SUICIDAL STUDENTS: INTERVENING AT SCHOOL

By Richard Lieberman, MS, NCSP
Los Angeles Unified School District

NATIONAL ASSOCIATION OF SCHOOL PSYCHOLOGISTS

Suicide intervention is a special form of crisis intervention. School psychologists and other crisis team personnel must be prepared to intervene whenever any student, parent, or staff member is identified at risk for suicide. School districts have a responsibility to provide adequate staff training in suicide prevention and establish policies and procedures for school site crisis teams to follow when a student's thoughts, behaviors, or plans for suicide are observed.

Although many suicidal children and adolescents do not self-refer, they generally give signals. These warning signs never should be ignored. It has been well documented that youth who have a history of mental illness, more specifically mood (depression) and impulse (alcohol/substance abuse, self-injury) disorders, are at greater risk to die by suicide. School personnel should be particularly observant of youth who may be more vulnerable because of individual circumstances. This includes youngsters who have experienced a personal loss, abuse, academic or family crisis, and/or previous traumatic event.

This handout provides a suggested model for suicide intervention as well as some guidelines for crisis teams when intervening with a suicidal student.

A Suicide Intervention Model

Risk Assessment

Crisis team members (particularly those assigned as *designated reporters*—see "Tips for Crisis Team Members" below) are often asked to make critical risk assessments under extraordinary time constraints.

Questions to ask. It is important for a risk assessment protocol to have a short, specific set of questions that will quickly and reliably obtain needed information:

- What warning signs(s) initiated the referral?
- Has the student had recent thoughts about suicide? (Thoughts or threats alone, whether direct or indirect, may indicate *low risk.*)
- Has the student tried to hurt himself or herself before? (Previous attempts may indicate *moderate risk.*)
- Does the student have a plan to harm himself or herself now?
- What method is the student planning to use and does he or she have access to the means? (The answers to these questions would indicate *high risk.*)
- What is the support system that surrounds this student? (Including the parent in the risk assessment is critical to determining the adequacy of the student's support system.)

Include the parent in the assessment. The parent often has critical information necessary to make an appropriate assessment of risk. Thus it is critical to include parents in the risk assessment. This information may include previous school and mental health history, family dynamics, recent traumatic events in the student's life, and previous suicidal behaviors. Interviewing the parent will also assist the psychologist in making an appropriate assessment of the support system that surrounds this student.

Immediate strategies if the student is judged to be high to moderate risk. Specific intervention strategies for students who at *moderate or high risk* for suicide include:

- Supervise the student (including restrooms and the school bus).
- Release the student at the end of the day only to the parent (may not be appropriate if child is high risk), law enforcement, or psychiatric mobile responder.

Duty to Warn Parents

Questions to ask. Under most circumstances, the parent should be notified. In addressing this aspect of suicide intervention, four critical questions need to be addressed.

- Is the parent available?
- Is the parent cooperative?
- What information does the parent have that might contribute to the assessment of risk?
- What mental health insurance, if any, does the family possess?

Decision to notify parents. There will be occasions when a student does not want a parent notified. When children are thinking of harming themselves, they are not thinking clearly and, therefore, may not be the best judge of what might be their parent's response. The crisis team has only one decision to make: Will the child be placed in a more dangerous situation by notifying the parent? In such a situation, child protective services will typically be notified.

If the parent is available and cooperative and the student is judged high risk. Then the psychologist or social worker must provide parent(s) with community referral resources specific to where the family resides and based on health insurance status. With parental permission, the school psychologist should contact the agency, provide pertinent referral information, and follow up to ensure the family's arrival at the agency. If necessary, assist the parent in transporting the student to the agency. The psychologist should obtain a parent signature on a release-of-information form and assist school staff in working with parents in developing a school support plan. All actions must be documented.

If a parent is unavailable and the student is judged high risk. Then, at the discretion of the school site administrator, two members of the crisis team should escort the student to the nearest emergency mental health facility and coordinate efforts with the agency's social services to contact the parent. Alternatively, school law enforcement, local police, or a mobile psychiatric response team may be asked to assist in transporting the suicidal youth.

If it is determined that a parent is uncooperative and the student is judged to be at high risk for a suicidal behavior. Then local law enforcement or child protective services should be contacted and child neglect and endangerment report made.

If the parent is uncooperative and the student is judged low risk for suicidal behavior. Then it is recommended that the parent to sign a Notification of Emergency Conference form, which serves to document that the parents have been notified of their child's suicidal assessment in a timely fashion.

Encourage follow through. Some parents are reluctant to follow through on crisis team recommendations to secure outside counseling for the suicidal child and may simplify or minimize warning signals (e.g., "She's just doing this for attention."). Cultural and language issues are frequent. Give the parents appropriate opportunity and encouragement to follow through before collaborating with crisis team members on when to proceed to the next step. The school crisis team must decide when it is appropriate to report a parent to child protective services if the parent's reluctance is truly negligence and endangers the life of the child.

