others. Also, by taking these steps, you help alleviate some of the stress and anxiety the student feels.
- *Suicide is an impulsive decision*: Students and people thinking of suicide will often show warning signs and even talk about ending it with others. They may post about suicide on social media, express how they feel in their writing, and even make mention of it to their friends. Be aware of the warning signs and ask these students if they are thinking about harming themself.
- *A person that expresses suicide ideation is just doing it for attention:* This is the most commonly heard myth/expression, and sadly it sometimes comes from conversations with the parent. The fact is, every suicide ideation must be treated as if the student will act upon it. Every threat should be taken seriously. Also, the student ***may*** just be seeking attention, which is the only way they know how to get it. Take these statements as a cry for help.
- *Suicide is selfish*: Suicide is a symptom of mental illness such as depression and anxiety and should be viewed from that standpoint without shame and/or guilt.

The fact is that advanced planning is critical to providing an effective crisis response. Internal and external resources must be in place to address student issues and to normalize the learning environment for everyone.

Suicide Prevention Overview

What is Suicide Prevention?

Suicide prevention is the intentional steps your school takes to create a school culture and program that encourages positive coping skills, effective teaching of problem-solving skills, the use of mindfulness as part of the curriculum, providing a trauma-informed wellness center for students with adverse childhood experiences to develop resilience and refocus the brain, encourages students to seek out help with mental health, and talk about suicide in a safe and healthy way. This manual will outline such activities that each school throughout the district meets the listed components of a prevention program.

At-Risk Student Populations

School districts need to be aware of student populations at elevated risk for suicidal behavior and various factors, providing prevention services a key component in the prevention program. The following risk factors that put students into a higher risk category are prevalent in the Nestucca Valley School District and Tillamook County. In addition, the county has limited resources available to address these factors.

Youth Living with Mental and/or Substance Disorders

> Mental health conditions, in particular depression/dysthymia, attention-deficit hyperactivity disorder, eating disorders, intermittent explosive disorder, and conduct disorder, are important risk factors for suicidal behavior among young people. An estimated one in four children have a diagnosable mental condition that will cause severe impairment, with the average onset of depression and dysthymia occurring between ages 11 and 14 years; therefore, school staff may play a pivotal role in recognizing and referring the student to treatment that may reduce risk and enhance overall performance and improve long-term outcomes. Though mental health conditions are a risk factor for suicide, most people with mental health concerns do not engage in suicidal behavior.

Youth Who Engaged in Self-Harm or Have Attempted Suicide

> Suicide risk is significantly higher among those who engage in non-suicidal self-harm than among the general population. Whether or not they report suicidal intent, one study found that 70 percent of adolescents admitted into inpatient psychiatric treatment who engage in self-harm report attempting suicide at least once in their life. Additionally, a previous suicide attempt is a known, powerful risk factor for suicide death. One study found that as many as 88 percent of people who attempt suicide for the first time and are seen in the Emergency Department go on to attempt suicide again within two years. Many adolescents who attempt suicide do not receive necessary follow-up care for many reasons, including limited access to resources, transportation, insurance, copays, parental consent, etc.

Youth in Out-of-Home SettingsYouth Experiencing Homelessness

Youth involved in the juvenile justice or child welfare systems have a high prevalence of risk factors for suicide. As much as 60 to 70 percent of young people involved in the juvenile justice system meet criteria for at least one psychiatric disorder, and youth in juvenile justice residential programs are three times more likely to die by suicide than the general youth population. According to a study released in 2018, nearly a quarter of youth in foster care had a diagnosis of major depression in the last year. Additionally, a quarter of foster care youth reported attempting suicide by the time they were 17.5 years old.

For youth experiencing homelessness, the rate of self-injury, suicidal ideation, and suicide attempts are over two times greater than those of the adolescent population in general. These young people also have higher rates of mood disorders, conduct disorder, and post-traumatic stress disorder. One study found that more than half of runaway and homeless youth experience suicidal ideation.

