

Sudden Death - Suicide - Critical Incident

Crisis Response Procedures
For Principals and Student Services Staff



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Key Principal Activities

Following SUDDEN DEATH or other CRISIS

- 1. Notify District Security Office: 663-8448**
- 2. Verify with Security that the Coroner has been contacted to determine the official cause of death – 284-6000.**
- 3. Give condolences to parents and get permission to indicate the cause of death (important in suicide)**
- 4. Convene Building Crisis Response Team immediately. (A District Crisis Team member will also be sent to assist.) A plan needs to be in place regardless of the information available.**
- 5. Provide clerical support for the Crisis Team.**
- 6. Meet with staff prior to school starting and notify staff (phone tree) if appropriate.**
- 7. Delegate response activities (see Summary Checklist – pages 3-5)**
- 8. Approve scripts for secretaries and classroom announcements – text should be cleared with Security Coordinator or Assistant Superintendent**
- 9. With assistance from Security Coordinator, send e-mail to all schools and alternative sites informing them of the critical incident.**
- 10. Approve any parent announcement – text should be cleared with Security Coordinator or Assistant Superintendent**
- 11. Work with Public Information Coordinator as it relates to media**
- 12. Plan follow up with Building Crisis Response Team**
- 13. Plan follow up with staff**
- 14. Plan follow up with students and parents**
- 15. Communicate with Security Coordinator on plans**
- 16. Convene Building Crisis Response Team to debrief – what worked well, what improvement(s) are needed.**
- 17. Thank those who helped**
- 18. Share with Security Coordinator the results of the Building Crisis Response Team debriefing**

Sudden Death - Suicide - Critical Incident

Crisis Response Procedures **For Principals and Student Services Staff**

Introduction

The building Principal directs crisis response in each building. The School Principal Checklist for Sudden Death/Suicide/Critical Incident Response found in this document provides guidelines that are appropriate for most crises. A critical difference when suicide is the cause of death is that of preventing contagion.

Crisis response serves four major purposes:

- Maintaining student and staff safety.
- Providing support to grieving and/or traumatized affected victims.
- Screening and/or referral and follow-up of those who may need more support.
- Reducing the likelihood of contagion for suicide, other self-harm, and violent crises.

A crisis is a sudden, unexpected and uncontrollable event that poses a serious threat to life and may result in an acute stress response. Crises can be either acute or chronic in nature, and can be experienced or witnessed. Examples of crises include, but are not limited to, death, accidents, illness, community violence, domestic violence, abuse, neglect, assault, and/or natural and man-made disasters. While a distress response is inevitable, behavioral changes and psychiatric disorders may also follow crises. An effective response can help ameliorate these effects.

SUDDEN DEATH/SUICIDE/CRITICAL INCIDENT

CRISIS RESPONSE PROCEDURES For Principals and Student Services Staff

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OVERVIEW OF SUICIDE PREVENTION AND CRISIS RESPONSE

The principal directs the prevention and response program with the assistance of Student Services staff.

- **Providing staff with suicide prevention and early intervention training** See *Handout #1: Suicide Prevention Building Needs Assessment; Handout #2: Suicide Prevention and Early Intervention for Teachers and Other Staff; Precipitators of Suicide Handout; and Warning Signs Handout*
- **Collaborating with Building Crisis Response Team in organizing crisis response** See *Principal Checklist for Sudden Death/Suicide/Critical Incident Response; Handout #3: Focus of Crisis Response Activities; Handout #4: Information about Deceased Student; and Handout #5: Communication in a Crisis*
- **Providing personal and classroom support to teachers** See *Handout #6: Teacher/Classroom Guidelines on Student Death/Suicide and Handout; Handout #7: Secretaries/Receptionists on Crisis Response; Handout #8: Ways to Help Grieving People; and Handout #9: Information about Student Trauma for Parents and Staff*
- **Organizing and Maintaining the Crisis Counseling Center for Support and Triage** See *Handout #10: Crisis Counseling Center for Support and Triage; Handout #11: Crisis Aftermath Student Referral Form; Handout #12: Student Services Guidelines for Responding to Students Who Have Been Traumatized; and Handout #13: Community Resources*
- **Assisting with crowd control and any out of control students**
- **Processing screening referrals from the parents, teachers, and students. Making any immediately needed referrals for community-based assessment** See *Handout #14: Outline of Student Re-entry Plan Following a Serious Psychiatric Incident; and Handout #15: Preventing Copycat Self-Violence: The Contagion Issue*
- **Communicating with parents, staff, and students individually and at group meetings**
- **Providing school related case coordination for students who are most affected. These school services are not a replacement for any needed mental health services**
- **Communicating with other community-based professionals serving students and families**
- **Providing leadership in evaluating the effectiveness of the building crisis response**

CHECKLIST for the School PRINCIPAL

For Sudden Death / Suicide / Critical Incident Response

(This checklist is approximately chronologically sequential, but activities often occur simultaneously, with the principal delegating responsibilities.)

| Topic | Comment | Progress | Responsibility |
|---|---|---|----------------|
| Rumor is heard, or call comes in, and verification | Start verification process and prepare for sudden death/critical incident response. If parent calls, provide condolences/support. Gently discuss how news is to be announced. For suicide, the main issue is using the word "suicide" to aid in prevention of copycat suicide. <i>See Handout #15: Preventing Copycat Self-Violence: The Contagion Issue</i> | <input type="checkbox"/> Check when completed | Name: |
| Notify Security Office 663-8448 | Notify the Security Office. Their staff will verify the death with the police/coroner to avoid hoaxes, notify the District Crisis Response Team chairpersons, Superintendent and Assistant Superintendents, and others in Central Office. Security and the Principal will make initial decisions on what resources may be needed. | <input type="checkbox"/> Check when completed | Name: |
| Call parents of deceased | Express condolences/support for the first time or again. If it hasn't been done, gently discuss announcement. Explore cultural/family beliefs and practices. | | |
| Convene Building Crisis Response Team | Principal assigns team responsibilities which may include assisting in coordinating with district or community resources, in addition to direct counseling responsibilities. Team assesses what resources are needed. Team will probably meet several times the first day and periodically after that to plan and evaluate the response from in and out of the building. <i>See Handout #3: Focus of Crisis Response Activities and Handout #4: Information about Deceased Student.</i> Principal assigns someone to communicate with this team's chairpersons about the details of district services. <ul style="list-style-type: none"> • Write script for secretaries • Write script for staff announcement • Write script for student announcement • Write parent letter • Designate rooms for crisis counseling. <i>See Handout #10</i> | <input type="checkbox"/> Check when completed | Name: |
| Early notification to staff | When possible, utilize a system such as a phone tree to set up a staff meeting as soon as feasible to let them know details of the crisis and how school response will proceed. | <input type="checkbox"/> Check when completed | Name: |
| Notify School Secretary and provide script for responding to inquiries | •Avoid "skip calls" or any accidental insensitivity in dealing with family of the deceased. •Put through any family calls to school personnel immediately. •Principal provides secretary with a "script" for responding to general inquiries and directions for making referrals to others in the building. <i>See Handout #7.</i> | <input type="checkbox"/> Check when completed | Name: |