Duty to Provide Referrals

Collaboration. It is critical to stress the importance of identifying and collaborating with community agencies before the crisis occurs. Each year an updated resource guide should be provided to school site teams that lists emergency mental health and child protective services. Collaborating with local and district law enforcement is essential. Cultural, developmental, or sexuality issues should be considered when determining the most appropriate community agencies. It is always recommended that the school crisis team representative call the agency to provide accurate information that the parent may omit or forget to tell the agency. School districts have an obligation to suggest agencies that are non-proprietary or offer sliding scale of fees.

Mental health insurance. It is important to determine what mental health insurance the parent/family has. This information is essential in directing families to appropriate community agencies. All modern mental health intake interviews include questions regarding insurance coverage, and it is wise for the school psychologist to be aware of the various local providers. If a student is directed to an emergency clinic, then the student may later require emergency transport to another facility that falls under the family's health provider network. This may not only further traumatize a suicidal student (because most transports must be done under restraints) but also generate a bill of great expense for the parent. It is certainly in the best interest of the child and family to limit the trauma of any student in need of emergency action.

Follow-Up and Support the Family

Finally, it is important for school staff to provide ongoing modifications to the student's program, perhaps utilizing student study teams. Such support might include: (a) referral for psycho-educational assessment, (b) individualizing classroom assignments, (c) assigning a peer tutor, (d) reducing academic demands, (e) participating in extracurricular activities, and (f) directing the family to appropriate district and community

resources. Re-entry plans for students returning from mental health hospitalizations are critical in creating a circle of caring for the student upon return to school.

Tips for Crisis Team Members

- *Collaborate with colleagues:* Having support and consultation from an administrator and one other staff member (perhaps the school nurse, counselor, or social worker) is both reassuring and prudent.
- *Assign a designated reporter:* Schools should identify one or more individuals to receive and act upon all reports from teachers, other staff, and students about students who may be suicidal. This individual is frequently the school psychologist, counselor, nurse, or social worker.
- *Supervise the student:* It is best to always inform the student of what you are going to do every step of the way. Solicit the student's assistance where appropriate. Under no circumstances should the student be allowed to leave school or be alone (even in the restroom). Reassure and supervise the student until a parent, mental health professional, or law enforcement representative can assume responsibility.
- *Mobilize a support system:* Assessment of the student's support system will contribute to evaluating the student's risk. It is often sensible to just ask the student, "Who do you want or who do you think will be there for you now?" and assist the student achieving that support. It is important for students to feel some control over their fate.
- *No-harm agreements:* No-harm agreements have been shown to be effective in preventing youth suicide. In cases where the suicide risk is judged to be low enough not to require an immediate treatment (e.g., there is only ideation and no suicide plan), a no-harm agreement is still recommended to provide the student with alternatives should their suicide risk level increase in the future. Such a contract is a personal agreement to postpone suicidal behaviors until help can be obtained. Typical items on no-harm agreements stress connectedness with adults, identify help-seeking behaviors, teach communication skills, promote grief resolution, and provide linkages with appropriate community and district resources. The no-harm agreement can also serve as an effective assessment tool. If a student refuses to sign, then the student cannot guarantee he or she will not hurt himself or herself. The assessment immediately rises to high risk and the student should be supervised until parents can assume responsibility in taking the student for immediate psychiatric evaluation.
- *Suicide-proof the environment:* Whether a student is in imminent danger or not, it is recommended both the home and school be suicide-proofed. Before the student returns home and thereafter, all guns, poisons, medications, and sharp objects must be removed or made inaccessible.
- *Call police:* All school crisis teams should have a representative from local law enforcement. If a student resists, becomes combative, or attempts to flee, law enforcement can be of invaluable assistance. In some cases they can assume responsibility for securing a 72-hour hold, which will place the student in protective custody up to 3 days for psychiatric observation.
- *Documentation:* Every school district should develop a documentation form for support personnel and crisis team members to record their actions in responding to a referral of a suicidal student.

Resources

Brock, S. E., Lazarus, P. J., & Jimerson, S. R. (Eds.). (2002). *Best practices in school crisis prevention and intervention.* Bethesda, MD: National Association of School Psychologists. ISBN: 0-932955-84-3.

Lieberman, R., & Davis, J. M. (2002). Suicide intervention. In S. E. Brock, P. J. Lazarus, & S. R. Jimerson (Eds.), *Best practices in school crisis prevention and intervention* (pp. 531–552). Bethesda, MD: National Association of School Psychologists. ISBN: 0-932955-84-3.

Poland, S., & Lieberman, R. (2002). Suicide intervention. In A. Thomas & J. Grimes, (Eds.), *Best practices in school psychology IV* (pp. 1151–1166). Bethesda, MD: National Association of School Psychologists. ISBN: 0-932955-85-1.

Poland, S. (1989). *Suicide intervention in the schools.* New York: Guilford. ISBN: 0898622328.

Websites

American Association of Suicidology—*www.suicidology.org*

National Association of School Psychologists—*www.nasponline.org/NEAT/crisismain.html*

Suicide Awareness Voices of Education (SAVE)—*www.save.org*

Suicide Information and Education Center—*www.siec.ca*

Richard Lieberman, MS, NCSP, is coordinator of the Suicide Prevention Unit for the Los Angeles Unified School District and a member of the National Emergency Assistance Team of the National Association of School Psychologists.