LGBTQ Youth

The CDC finds that LGBTQQ youth are 4.5 times more likely, and questioning youth are over twice as likely to consider attempting suicide as their heterosexual peers. One study found that 40 percent of transgender people attempted suicide sometime in their lifetime — of those who attempted, 73 percent made their first attempt before the age of 18. Suicidal behavior among LGBTQ youth can be related to experiences of discrimination, family rejection, harassment, bullying, violence, and victimization. For those youth with baseline risk for suicide (especially those with a mental health condition), these experiences can place them at increased risk. It is not their sexual orientation or gender identity that put LGBTQ youth at greater risk of suicidal behavior, but rather these societal and external factors: how they are treated, shunned, abused, or neglected, in concert with other individual factors such as mental health history.

Youth Bereaved by Suicide in the Community

Studies show that those who have experienced suicide loss through the death of a friend or loved one are nearly four times as likely to attempt suicide themselves.

You Living with a Medical Condition or Disability

Several physical conditions are associated with an elevated risk for suicidal behavior. Some of these conditions include chronic pain, loss of mobility, disfigurement, cognitive delays that make problem-solving a challenge, and other chronic limitations. Adolescents with asthma are more likely to report suicidal ideation and behavior than those without asthma. Studies show that

suicide rates are significantly higher among people with certain types of disabilities, such as those with multiple sclerosis or spinal cord injuries.

American Indian/Alaska Native (AI/AN) Youth

In 2017, the rate of suicide among AI/AN youth ages 15-19 was over 1.6 times that of the general youth population. Risk factors that can affect this group include substance use, discrimination, lack of access to mental health care, and historical trauma. For more information about historical trauma and how it can affect AI/AN youth, see ihs.gov/suicideprevention.

Prevention Practices

The following has been broken up into three main domains: school/staff, students, and parents. The prevention practices are the intention that all of the components of the program under each domain will be implemented within the school calendar year.

School/Staff:

School Counselors will continue to receive support and training through but not limited to the Lines of Life organization and help facilitate the implementation of the prevention programming at each school.

Nestucca K8

- All certified and classified staff will receive annual suicide prevention training using the QPR (Question, Persuade, Refer) every two years.
- All counselors will receive a 2-day intensive ASIST (Applied Suicide Intervention Skills) training every four years. (TBD)
- All staff will receive at the start of the school year receive NVSD Suicide Response Protocol training and a refresher annually. (TBD)
- School counselors will teach students effective coping strategies in individual counseling or group counseling.
- School counselors will provide in-class lessons to teach all students problem-solving skills. Introduce Problem-Solving steps that students will eventually be taught through Power Paws classroom lessons.

Nestucca High School

- All certified and classified staff will receive annual suicide prevention training using the model of QPR (Question, Persuade, Refer) every two years through TFCC.
- All counselors will receive a 2-day intensive ASIST (Applied Suicide Intervention Skills) training every four years. (TBD)

- All staff will receive at the start of the school year receive NVSD Suicide Response Protocol training and a refresher annually. (TBD)
- School counselors/social workers will teach students effective coping strategies.
- Teachers will continue to emphasize problem-solving skills as taught through the advisory lessons.

Students:

- All students in K12 will receive direct instruction on social-emotional learning/mental health promotion.
- All students will receive up to 3 lessons per year on suicide prevention (defining depression, dispelling suicide myths, encouraging help-seeking behaviors, and building resilience), taught in partnership between teachers and counselors.
- All MS/HS students will take health class receiving direct instruction from an evidence-based adopted curriculum.
- Students will continue to receive behavioral mental health support from the counseling office, which could include referrals to mental health resources in the community, the implementation of the Suicide Response Protocol executed by the school counselor, response from the Tillamook Family Counseling Center Crisis team for medium/high level of threat for suicide ideation/threat assessments, and students will have access to the Community Health Department through the district nurse.