| Topic | Comment | Progress | Responsibility |
|---|--|---|----------------|
| Principal and Public Information deals with the media | <ul style="list-style-type: none"> ●Express personal and school sympathy at loss. ●Respect confidentiality. ●Share what is being done to support survivors. ●Remind staff that media requests come through Public Information or the principal (or designee). Work cooperatively with media on prevention activities, e.g., suicide or drug. | <input type="checkbox"/> Check when completed | Name: |
| Call schools of siblings, other affected individuals | Make sure schools of siblings and others who may be affected are aware of death/critical incident for response planning. Include affected students in off-site programming. | <input type="checkbox"/> Check when completed | Name: |
| Notify staff who taught deceased student | Assign Team members to personally notify staff who taught the deceased student, with another adult in case the affected staff cannot continue duties. Substitutes may be needed. Remember non-teaching staff who may have had extensive contact, e.g., custodians. | <input type="checkbox"/> Check when completed | Name: |
| Notify closest friends, if known | Individually notify those students who may be particularly at risk. Student Services staff provide support now and ongoing. Encourage these students to call parents for support. Student Services staff can help parents. | <input type="checkbox"/> Check when completed | Name: |
| General staff / student announcement | Read announcement from a written message, class by class. Provide special support in classes of the deceased student, for teachers wanting assistance, or for any staff or student who you know has previously experienced loss by suicide in their personal life or has experienced another recent loss. | <input type="checkbox"/> Check when completed | Name: |
| Content of written announcement (Text must be cleared by the District Security Office) | Balance accuracy with respect for confidentiality. Include name of student, when death occurred, if the death was a suicide*, expression of sadness at the loss, condolences to family and to those who have lost a friend or student. Encourage support of each other during this difficult time. Encourage talking with parents and trusted adults. Tell students where to go in school for support. Include information about community resources. | <input type="checkbox"/> Check when completed | Name: |
| | *There is some controversy among suicide prevention experts and educators about what to do when a coroner rules a suicide and the parent is objecting to that label or does not want it used in the announcement. Use your judgment and consult with legal counsel, but a compromise may be to label the suicide as a sudden death in the announcement, but if asked by a student, say the death was ruled a suicide by the coroner. If you aren't sure of the status, don't speculate. Just say you don't know. | | |
| Hold Staff Meetings | Principal holds debriefing meetings for staff as soon as feasible and as often as needed. Offer alternatives to attending school debriefing sessions to faculty, i.e., a brief written summary of what took place at the debriefing. | <input type="checkbox"/> Check when completed | Name: |

| Topic | Comment | Progress | Responsibility |
|---|---|---|----------------|
| <p>General Directions to Teachers</p> | <p>Teachers read announcement. Express sadness and feelings for affected students and the family.</p> <p>Expect a range of emotions/responses. Students may want to dwell on details of death or speculate about what may have gone wrong. It is probably more useful to redirect to how each person is feeling about what has happened.</p> <p>The basic suicide prevention message is to respectfully make it clear that you believe suicide is not a good choice. There are better ways to solve problems.</p> <p>Allow students time with you and among themselves to talk. Provide paper for students who want to write condolences to the family.</p> <p>Refer students who appear significantly affected to counseling sites in the building. Teachers need to keep accurate attendance so they know where students are. It is probably a good policy to have students leave the classroom in pairs the day of the announcement. If there is concern a seriously affected student cannot or might not make it to the counseling site, escort the student yourself or send another student runner to find an adult to escort the student. See <i>Handout #6: Teacher/Classroom Guidelines on Student Death/Suicide/Critical Incident</i> and <i>Handout #8: Ways to Help Grieving People</i>.</p> | <input type="checkbox"/> Check when completed | Name: |
| <p>Principal and Building Crisis Response Team review the Guidelines for Crisis Implementation</p> | <p>Pages 6-8 provide guidance for immediate and subsequent tasks.</p> | <input type="checkbox"/> Check when completed | Name: |

Guidelines for Crisis Plan Implementation

| Topic | Brief Comment |
|--|---|
| <i>Specific directions for most affected staff</i> | Get support for yourself from building staff, family, friends and professional help, as needed |
| <i>Specific directions to students known to be at risk</i> | Student Services staff provide outreach to these students rather than waiting for them to appear at counseling sites. Additional resources are available, if needed, through the District Crisis Response Team and Mental Health Center of Dane County Youth Crisis. |
| <i>Anxious parents of general student population</i> | The number of parents who call or come to school may increase dramatically. Have a plan for which staff members will respond and when. Be sure the school secretary knows the plan. |
| <i>Crisis counseling sites</i> | Have students sign in and out. We need to know where students are. Student Services staff will know how to run counseling sites. High schools will need a procedure for handling "skip calls" the day of the announcement. See <i>Handout #10: Crisis Counseling Center for Support and Triage</i> <i>Handout #12: Student Services Guidelines for Responding to Students Who Have Been Traumatized</i> <i>Handout #13: Community Resources</i> |
| <i>Maintaining school order</i> | Teachers should give students passes to go to counseling sites and should maintain a log of who left the room and when. Principals and other available adults should be visible in hallways and direct grieving students to counseling sites. Check bathrooms. Students should leave school only by checking out of the school office. Students should be encouraged to stay in school if possible and only leave school with a parent coming to get them or with a school person talking directly to the parent of older students. If you know an affected student has left without permission, or if you know the home locations where students may be congregating, call parents to inform and make sure there is supervision. If there is a significant safety risk and parents cannot be reached, inform the police of the situation so they can decide whether or not police intervention is warranted. Keep to the regular school routine to the degree possible, but encourage teachers to avoid putting additional pressure on grieving students with academic demands. Professional staff are generally given a week off from work following a family death. For students, close friends are like family. We do not give grieving students time off from school, but individual teachers can encourage students to let them know if they need more time for assignments or to reschedule tests. We also need to reassure students who may not be able to perform at their usual level. Give students who may be manipulating the situation the benefit of the doubt until you are sure. Expressions of grief vary. Culture may affect expressions of grief. |

| Topic | Brief Comment |
|---|--|
| <i>Religious, race and cultural issues</i> | Pair school staff who share the same religion, race, or culture with outside of school crisis responders. Seek consultation from school, student or community resources regarding religions and cultural beliefs about death, illness, etc. Sometimes bringing in a community spiritual leader (minister, shaman, etc.) to speak with grieving students is helpful. |
| <i>Angry / oppositional, excessively demanding or high drama student behavior</i> | As usual, steer students to an office or less public place for discussion. Listen, express empathy, set limits. Call parents and involve them in discussion. Students show grief in many ways and some students tend to be "high drama" about almost any situation. Some students may have to have parents come and take them home. |
| <i>Memorials</i> | <p>Don't glorify suicide or drug-related deaths. Since students will almost always want some concrete expression, have paper or cards available on the day of the announcement for students to write, sign, and express condolences. Tell students these papers will be shared with the family.</p> <p>Discourage flowers, balloons, etc. If students show up with them, have them placed in the drop-in counseling sites. The use of memorial ribbons for students who committed suicide or died from drug-related incidents is controversial. While not encouraged, the use of ribbons may be a substitute for other memorials. Respectfully re-position any hallway "shrine" items into the counseling sites. Students will often make the locker of the student who committed suicide into a shrine. Remove items and place in the counseling sites. After school hours, have the custodians remove any graffiti at the locker or anywhere else in the building.</p> |
| <i>General parent announcement</i> <i>(text must be cleared with the District Security Office)</i> | Whether or not there is a parent announcement sent home to every parent is variable. It is a balance of "need to know" with respecting the confidentiality of the deceased student and the family. In small schools or with younger students, there probably needs to be an announcement. With larger schools and older students, a general parent announcement may not be appropriate. The general parent announcement gives information that there has been a student death away from school (if by suicide) but generally does not give the name of the student. The announcement includes an expression of sadness and condolences, along with a description of school efforts to support students. Community resources may also be listed. Some schools choose to include descriptors of common grief reactions of the age group. |
| <i>Follow-up general parent meeting on the topic of suicide prevention</i> | Good idea. Student Services staff and community mental health providers can provide content and leadership. |
| <i>Follow-up with high risk student group</i> | <p>Have Student Services organize and manage this as an ongoing effort.</p> <p><i>See Handout #14: Notification of Student Self-Harm Concern to Mental Health Provider</i></p> |