Parents:

- Continuing outreach with school counselors during but not limited to school orientations and parent/teacher conferences.
- QPR (Question, Persuade, Refer) Training offered by the school and a trained and certified QPR trainer through TFCC.
- The Suicide Response Protocol requires school counseling staff to work with the student and parent/guardian on safety planning and connecting with resources at school and in the community.

Suicide Intervention Overview

School counselors and administrators often become aware of a student who poses a risk for suicide through concerns brought to them by staff, the student's peers, parents, or a direct referral by the student. **A suicide risk assessment** will need to be completed for every student that is experiencing suicidal ideation.

If imminent danger exists, phone 911 immediately. This is especially important if the student of concern has skipped school altogether or left the campus, and a suicide plan is discovered.

If a student is having thoughts of suicide, there is a suicide risk. If imminent danger is

not present, but concern about suicide risk exists, the school counselor initiates the screening process. If suicidal thoughts are not present, a full screening is not necessary. The screener can still complete the support plan, implement other interventions as needed, and refer out to receive behavioral health support.

To determine if a full screening by Tillamook Family Counseling should be implemented, the screener will implement the Columbia-Suicide Severity Rating Scale (C-SSRS). The rating scale will determine if the student is a low, medium, or high risk for suicide. After determining that the student is either a medium or high risk, Tillamook Family Counseling Crisis Services will be called and a safety plan and school reentry plan will be developed. The guidelines for when the risk of suicide has been raised, the student's right to confidentiality and FERPA law during a suicide ideation, and the implementation of both screenings will be outlined throughout this section.

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 warning signs. When a student has expressed to anyone, but not all and not limited to any of the following, the student should be considered a risk for self-harm:

- A student reports seeing another student posting something on social media that raises concern for student safety.
- A student has expressed (either written or verbal) severe depression and wanting to end it.
- A parent or teacher reports concern that a student may be at risk to harm themself
- An artifact from the student, whereas the artistic expression raises concerns.
- A student has said, "I don't want to be here anymore."
- A student has been self-harming as a coping skill.
- A student tells you they are going to hurt/kill themself with or without a plan.

Any school employee who knows of a suicide threat must report this information immediately and directly to the school counselor or administration if a counselor is not available so that the student of concern receives appropriate attention. If the student is not in your building, every effort should be made to interview the student the same day that concerns are reported if the student is in the building, once they express suicidal thoughts.

- *TAKE SUICIDAL BEHAVIOR SERIOUSLY EVERY TIME.*
- *TAKE IMMEDIATE ACTION. CONTACT THE SCHOOL COUNSELOR AND/OR A BUILDING ADMINISTRATOR TO INFORM HIM/HER OF THE SITUATION.*
- *NO STUDENT EXPRESSING SUICIDAL THOUGHTS SHOULD BE SENT HOME ALONE OR LEFT ALONE DURING THE SCREENING PROCESS. THEY ALSO SHOULD NOT HAVE ACCESS TO THEIR BACKPACK AND/OR THEIR BELONGINGS AND SHOULD BE QUESTIONED/SEARCHED IF THEY ARE CARRYING ANY WEAPONS OR ANY OTHER MEANS OF SELF HARM.*
- *IF THERE IS REASON TO BELIEVE A STUDENT HAS THOUGHTS OF*

SUICIDE, EVERY EFFORT SHOULD BE MADE TO AVOID SENDING THE STUDENT HOME WITHOUT BEING RELEASED TO A PARENT OR LEGAL GUARDIAN. THIS MAY INCLUDE ALERTING THE NON-EMERGENCY DISPATCH OF THE SITUATION.

Confidentiality:

HIPAA and FERPA

School employees, except nurses and psychologists who are bound by HIPAA, are bound by laws of The Family Education Rights and Privacy Act of 1974, commonly known as FERPA.

There are situations when confidentiality must NOT BE MAINTAINED; if at any time, a student has shared information that indicates the student is in imminent risk of harm/danger to self or others, that information MUST BE shared. The details regarding the student can be discussed with those who need to intervene to keep the student safe. This complies with the spirit of FERPA and HIPAA, known as "minimum necessary disclosure."