| Topic | Brief Comment |
|--|--|
| <i>Debriefing with Building Crisis Response Team</i> | Debriefing is ongoing for as long as needed to insure safety and provide evaluation of response for future efforts. |
| <i>Parent contact about funeral services and memorials</i> | If the sudden death has been by suicide, if asked, encourage the family to schedule services outside of school hours. Dismiss students who have parent permission if services are scheduled during school hours. Express the sadness that you are feeling, but gently communicate the need to avoid glorifying suicide as an option. Do not have a school memorial or any permanent objects. If the parents or others want to contribute money, use it for something like suicide prevention activities. Emphasize with parents that you want to respect the memory of their child and be true to your concern for the safety of the surviving students. Some schools encourage parents to accompany their children to services. |
| <i>Avoid complacency</i> | Suicide prevention must be an ongoing mindset among all school staff. Just because the initial week or two of post-suicide response seemed to go as well as possible under the circumstances does not mean that students aren't carrying the experience with them. Even currently non-depressed students may unconsciously file away suicide as a response to feelings of hopelessness about a temporary situation. |
| <i>Demonstrate appreciation to those involved</i> | Thank individuals (in person or write notes) who have helped in the suicide response. |
| <i>Support to Principal</i> | Get support for yourself from building staff, family, friends, and professional help, if needed. |
| <i>Implement follow-up response</i> | Continue intervention activities following a trauma for weeks and sometimes months, if needed. |

**HANDOUT # 1:
SUICIDE PREVENTION BUILDING NEEDS ASSESSMENT**

Since no two school buildings are the same, it is important that each school building each year decide how the school year's suicide prevention program will be implemented. What follows is a checklist to assist each building in planning their suicide prevention program.

- Does your principal and Student Services staff have access to the district's procedures on sudden death/suicide crisis response?
- Who is responsible for distributing information on suicide prevention to teachers at the beginning of each year?
- Does someone offer a voluntary after school session on suicide prevention for new staff or staff who might want a refresher on suicide prevention information?
- Is there a clear procedure for teachers to refer students who may be at risk of suicide?
- Is there an existing Building Crisis Response Team that knows what to do?
- Is there a system (e.g. telephone tree) for early notification of staff of an incident?
- Are the crisis team members aware of the district and community resources in a crisis?
- Is there a plan for dealing with the media?
- Have discussions been held about the best way to use out-of-building resources?
- Have sites been set aside to designate as Crisis Counseling areas that are conducive to counseling activities?
- Are crisis team members clear on how to set up the Crisis Counseling Center, e.g., activities, sign-in, sign-out, etc?
- Is there a person in charge of the crisis center?
- Do teachers have a handout for classroom discussion?
- Is there a plan to be in classrooms of the deceased student, with any teachers who request help, etc.?
- Is there a plan for building crowd control, dealing with the establishment of informal memorials and for students trying to leave the building?
- Is there a central location for teachers to make referrals of students about whom they have concern of suicide risk? Is there documentation of the referral?
- Is it clear which Student Services staff will be processing the school referrals for suicide risk? What will they be doing?
- Is there agreement on involvement of parents of referred students?
- For students who need a psychiatric or clinical assessment, is there documentation that parents can take to the mental health services provider?
- Is there a reentry procedure in place for any student who has been referred for a community-based assessment?
- Is there a plan for students who continue to talk about suicide in school?
- Is there a plan for students who continue to engage in self-violence in or out of school, with or without suicidal intent?
- Is there a plan for debriefing teachers, Counseling Center staff, and crisis team staff?
- Is there a plan for involving students and parents both in suicide prevention and aftermath activities?

**HANDOUT # 2:
SUICIDE PREVENTION and EARLY INTERVENTION FOR
TEACHERS AND OTHER STAFF**

- Teachers and other school staff are in an excellent position to observe students for suicide warning signs and precipitators of suicide. See the attached handouts on Warning Signs and Precipitators of Suicide. **Particular note should be taken of students who may have alcohol or drug (e.g. marijuana or ecstasy) use since there is a high correlation between this use and self-violence.**
- Teachers and other school staff should promptly refer students to the principal or a Student Services staff member when they have concerns.
- **If the risk seems significant, the teacher or staff member stays with the student until help arrives.**
- If imminent safety is involved, the police are contacted (911).
- Parents are contacted when there is a perceived suicide risk. It is the responsibility of the parent to make arrangements for assessment and treatment, but the school can assist by identifying community resources.
- If there is concern that the student may be neglected or abused, a mandated referral is made to Dane County Human Services, Service Intake.

PRECIPITATORS OF SUICIDE

There are four completed male suicides for every completed female suicide; however, females are at least twice as likely to attempt suicide than males. According to the American Association of Suicidology, "Suicide cuts across all age, economic, social, and ethnic boundaries."

Risk factors for suicide include:

- ◆ **Previous suicide attempt.** (26% to 33% of adolescent suicide victims have made a previous attempt.)
- ◆ **History of substance abuse.** (Alcoholism is a factor in approximately 30% of all completed suicide.)
- ◆ **Mental illness.** (Ninety percent of adolescent suicide victims have at least one diagnosable psychiatric illness at death – generally depression, substance abuse, or conduct disorders. And according to the National Institute of Mental Health more than 1.5 million children under the age of 15 are seriously depressed.)
- ◆ **Exposure to suicide** (i.e. suicide "contagion"). (Although this risk is commonly identified with regard to suicide "clusters" of children and teens, it pertains to the family of suicide victims as well as to peers. Each year, between 7,000 and 12,000 children in the United States are exposed to suicide in the home when a parent commits suicide, and data indicate that individuals who attempt or complete suicide often have a significant family history of suicidal behaviors. Additionally, according to the American Association of Suicidology, "Surviving family members not only suffer the trauma of losing a loved one to a suicide, but are themselves at higher risk for suicide and emotional problems.")
- ◆ **Portrayal of suicide in the media**, such as through motion pictures, news coverage, and/or song lyrics.
- ◆ **Having a gun in the home.** (Death by firearms is the fastest growing method of suicide. According to the American Foundation for Suicide Prevention, among people with no known mental disorders, those with a loaded gun in the house are 32 times more likely to commit suicide.)
- ◆ **Exposure to violence.**
- ◆ **Sense of hopelessness.**
- ◆ **Stressors, such as a recent disappointment/rejection or getting into trouble** (e.g., at school, with the law).
- ◆ **Pressures to succeed.**
- ◆ **Financial uncertainty/poverty.**
- ◆ **Divorce/formation of stepfamilies.**
- ◆ **Mobility of families/moving into a new community.**
- ◆ **Family dysfunction or changes** (e.g., illness or death in the family, parental marital conflict).
- ◆ **Lack of connection to religion.**
- ◆ **Loss** (e.g., of a prized object, a person, a state of well-being, or social supports).

- ◆ **Sexual orientation related stressors** – including harassment by others, rejection or fear of rejection by the family, religious issues, etc.
- ◆ **Fantasy concept/preoccupation with death.** – Often suicide is the magical way out when a teen doesn't have the inner psychological resources to cope with family issues, relationship breakup, or values conflicts.
- ◆ **Cultural issues.** Suicide rates tend to correlate with the degree of social acceptance of suicidal behavior in particular cultures and subcultures.
- ◆ **Anger and/or rage causing acting-out behavior toward self or others.** (The American Foundation for Suicide Prevention has reported that attempts to reconstruct the mental state of teen suicides from psychological autopsy research suggest that high levels of anxiety or anger are commonly present just prior to death.
- ◆ **Learning disabilities.** Evidence increasingly suggests that adolescents with learning disabilities are at high risk for suicide.
- ◆ **"Loss of face" with peers.**

In one study of youth suicides the following were the most frequent reasons survivors gave for attempting suicide:

- ◆ Family discord (59.4% of responses; most frequently cited reason by females and children 12 years old or younger).
- ◆ Argument with boyfriend/girlfriend (32.6%).
- ◆ School-related problems (23%).

In order of the potential effect on a suicidal youth, the following should be viewed as the "straw that can break the camel's back" and cause a young person to follow through with plans to commit suicide:

- ◆ Argument with parent(s).
- ◆ Break-up of romantic relationship.
- ◆ Peer/friendship problems.
- ◆ School (e.g. grade/teacher) problems.

Taken from: Coping with Crisis, Chapter 11: Special Considerations for Suicide

"Understanding and Helping," 1997

American Foundation for Suicide Prevention, 1996a, 1998c

"Suicide in Children," 1998

Fatal and Nonfatal Suicide Attempts Among Adolescents–Oregon, 1988-1993

Bradshaw and Kaslow, 1997

"Understanding and Helping," 1997

"Suicide Facts," 1998

CASP, 1998

Poland, 1995

Lieberman, 1999

WARNING SIGNS

According to the Academy of Child and Adolescent Psychiatry, the following signs in youth have been correlated with attempted suicide (especially if more than one occur) and should be watched for by parents, physicians/pediatricians, and all school staff (i.e., teaching, administrative, counseling, and support staff):

- ◆ Previous suicide attempts or threats
- ◆ Plans made or attempts to secure the means for suicide
- ◆ Thinking for talking about suicide
- ◆ Scratching, cutting, or marking the body
- ◆ Risk-taking behavior (e.g., running away, jumping from heights)
- ◆ Withdrawal from activities, family, and/or friends
- ◆ Alcohol or other drug abuse
- ◆ Neglect of personal appearance
- ◆ Marked personality and/or behavior change
- ◆ Persistent boredom, inability to concentrate
- ◆ Decline in quality of schoolwork
- ◆ Physical symptoms associated with emotions (e.g. stomachache, fatigue)
- ◆ Loss of interest in pleasurable activities
- ◆ Not tolerating praise or rewards
- ◆ Verbal hints (e.g., "I won't be a problem for you much longer.")
- ◆ Putting affairs in order (e.g., giving away belongings)
- ◆ Becoming suddenly cheerful after a period of depression (which may indicate that a decision has been made to commit suicide)

Other suicide warning signs include:

- ◆ Prolonged depression
- ◆ Preoccupation with death and/or suicidal themes
- ◆ Destructive play or repetitive unrealistic play

Taken from: Coping with Crisis, Chapter 11: Special Considerations for Suicide

CASP, 1998

Lieberman, 1999

**HANDOUT # 3:
FOCUS OF CRISIS RESPONSE PLANNING**

For any crisis, there are people to be served and places they are most likely to be located. When the building crisis team meets, they disperse their crisis resources to the following:

The people:

- Family of deceased
- Siblings of deceased and their friends
- Friends of deceased
- Enemies of deceased who may feel intense guilt
- Current and past teachers of deceased
- Sports or organization peers
- Students who are already at risk prior to the death

The places for support and supervision:

- Classrooms of the deceased
- Classrooms of the siblings
- School hallways and the locker of the deceased
- Classrooms of other affected students
- Bathrooms
- Usual counselor and Student Services areas, including the Health Office
- The Crisis Counseling sites
- Cafeteria or Commons areas
- School exits
- Spontaneous memorial sites
- School grounds

**HANDOUT # 4:
INFORMATION ABOUT DECEASED STUDENT**

Having information about the deceased student may aid in identifying students who may be most affected, any additional resources needed, and otherwise planning the response:

- Was the death by suicide? Known contributing factors? Previous attempts?
- Who were the friends, boy/girl friends, "enemies"? How socially connected was the student?
- Is there a possible alcohol or drug connection?
- Who are the family members, including siblings, extended family?
- Who are staff who might have been close to the student? Mentors/tutors?
- Was there a Student Services staff member involved with the student? Are there community people who were involved with the student?
- Last person to have contact with the deceased student?
- Anyone who might feel blame or responsibility for the death?
- Was the deceased student involved in extracurricular activities?
- Were there church or other community affiliations?
- Hobbies/interests of the deceased that may have resulted in affected persons?
- Are there cultural or language issues that need to be addressed?
- Are there special education issues requiring additional expertise in counseling?

HANDOUT # 5: COMMUNICATION IN A CRISIS

Media

- Principal and Public Information decide how to divide duties in each crisis response
- Respect for student and family confidentiality
- Limit of coverage if death is by suicide
- Focus on how students and staff are being helped
- Assign someone at the building that is available to the media

Family of Deceased

- Principal takes the lead and makes communication with family a priority
- Principal expresses personal and school sadness at death and asks how to help
- If there are to be memorial services, principal checks on whether the family would encourage or discourage student attendance at service

Staff

- Staff are told about the death and circumstances
- Staff are provided with a death or crisis announcement to share with their students
- Staff are encouraged to listen to students' feelings
- As appropriate to the situation, staff are encouraged to allow students to write condolences or draw pictures for the family of the deceased
- Staff are made aware of additional counseling resources for students most affected
- Staff are provided with debriefing opportunities
- Staff are encouraged to seek help for their own emotional support

Other Parents

- Principal provides school secretaries with information on what information is to be released about the death, where to transfer calls of inquiry, and what services are being provided to survivors. (Text must be cleared with the District Security Office.)
- For parents who walk into school, there needs to be an orderly process for responding to these parents, particularly parents who are removing their children from school. We must know who is leaving the school and with whom
- A decision will need to be made as to whether there needs to be a letter to parents. A letter is often needed for situations involving younger aged students. If a letter does go home, it generally includes:
 1. Basic information about the death/crisis
 2. Expression of sadness and condolences for families of those affected
 3. Description of services being provided in schools for survivors
 4. Description of common symptoms of grief or trauma and basic things that parents can do to support their children
 5. Who parents can contact in the community or school if they are very concerned about their child's response
 6. Information about any memorial service for the deceased student and about arrangements parents need to make to accompany their child
- Consider follow-up group meetings for parents to debrief

HANDOUT # 6:
**CLASSROOM GUIDELINES ON STUDENT DEATH /
SUICIDE / CRITICAL INCIDENT for Teachers, Student
Services Staff, and Administrators**

The purpose of classroom discussion regarding a student death/suicide is to:

- Support students who are grieving.
- Identify student who may need more support and referral.
- Prevent contagion in the case of a suicide death.

Any teacher should be able to request classroom support and support in classes of the deceased student should be automatic. If you cannot meet with your classes due to a personal intense grief reaction, let the principal know so class coverage can be arranged.

Main procedures for students are:

- Read school announcement of death, information on resources, and any information on services.
- Express sadness and feelings for affected students and the family.
- Expect a range of emotions and responses. Students may want to dwell on details of the death or speculate about what may have gone wrong. It is probably more useful to redirect to how each person is feeling about what has happened.
- Students who didn't know the deceased student may still be very affected due to losses in their own lives, many of which may not be known to school staff.
- Help students identify adults in their lives they can seek out for support, now and in the future.
- Do provide time and paper for students to write condolence notes to the family if that is their choice.
- Talk about how to deal with the empty chair and the student's permanent absence.
- Help students return to normalcy and planned school activities. Students who are unable to do this may need additional support/counseling.
- Identify students for follow-up by Student Services staff and get immediate help for a student, if needed. The students may be ones you have already been worried about or students whose concerns are new to you. Never leave a student alone about whom you are seriously concerned. Call or send another student runner for help.
- Supervision is important. Keep a list of any students leaving the room during the immediate aftermath and their intended destination. Notify the office of students leaving the building.
- Get the support of family, friends, colleagues, and/or professional resources for your own feelings.

For a death by suicide:

- Respectfully make it clear that you believe suicide is not a good choice and that there are other ways to solve problems. This is a basic prevention message.
- For older students, reiterate that alcohol and drug use are not effective ways to deal with grief and will often make things worse.
- Make students aware of warning signs of suicide and where to seek help for themselves or friends.
- Do not copy lyrics, play songs with death or nihilistic themes.