Request From Student To Withhold From Parents

The school suicide prevention contact person can say, "I know that this is scary to you, and I care, but this is too big for me to handle alone." If the student still doesn't want to tell his/her parents, the staff suicide contact can address the fear by asking, "What is your biggest fear?" This helps reduce anxiety, and the student gains the confidence to tell parents. It also increases the likelihood that the student will come to that school staff again if he/she needs additional help.

Exceptions for Parental Notification: Abuse or Neglect

Parents need to know about a student's suicidal ideation unless a result of parental abuse or neglect is possible. The counselor or staff suicide contact person is in the best position to make the determination. The school staff will need to let the student know that other people need to get involved on a need to know basis.

If a student makes a statement such as "My dad/mom would kill me" as a reason to refuse, the school staff can ask questions to determine if parental abuse or neglect is involved. If there is no indication that abuse or neglect is involved, compassionately disclose that the parent needs to be involved.

Screening Protocol:

Step 1:
NVSD Initial Risk Assessment

Once a concern for risk of suicide is brought to the attention of the school counselor or administration by a staff member, student's peer, or from a direct referral by the student, the

initial screening using the NVSD Suicide Risk Assessment should be implemented. At this time, the student should not be left alone and asked if they are carrying any weapons.

> **Supervision.** A school staff person must stay with the identified student in a quiet, private setting to provide supervision and appropriate support until the School Counselor meets with the student. If possible, this should be the person who identified the student at risk.
>
> **Lethal Means.** If the student is in possession of lethal means (razor, gun, rope, pills, etc.), secure the area and prevent other students from accessing it. Lethal means must be removed without putting anyone in danger. Call administration and law enforcement to remove lethal means.

Before proceeding, remind the student of their right to confidentiality. You may state, *"Everything you say in here can remain between us unless you are going to hurt yourself, someone is hurting you, or you are going to hurt others. This is when, by law, I have to break our confidentiality, but I assure you it will only be to the people that will be able to help you as well. I only have to do this because I care about you…"*

Use the following document to do an initial screening. If risk is found, move on to the C-SSRS and call TFCC immediately.

NVSD Suicide Risk Assessment

Step 2:
Use the C-SSRS.
Short Screener for Schools
Full Scale
Full Scale- Young Child/Cognitively Impaired

The school counselor interviews the student and conducts suicide screening by implementing the C-SSRS to determine immediate suicide risk. If the student admits that s/he is thinking about harming someone else, refer the student to the school administrator to initiate a threat assessment. The C-SSRS is used by the school social worker/counselor to document the level of suicide threat to ensure that the NVSD Suicide Intervention Procedures are followed. For more information on the C-SSRS, please visit:
https://cssrs.columbia.edu/wp-content/uploads/ScoringandDataAnalysisGuide-for-Clinical-Trials-1.pdf

Without emotion or inflection in your voice, ask the student the questions on the C-SSRS. Answers on the C-SSRS provide the information needed to classify someone's suicidal ideation and behavior, and when combined with school counselor's training and judgment, can help determine levels of risk and aid in making decisions about care.

The C-SSRS has operationalized thresholds for imminent risk. No matter where the Columbia is being used, the imminent risk answers are the same. Those answers are a "yes" to items 4 or

5 for ideation severity (There is intent to act) within the past month or a “yes” to having any behavior in the past 3 months.

Using a color-coded system, the C-SSRS places the student in a low, medium, high-risk category.

Step 3:
Evaluate level of risk

Evaluate the risk of harming him/herself. Upon completing the C-SSRS, \the Suicide Risk Assessment, and consulting with a school counselor (sharing decision-making with another professional is best practice and/or TFCC Crisis Counselor determine the following level of risk for suicide or harm to the student.