It is not unusual for the school effects of a student death to go on for months. The most common effects are students' decreased concentration on studies, preoccupation with death, and sometimes behavior changes. Adults have generally learned how to compartmentalize their pain so that they can carry on with life functions. A number of students may have a great deal of difficulty in compartmentalizing their lives to maintain optimal school functioning.

Intermediate Intervention:

- Talk to students whose work has declined or who seem changed to find out if they are connected with a mental health provider at school or in the community.
- Negotiate academic demands with students with the understanding that modifications may include lower grades. It is a reality that none of us are at peak performance throughout our lives. Accepting our limitations is part of life.
- Contact the parents of students who appear affected to make certain parental support is in place.
- Help students understand that grieving is a long-term process and that when trauma is involved, the emotional impact is often greater. It is "normal" to feel numb, upset, depressed, etc., for some time after a suicide, sudden death, or other critical incident.
- Even if the student doesn't seem to accept it, keep reminding students that alcohol and drug use (particularly marijuana) can increase depression and inhibit healthy coping skills. This is not a morality lecture; it is a scientific reality.
- Students and staff need to be reminded that, no matter how good their previous mental health and how well they take care of themselves, higher level meta-cognitive abilities are often compromised for a period of time in the aftermath of a crisis. Students and staff may be challenged by diminished concentration, memory, and ability to synthesize information. There is no quick "fix" for this problem, but generally healthy individuals will find that their full capacities return over time.

HANDOUT # 7:
SECRETARIES / RECEPTIONISTS ON CRISIS RESPONSE

The principal directs the crisis response that includes:

- Verification of facts and coordination with school and community authorities
- Communication with families involved
- Maintaining confidentiality of those involved and responding to media
- Calling together the crisis team (usually the administrators and Building Crisis Response Team)
- Making decisions about how to notify staff, students, and parents
- Making decisions about how to comfort students and staff while maintaining the school routine to the degree possible

Sample Communication Script to Use for Incoming Phone Calls During Crisis:

Hello, _____ School. May I help you?

- ◆ Take messages on non-crisis related calls.
- ◆ For crisis related calls, use the following general schema:
 - **Police or other security professionals** -- immediate transfer to principal.
 - **Family members of deceased** -- immediate transfer to principal or anyone else they want to reach at school. If principal is not available immediately, ask if they would like to speak to school psychologist or social worker.
 - **Other school administrators** -- Give out basic information on death and crisis response and offer to transfer call to principal or others.
 - **Parents regarding their child's immediate safety** -- Reassure parents if you know their child was not involved and outline how children are being served/supported. If child may have been involved, transfer to a crisis team member who may have more information.
 - **Persons who call with information about others at risk** -- Take down information and get it to a crisis team member. Take a phone number where the person can be called back by a crisis team member.
 - **Media** -- Take phone messages and refer to principal.
 - **Parents generally wanting to know how to respond** -- Explain that children and staff are being supported. Take messages to give to Student Services staff from parents needing more detailed information.
 - **Where to send parents who arrive unannounced on the scene** -- Set aside a space for parents to wait and get information. Any person removing a student from school must be on the annual registration form as the parent or guardian. Records must be kept of who removed the child and when.

**HANDOUT # 8:
WAYS TO HELP GRIEVING PEOPLE**

Grief is a painful part of life, but it is part of life. When we lose people we care about, we grieve, whether the death was predictable or not. Unpredictable deaths have the additional aspect of shock. The shock and pain cannot be taken away, but there are some ways that others have used to help themselves and others cope and recover.

Grief may display in many ways – sadness, withdrawal, irritability, anger, oppositional behavior or stillness. Grief may bring up prior loss experiences or trauma. It is important to show tolerance.

BE VERY KIND AND PATIENT WITH YOURSELF. TREAT YOURSELF AS WELL AS YOU TREAT OTHER PEOPLE WHO ARE GRIEVING.

STAY CLOSE TO FAMILY AND FRIENDS FOR COMFORT. ALLOW OTHER PEOPLE TO SUPPORT YOU.

TALK ABOUT THE PERSON YOU HAVE LOST, ALLOWING YOURSELF TO REMEMBER THE GOOD TIMES YOU EXPERIENCED, AS WELL AS ANY ANGER OR FRUSTRATION. ATTENDING A MEMORIAL SERVICE WILL OFTEN HELP.

ALLOW YOURSELF SOME ALONE TIME EACH DAY TO HEAL. SOME HELPFUL IDEAS MAY BE KEEPING A JOURNAL OR ENJOYING NATURE.

IF YOU ARE FEELING ANXIOUS AND UNABLE TO CONCENTRATE, THAT IS NORMAL, GIVEN YOUR GRIEF. YOU MAY FEEL AS IF YOU ARE JUST SHOWING UP AND GOING THROUGH THE MOTIONS FOR AWHILE. THAT IS AN IMPORTANT FIRST STEP IN THE HEALING PROCESS.

SOME PEOPLE WILL SAY INSENSITIVE THINGS TO YOU OR NOT UNDERSTAND HOW LONG THE HEALING PROCESS TAKES. ACCEPT THAT PEOPLE MAY BE UNCOMFORTABLE WITH GRIEVING. IGNORE WHAT YOU CAN AND GIVE FEEDBACK WHEN YOU CHOOSE.

EAT WELL; EXERCISE; AVOID USING ALCOHOL OR DRUGS. THEY ALTER THINKING AND/OR ACT AS DEPRESSANTS.

IF YOU ARE WORRIED ABOUT THE SEVERITY OF YOUR GRIEF OR YOU DON'T FEEL YOU ARE COMING THROUGH IT WITH TIME, SEEK PROFESSIONAL HELP. PEOPLE WHO WERE ALREADY STRUGGLING WITH DEPRESSION OR INTENSE STRESS PROBABLY SHOULD SEEK OUT PROFESSIONAL HELP RIGHT WAY. YOUR PERSONAL HEALTH CARE PROVIDER OR CLERGY ARE A GOOD PLACE TO START IN SEEKING PROFESSIONAL HELP. CRISIS RESOURCES INCLUDE: YOUTH CRISIS, 280-2610 AND MENTAL HEALTH CENTER, 280-2600.

**HANDOUT # 9:
INFORMATION ABOUT STUDENT TRAUMA FOR PARENTS
AND STAFF**

Common Trauma Reactions:

- Tremendous fear and anxiety
- Inability to concentrate
- Cognitive dysfunction involving memory and learning
- Changes in behavior, including increased irritability and aggression

Other Common Reactions:

- Survivor guilt
- Physical health complaints and/or eating disturbances
- Flashbacks
- Traumatic dreams and/or sleep disturbances
- Age regression (acting younger)
- Startling easily
- Detachment, “spaciness”

What to Do as a Parent or Staff Member:

- Recognize the signs of trauma.
- Be patient, provide security.
- Nurture at what may seem like the level for a younger child.
- Listen. Follow the child’s lead in discussion, correct misconceptions.
- Recognize your own emotions. Avoid transmitting additional anxiety through long or unnecessary discussions.
- When trauma has resulted from a deliberate act(s), be prepared to acknowledge that a small percentage of people do evil things.
- Limit media of graphic events.
- Keep to a “normal” routine to establish that life goes on.
- Trauma reactions are “normal”, but be on the lookout for worsening reactions, particularly among those who have been previously traumatized or who have pre-existing emotional conditions. Seek consultation from a mental health provider if conditions worsen.
- Take care of your own mental health as an adult. You have needs too.

**HANDOUT # 10:
CRISIS COUNSELING CENTER FOR SUPPORT AND
TRIAGE**

The purpose of the Crisis Counseling Center for Support and Triage is threefold:

- To provide support to grieving students as they deal with the crisis. Students with recent or multiple previous crises/losses in their lives are particularly at risk.
- To identify students most affected who may need additional services.
- To decrease the likelihood of contagion from the crisis.

Major components of the Crisis Counseling Center include:

- One or more identifiable places in the school for the Crisis Counseling Center(s) that is staffed by Student Services staff for counseling.
- Each Center with one person in charge.
- Students sign in and sign out on a log for accountability. Students may try to sign in and disappear from the Center or leave school.
- Encourage the formation of small groups conducive to counseling. Large groups can actually promote contagion among students.
- Have clear procedures for referring the most affected students.
- Provisions for students to write condolences to the family and to be aware of any service arrangements.
- Handouts for students on what may help as they grieve and on community resources for seeking help. See Handouts # 6 and #10.
- Tissues are needed.
- Food and beverages can be very comforting to students and may encourage them to stay long enough to talk and seek support. The PTO is often very helpful in supplying needed food and beverages. Principals will often arrange for food to be brought from the cafeteria for students over the lunchtime.

Basic Crisis/Grief Counseling:

- Listen to the student. An opening question to a student could be "Tell me how you knew this student." Anticipate some students who appear to be very affected who may not have known the deceased student and who may be responding to other losses or issues. Focus on student's feelings.
- Normalize the grief experience, but not suicide as an option.
- For suicide, share thinking that suicide is a permanent response to problems that have other, less deadly, solutions. Encourage taking the long view.
- Honor requests to be alone, but keep track of loners or those who want to leave school.
- Identify students who are most at risk due to closeness to situation or due to their overall mental health situation.

Decisions About Counseling Center:

- What system should be used to track referrals from the Counseling Center(s) to other Student Services staff, to parents, and to mental health providers? Having a system insures that no student is inadvertently overlooked, that parents are notified, and avoids duplication of efforts with the same student.
- Are memorials allowed in the Center for a student who has committed suicide? A Center memorial may be preferable to a spontaneous site. A memorial topic of some controversy is the student use of memorial ribbons. Permanent memorials in case of suicide or drug-related deaths are to be avoided generally. Sometimes students using ribbons is a substitute behavior for memorials that would be more disruptive and damaging.
- How long should the Center be open?

**HANDOUT # 11:
CRISIS AFTERMATH STUDENT REFERRAL FORM**

Name of Referred Student: _____ Date: _____

Name of Referring Staff, Parent, or Student: _____

Description of Concern: _____

Level of Concern -- referring person check an option(s):

_____ Acute risk. Don't leave student. Call for security or police if needed. Call for Student Services staff or administrator. Phone the parent.

_____ Significant concern. Don't leave student. Call for a Student Services staff or administrator.

_____ Believe Student Services staff screening is needed within the day.

_____ Some concern. Request Student Services staff follow-up within a few days.

_____ Monitoring requested. Would like Student Services staff to check with others about this student.

Non-immediate referrals may be given to: _____

SCREENING OUTCOME

Results:

Staff Who Screened: _____ Date: _____

Name of Parent Contacted: _____ Date: _____

Name of Follow-up Case Manager (if needed): _____

Turn referral in to _____ or Student Services, administrative, or security worker.)

**HANDOUT # 12:
STUDENT SERVICES GUIDELINES FOR RESPONDING TO
STUDENTS WHO HAVE BEEN TRAUMATIZED**

There is some controversy about the appropriate role for Student Services staff when students have been traumatized. There is agreement that following a trauma, that school staff should work to restore feelings of security/safety. The controversy involves whether the primary Student Services role is triage and referral to community services of students who have been traumatized or whether Student Services staff should take on a more direct role of providing mental health services to those who have been traumatized. What follows are some guidelines that take a "middle of the road" position.

Immediate School Response (first days and week): The goal of early response is to restore safety/security to the degree possible and to give an outlet for feelings.

- Encourage principal to have teachers maintain as normal a school schedule as possible.
- Provide teachers with suggestions on how to help students with trauma. Use these with students who are somewhat traumatized, but able to be comforted by teachers or available counseling staff.
- It is important to separate out the students who have been most directly traumatized so that they receive specialized help and do not transmit additional anxiety through the school population. These students may have proximity to the trauma or may have a history of trauma or other mental health problems.
- Call parents to come get students who need additional parental support or community mental health services. Help parents locate community mental health services.
- Involve parents in a reentry plan for those students who have had to go home or to an urgent mental health appointment. Students need a supportive environment and systematic reentry plan in place prior to returning to school.

Intermediate Response (few weeks and month): The initial shock has faded. Emotions may actually intensify among students who have experienced significant trauma.

- Use small groups or classrooms to talk about the trauma experience. Allow students an opportunity to talk about their feelings and reactions to the trauma. Emphasize that feelings of fear, trauma, guilt, or powerlessness are normal, given the circumstances.
- Be vigilant for students who may be experiencing trauma reactions that are severe and will need community mental health referrals. These students can present in a variety of ways. Some will become more avoidant and "invisible"; others will be more vocal and even acting-out.

Long-Term Response (over the months): The effects of trauma don't disappear.

- Even for students who have been traumatized and appear to be functioning, trauma doesn't go away. It is normal for these students to have attention problems, greater vigilance, and sometimes more anger.
- After about a month, it is usually more apparent which students are having reactions beyond "normal" trauma reactions. These students may be experiencing a Posttraumatic Stress Disorder, which needs professional attention. There is some controversy as to whether this attention can occur in schools or whether a referral to a community mental health provider is required. The treatment involves in-depth interviewing regarding the trauma incident, extensive reviewing of the feelings and reactions associated with the trauma, and a gradual desensitization of the individual to the more debilitating effects of the trauma. This is a time consuming process that may take months or even years in more severe cases.

Acute Reactions at Any Time: Post-Traumatic Stress Disorder can occur at any time, early in a trauma response or over time. It is important for Student Services staff to be vigilant for the signs of PTSD, to provide initial treatment, and to arrange for more intensive treatment, involving the parent.

It is important to also acknowledge that students who have **not** been exposed to the trauma may exhibit acute or severe symptoms due to their own pre-existing conditions (e.g. depression, anxiety) or by contagion effect of others that have been exposed to the trauma. This is one of the reasons why it is important to separate out students who are most affected for treatment.

**HANDOUT # 13:
COMMUNITY RESOURCES**

There are many resources available for those in crisis in Madison.

Our main resources are probably those we know the best: our family, our friends, close neighbors, personal health care providers, etc.

Other resources for school staff, parents, and students who are involved in a crisis aftermath include:

| | |
|---|----------------|
| Madison Police Department (7AM-10PM) | 266-4945 |
| (after 10PM)..... | 266-4418 |
| Coroner’s Office | 284-6000 |
| Mental Health Youth Crisis | 280-2610 |
| (Mental Health Center of Dane County) | |
| Mental Health Center Crisis/Suicide Prevention | 280-2600 |
| Briarpatch division (runaway and counseling center)..... | 251-1126 |
| (Youth Services of Southern Wisconsin) | |
| National Runaway Switchboard | 1-800-798-1126 |
| Dane County Human Services (to report child abuse) | 261-5437 |
| (after hours)..... | 255-6067 |
| UW Adolescent Alcohol and Drug Abuse Intervention Program (24 hour drug/alcohol emergencies) | 262-1111 |
| Rape Crisis (counseling for victims of sexual assault) | 251-7273 |
| Parent Stressline/Parental Stress Center (24 hour counseling for parents)..... | 241-2221 |
| Respite Center (emergency shelter for children ages 0-14)..... | 244-5700 |
| First Call for Help | 246-4357 |
| Domestic Abuse Intervention Center | 251-1237 |
| Hospice and Speakers Bureau | 276-4660 |

This is only a partial listing. Student Services staff can tailor resource recommendations to each situation. Parents should check with their personal health care providers for availability of services.