If the student discloses thoughts of suicide, if the School Screener has reason to believe there is a current risk for suicide, or the C-SSRS determined the student to be a moderate to high risk the following precautions should be considered and completed:

- Do not leave the student unattended by an adult.
- Do not allow the student to leave the building until this protocol is completely filled out and a plan for ensuring the student’s safety is being carried out.
- The School Administrator/Principal must be informed.

If a student is found to be in a low-risk category, school counselors must still contact the parent or guardian, and an outside referral can be made. School counselors are strongly encouraged with low-level risks to continue to work with the student to teach problem-solving and coping skills.

Once the school screener evaluates the risk, they must contact the parent and/or guardian to share the level of concern and come to the school to participate in the safety planning, along with the TFCC Crisis Counselor, and develop the next steps to help keep the student safe.

If the parent can’t come to the school, this can be completed over the phone, though it is not preferred.

Note the following:

- If the student denies experiencing thoughts of suicide and the Suicide Screener does not have reason to believe there is a current risk of suicide, it is still recommended that the Suicide Screener notify the parent/guardian to share concerns.
- If the School Screener has exhausted all methods to reach the parent/guardian (including Emergency contacts and sibling schools), call the Tillamook County Crisis Line (503) 842-8201) to consult regarding the next steps. It may be necessary, after consultation, to contact the Department of Human Services (Child Protective Services), or local law enforcement if the risk of self-harm may be imminent and the student has to be transported to the hospital.
- If the School Screener or other staff person knows or has reasonable cause to suspect that an identified student has been or is likely to be abused or neglected if/when parents are contacted, he or she must make a report to the Child Welfare Hotline through the Department of Human Services at **1-855-503-7233**

and complete the mandatory Child Abuse form.

Low Risk: The student appears to be at low risk for harming himself/herself. The student is in distress but has positive support. The student's concerns and needs may be readily addressed. The student does not appear serious about harming himself/herself, nor have they thought seriously about a means to do so.

Medium: Information suggests medium risk potential. The student is in distress. There is suicidal thinking, but the student does not seem intent on harming herself/himself. The problem situation can be resolved, and the student appears able to use some coping skills. The student's suicidal thinking is concerning, but they are not expressing a clear intent to harm herself/himself. The student is open and responsive to support or already has sufficient support.

High: Information suggests high-risk potential. The student is in significant distress. There is clear suicidal thinking, and warning signs are present. The student's coping skills and social supports are limited or compromised. There may be a situation that is difficult to resolve. The student appears to be in imminent danger of inflicting self-harm or committing suicide. There is a need for immediate intervention and possibly hospitalization.

Parents/guardians must always be notified when there appears to be any risk of self-harm.

After the determination of a moderate to high risk is made, the school counselor should contact Tillamook Family Counseling Center if not already done and report a crisis counselor is needed. If a student falls into a moderate or high-risk category, the NVSD Suicide Risk Assessment document must be utilized to develop safety and a coping plan, and the family and school team must develop a reentry to school plan (see following steps).

Tillamook Family Counseling
Crisis Hotline:
(503) 842-8201

National Suicide Hotline:
1-800-273-8255

Tillamook General Hospital:
(503) 842-4444

When the parent/guardian comes to school and takes responsibility for the child, you must provide one or many of the following supportive services/suggestions for the parent.

- ❏ Parent to take their child for immediate intervention with their health care provider
- ❏ Evaluation of student by TFCC Crisis Counselor

- ❏ A list of referrals will be provided for the parents.
- ❏ Suicide Hotline 800-273-8255
- ❏ DHS (877-302-0077) or police (503-842-2522) were contacted for a non-responsive parent
- ❏ Referral to Tillamook General Hospital is made -- parent/guardian transport.
- ❏ Referral to Tillamook General Hospital is made --911 transport
- ❏ Crisis School Counselor accompanying student at the hospital
- ❏ Take the child to TFCC directly -- parent transport.
- ❏ SPED Referral-referral made to consider possible SPED assessment and/or a 504 plan
- ❏ SPED goals reviewed
- ❏ Safety plan made for school and home by School Counselor
- ❏ Safety plan made for school and home by TFCC Crisis Response Counselor
- ❏ Drug and/or alcohol intervention/referral

Home safety. If there is reason to believe a student has thoughts of suicide, every effort should be made to avoid sending the student home to an empty house.