Sudden Death – Suicide – Critical Incident Crisis Response Procedures for Principals and Student Services Staff
HANDOUT # 14:
NOTIFICATION OF STUDENT SELF-HARM CONCERN TO
MENTAL HEALTH PROVIDER

Dear Mental Health Provider _____: Date/Time of Assessment: _____

I am concerned about the **safety** of a student:

| | | |
|---|---------------|--------------------------------------|
| Student Name: _____ | School: _____ | |
| Address: _____ Parent(s) Name(s): _____ | | |
| Telephone: _____ / _____ / _____ DOB: _____ | | |
| Home# | cell# | Parent's Work# |
| Insurance: _____ | | Clinic/Primary Care Physician: _____ |
| Current Therapist: _____ | | |

My impression is that the safety risk is: **Urgent/imminent**
 Potential Risk—Clinical risk assessment needed

My concerns are:

- Has current thoughts and/or intent of suicide or other self-harm
 - Has past attempts _____
 - Has done some planning _____
 - Has specific plan _____
 - Has lethal plan _____
 - Has access to means _____
 - Will/Will NOT consent to no self-harm contract _____
 - Family member or peer has completed a suicide _____
- Vegetative symptoms of depression, unable to function _____
- Possible/probable AOD _____
- History of significant mental health problems in family _____

I have documented my concerns via:

- Student's unsafe behaviors _____
- Student interview _____
- Interview of parent _____
- Depression Screening _____
- Other _____

What does the student say about what keeps them from taking action today? _____

I am operating with the following permissions from parent/guardian:

- Attached signed Authorization to Obtain or Release Patient Health Care Records (101370).
- Verbal permission for release of information in this urgent situation documented in our records.
- Unable to reach parent/guardian or emergency contact.
- Contacted primary care physician _____ who gave permission for us to contact a mental health provider.
- Parent has refused release of information and the police and/or Dane County Human Services have been contacted.
- Other _____

This information is being sent to you via: the parent faxed to your office

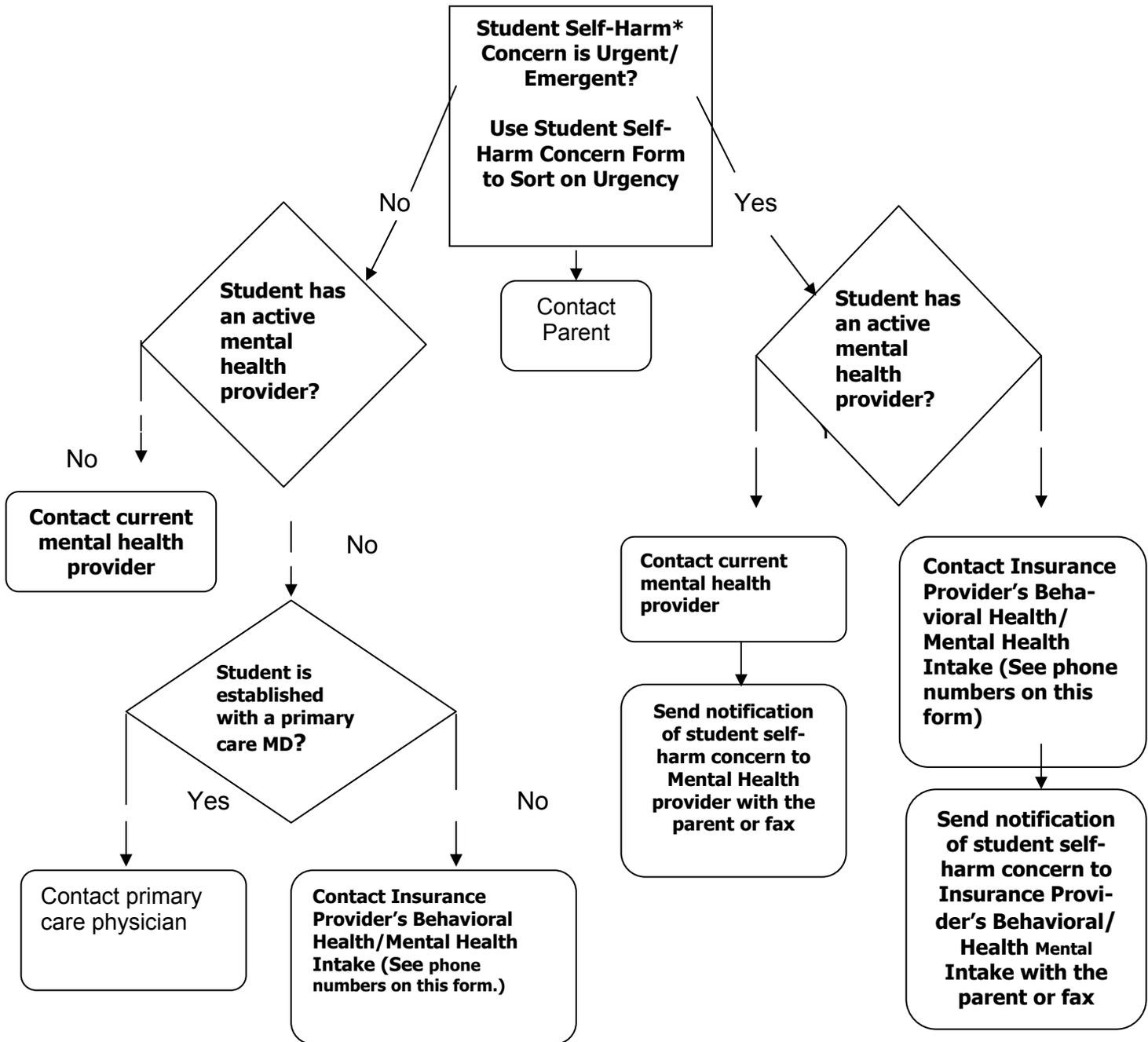
| | |
|--------------------------------------|--------|
| Student Services Professional: _____ | (Sign) |
| (Print) | |
| Phone # _____ email address: _____ | |

Dean – 252-8226 Behavioral Health Services (press 0 to get receptionist) FAX 283-7193
 UW Health – 282-8960 FAX 287-5993
 Unity (Commercial) – 282-8960 Unity (MA) Mental Health Center of Dane County 280-2610
 Mental Health Center of Dane County -0 280-2610
 Group Health Cooperative – 257-9700

(OVER FOR INSTRUCTIONS)

Use for all referrals for Suicide Risk
 Keep a copy for your professional records
 August 2003

WHICH PROFESSIONAL ARE YOU GOING TO CONTACT FOR A STUDENT SELF-HARM CONCERN?



- Use Student Self-Harm Concern Format to sort on urgency.
- Use the left side of the above flow chart if there is NOT an urgent self-harm concern.
- Use the right side of the flow chart if there IS an urgent self-harm concern.
- If student has a current mental health provider, contact that provider.
- If student does NOT have a current provider, and there is an urgent self-harm concern, contact the appropriate HMO. Use the Mental Health Center of Dane County, if uninsured.
- Send Notification Form with parent or fax to Mental Health provider.

This form was developed to assist with obtaining mental health services in a timely manner for students with urgent mental health self-harm issues. Please use/send this form to providers only in urgent situations.

* If in need of immediate medical care, call 911 as you would with any medical emergency

Procedure for Placement of the *Notification of Student Self-Harm Concern to Mental Health Provider Form*

These guidelines should be followed related to placement of the *Notification of Student Self-Harm Concern to Mental Health Provider form*:

- a copy of the form should be placed **solely** in your personal files.
- the form can be faxed to a mental health provider if necessary using a coversheet that clearly states that the fax contains CONFIDENTIAL information. Below is an example of a statement that can be included on a fax.

The information transmitted herewith may be legally privileged, confidential and/or protected from disclosure by law. It is intended for the exclusive use of the named recipient. If you are not the named recipient, you are hereby notified that any use, copying, disclosure or distribution of the information transmitted herewith is strictly prohibited and may be subject to legal restriction or sanction and you are requested to notify us by telephone _____ to arrange for return or destruction of the information and all copies. Thank you.