Submit Suicide Screening Form. When the screener clicks 'submit' on the Suicide Screening Form, a confirmation email will be sent to the screener, the building principal, and the secretary at the superintendent's office. A copy of the form can be placed in the student's working file at the school building for use during the current school year or Red Flag meetings. ***The documents do not go into the student's cumulative file.***

Step 4:
Develop a Safety Plan

The school counselor, in collaboration with the student and the parent, should develop a safety plan for school and home with the student. Make sure to include administrators, support staff, and teachers on a "need to know" basis. Include follow-up support in the student's safety plan. The safety plan template is available in the Suicide Risk Assessment.

Please fill out the Parent Emergency Conference Notice and Student Safety Plan with the parent/guardian, print all paperwork, and retrieve signatures where needed. Please attach any additional assessments to the Suicide Assessment Protocol and send it to Gail Levesqueat, the superintendent's office.

Step 5:
Re-entry to School

The return to school requires individualized attention and planning. It is important that faculty and staff, who have direct contact with the student, should be part of his/her safety plan that monitors continuing risk.

Staff should use the Student Re-entry Plan document, and fill out the re-entry form,

- ❏ Welcome the student's return to school as you would other students returning from an extended absence.
- ❏ Let the student know you are glad they are back, "Good to see you."
- ❏ Keep the reason for the student's absence CONFIDENTIAL.
- ❏ Please respect the student's wishes for how the absence is discussed. If the attempt is common knowledge, help the student prepare for questions from peers, faculty, and/or staff. If no one is aware, help the student create a short response to explain the absence. Being prepared helps reduce anxiety and allows the student to feel more in control.
- ❏ Discuss missed classwork and homework and make arrangements for completion. Adjust expectations if needed. If possible, provide alternative assignments instead of having the student try to make up all the missed work.
- ❏ Keep an eye on the student's academic performance as well as her social/emotional interactions. If you see that he/she is isolating or being shunned by peers or is falling further behind in assignments, please follow up with the student's school contact person and/or the parent(s).
- ❏ Pay close attention to further absences, lateness, and requests to be excused during classes. If you are concerned, please alert the appropriate staff at school.
- ❏ Encourage the student to use the school counselor for additional support.
- ❏ Please monitor student's behavior and report concerns to the designated school contact person.

CONFIDENTIALITY

- Privacy is of utmost importance, and every effort will be made to respect the confidentiality of the student while attending to the safety needs of the student and school building. The student and parent/guardian should be informed of the limited information sharing that the district requires.
- For safety reasons, the designated school administrator will be notified of every suicide concern.
- Depending on the Student Re-entry Plan, specific school staff might receive certain information about concerns as part of a plan to maintain safety and provide support to the student. Student and parents/guardians are invited to help develop this plan.
- The Suicide Screening Form will be kept strictly confidential at the District Office. A copy will be held in the student's working file at the school building (not the cumulative file).

Suicide Postvention Overview

Schools must be prepared to act and provide postvention support and action in the event of a suicide attempt or completed suicide. Suicide Postvention has been defined as "the provision of crisis intervention, support, and assistance for those affected by a suicide" (American Association of Suicidology). Postvention strategies after a suicide attempt or completion are critical. Schools should be aware that youth and others associated with the event are vulnerable to suicide contagion or, in other words, at increased risk for suicide. Families and communities

can be especially sensitive after a suicide event. The school's primary responsibility in these cases is to respond to the suicide attempt or completion in a manner that appropriately supports students and the school community impacted. This includes having a system in place to work with the multitude of groups that may eventually be involved, such as students, staff and faculty, parents/guardians, community, media, law enforcement, etc.

Purpose

- Not all suicide behavior can be prevented; therefore, it is essential to be prepared in the event of attempts or completed suicides.
- The school's primary responsibility in these cases is to respond to the tragedy in a manner that appropriately supports students and the school community impacted by the tragedy.
- It is important to not "glorify" the suicide and to treat it sensitively when speaking about the event, particularly with the media, as contagion can be a concern.
- It is important to address all completed suicides consistently.

Response

NVSD will activate the Crisis Response Team, using the phone tree and email sent by the superintendent. What Is a Crisis Response Team? CRT members include people who are trained specifically to respond in the school setting to crises. Others who are not on the Team but who are also trained may be called upon to assist CRT members in responding to District schools assisting as directed by the Team. This Crisis Response Team (CRT) members include:

- the superintendent or designee,
- one administrator from each building,
- All School Counselors,
- two additional staff members from each building
- and others that may include one Spanish speaking person,
- a representative from the Fire Department,
- a police liaison,
- and two pastors.

Other members may be added as needed by the current team, and individuals may be invited to participate in particular meetings as required. Team members have permission from their administrators to respond to where they are needed. The district has no responsibility for providing additional payment for their CRT members and others' services.

The team of counselors, and school administration are deployed to a school to set up the systems needed to support students, families, and staff following a crisis or other traumatic event.

The Crisis Response Team has specific procedures related to our communication, activities, and support following a completed suicide. The team's objective is to assist the school community in achieving stability and returning to normalcy as soon as possible. Families and communities can be especially sensitive to the response to suicide. The district will respond appropriately

according to the crisis team's protocols to be developed and can use additional guidance from the After a Suicide: A Toolkit for Schools 2nd Edition from the Suicide Prevention Resource Center (SPRC).

Postvention Goals:

- Support the grieving process
- Prevent suicide contagion
- Reestablish healthy school climate
- Provide long-term surveillance
- Integrate and strengthen protective factors (i.e., community, positive coping skills, resiliency, etc.)

How do we reach these goals?

- Do not glorify or romanticize suicide.
- Treat it sensitively when speaking about the event, particularly with the media. Address all deaths in a similar manner. For example, having one approach for a student who dies in a car accident and a different approach for a student who dies by suicide reinforces the stigma surrounding suicide.
- Research and identify the resources available in the community.

Key Actions:

- Verify the suicide attempt or completion.
- Mobilize the NVSD CRT.
- Estimate level of response resources required.
- Determine what and how information is to be shared (do NOT release information in a large assembly or over the intercom).
- Inform faculty and staff.
- Identify at-risk students and staff.
- Refresh faculty and staff on prevention protocols and be responsive to signs of risk.
- Be aware that persons may still be traumatized months after the event.

Key Points To Emphasize To Students, Parents, Media:

- Prevention (warning signs, risk factors)
- Survivors are not responsible for the death.
- Mental illness etiology
- Normalize anger
- Stress alternatives
- Help is available

Cautions:

- Avoid romanticizing or glorifying an event or vilifying the victim.
- Do not provide excessive details or describe the event as courageous or rational.
- Do not eulogize victims or conduct school-based memorial services.

- Address loss but avoid school disruption as best as possible
- Use correct language when describing the incident (“died by suicide” rather than “committed suicide”)

Suicide Prevention Program Resources

Examples of Oregon’s Prevention Programs/Resources

- Willamette EducationService District
- Beaverton School District Suicide Prevention Program
- Kids teaching kids how to recognize signs of depression

The Big Six

- Prevention Programming
  - Sources of Strength (prevention) building strengths and resiliency with students to create messages with hope, health, and strength.
- Intervention Trainings for counselor and teachers
  - Safetalk
  - Mental Health First Aid
  - QPR
  - ASIST
- Postvention
  - Connect (program): Reduce suicide risk and promote healing--Suicide Postvention Training