- the student services professional should inform the building principal of referrals without sharing the actual form or unnecessary details of the situation.

**HANDOUT # 15:
PREVENTING COPYCAT SELF-VIOLENCE: THE
CONTAGION ISSUE**

Adolescents are known for their imitations of peer culture. Unfortunately, adolescents are susceptible to copying self-violence, as well. In part, the phenomena is one of an adolescent beginning to accept self-violence as the norm.

Steps that schools can take to reduce self-violent behaviors in school (including self-violence with and without suicidal intent) is to:

- Provide information to staff on warning signs and precipitators of self-violence.
- Student Services staff screen/interview students referred as being at risk.
- Assist at-risk students and their families in the process of linking to therapeutic resources in the community.
- Carefully plan the reentry of students who have been out of school due to serious psychiatric incidents. The student, parents, Student Services staff, and principal participate in the planning.
- Limit memorializing of students who have committed suicide or died of alcohol or drug-related causes.
- Provide opportunities for students to discuss their concerns about self-violence with adult input. Obsessive discussions of self-violence among students who are already at risk for self-violence may promote contagion, unless there is an adult present to facilitate.
- For students who continue to discuss self-violence compulsively outside of a therapeutic context, Student Services staff and the principal should establish specific behavioral constraints and consequences. Failure to meet these behavioral constraints may constitute a disruption to the school routine that jeopardizes the safety of others. Disciplinary consequences may be appropriate.
- For those students who continue to engage in self-violent behavior (with or without suicidal intent), despite school interventions, and who are creating an ongoing disruption in school, principals should contact the Assistant Superintendent and Coordinator of Security. Parents (and any medical personnel they choose to involve) are responsible for the supervision of students who continue to be self-violent. It is important to protect both the safety of the student who continues to self-injure and to protect the safety of other students from the contagion effect.

HANDOUT # 16:
SAMPLE LETTERS – To staff, students, etc.

To the Staff of Sample High School:

- ❖ Please read this script to your first hour class. We realize how difficult this may be, but want to get accurate information out to students.
- ❖ If you need support in reading this or talking with your class, please ask for assistance from the Guidance Office at xxx-xxxx.
- ❖ There will be an immediate impact of this news and your classes may need time to process this information. If you would like support in your classroom, contact the guidance office at 204-3073 and we will have support staff assist you.
- ❖ We are discouraging students from creating memorials which may glorify suicide. Students will have the opportunity to share memories and stories in a constructive manner with support staff.
- ❖ Please review the attached guidelines regarding death and suicide.
- ❖ Grief may display in many ways – sadness, withdrawal, irritability, anger, oppositional behavior or stillness. Grief brings up prior loss experiences. It is important to show tolerance.

Please read the following to your first hour class:

We are saddened to report the death of a Sample student. (student) was a freshman and played on the (sports) team. (first name) attended (middle school). At this time, we have no information about funeral arrangements. We ask that you keep (first name) and his family in your thoughts today. Any student who feels that they need support and someone to talk with should tell their teacher immediately so they can arrange for you to go to the Guidance Office. We encourage all students to stay in school today so that our staff can support you.

**HANDOUT # 17:
CRISIS COUNSELING SHEET**

Staff Member: _____

Date: _____

| Student Name | Time in: | Comments | Needs Follow-up |
|--------------|----------|----------|-----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**HANDOUT # 19:
OUTLINE OF STUDENT RE-ENTRY PLAN FOLLOWING A
SERIOUS PSYCHIATRIC INCIDENT**

The student's reentry plan should include input from the student, parents, Student Services staff, and the principal. Some schools may want to develop a specific student contract for reentry.

SAFETY PLAN

- No self-harm agreement
- Where to be escorted if feeling unsafe
- Who to see if anxious, but not feeling unsafe
- How parents are to be contacted
- Student and parent sign releases to mental health provider

NOTIFICATION OF TEACHERS AND OTHER APPROPRIATE STAFF

- Content of message and who receives it

RESPONSE TO PEERS

- Student should anticipate flurry of attention
- Plan responses to friends and to those who are being "nosey"
- Report any harassment

MODIFICATION OF ACADEMIC EXPECTATIONS

- Expect that academic performance may temporarily not be as good as earlier due to emotional stress, missed work
- Communicate frequently with teachers
- Consider pass-fail option
- Consider reduced schedule
- Consider modified expectations/grading for those with IEP

REGULAR, SCHEDULED APPOINTMENTS WITH STUDENT SERVICES STAFF

- Student schedules and keeps weekly appointments

CASE MANAGER INVOLVEMENT (FOR STUDENTS WITH IEP)

- Work with case manager on managing school stress and academic modifications

HEALTH OFFICE INVOLVEMENT

- If medication is to be given at school, complete documentation
- Decide if health office will be used in urgent situations for student to wait until a Student Services staff person is located

FOLLOW-UP MEETING WITH PARENTS

- Schedule a follow-up meeting
- Encourage parents to work closely with mental health providers

HANDOUT # 20:
INITIAL INTERVIEW PROTOCOL

This is a protocol for Student Services professionals who are interviewing students/staff to assess their need for further intervention and support. Depending on the severity of the trauma and the individual's level of exposure, staff should decide how much detail needs to be explored. It is important to cover most areas; the depth and detail may vary.

1. **INTRODUCTION**

Introduce yourself.

Make sure the student knows why you are talking with them.

"Tell me why you think you are here." If the student does not know why, you explain.

2. **FACTUAL INFORMATION**

Where were you when the event occurred?

What did you see? Hear? Notice?

How do you know _____ (the victim)?

(Risk Factors)

Has anything like this happened to you or someone you know before?

Has anyone close to you died, or been hurt, or been seriously ill?

3. **SUBJECTIVE RESPONSE**

How were you feeling before _____ (the event)?

What do you remember?

What was the most disturbing/upsetting part?

What was your worst fear?

What keeps coming back to your mind about it?

Have you had any bad dreams?

Are you worrying it could happen again? What makes you think this?

4. **NEW BEHAVIORS**

Do you have any new fears since _____ (the event)?

Being alone? Going to sleep? Going to certain places?

Have you noticed you are doing anything you think is babyish?

Having to be by Mom? Sucking thumb?

Do you worry something bad will happen to your Mom, or Dad or brothers or sisters, to your friends, or to yourself?

Are there any things or places you are avoiding now? Any things you are trying not to think about?

Have you been misbehaving, or getting mad more easily?

5. **NEW CONCERNS**

What feelings are the hardest for you?

Are you keeping any feelings/thoughts from your parents because you don't want to upset them?

Has anything else changed in your life since _____ (the event)?

6. **TYPE OF GRIEF RESPONSE**

Are you having any thoughts or feelings about _____ (the victim/s)?

If sad, what is making you feel sad?

If angry, what is making you feel angry?

What do you think happens when someone dies (if death is involved)?

7. **EXPLORING COPING RESPONSES**

What thoughts or memories help you feel better?

What would help you feel better, feel safer right now?

Who can help you when you are feeling bad? (Help child develop a few names.)

Have you done anything that has helped you feel better?

Has school done anything to help you?

8. **CLOSING THE INTERVIEW**

Briefly review what the child told you.

Tell the story back to them, and allow them to correct you.

Give your admiration and praise student's willingness to share the experience.

Share your professional experience about expected outcomes.

Normalize some of the child's symptoms – i.e., Did you know that kids who have been through experiences like this often have trouble sleeping; often feel confused, or scared, or mad; may not want to come to school; may not want to be away from their parents.

But it is important to do the things you normally do.

Did you know these kinds of problems usually get better within a few weeks?

If you don't begin to feel better, you can tell _____. We can give you more help.

Thank the student for talking with you / helping you understand what the student has gone through.

Sometimes, it may be helpful to give the student a transitional object – a pencil, an eraser, etc.