



# Suicide Prevention, Intervention, and Postvention Plan 2024 - 2025



# DALLAS SCHOOL DISTRICT

The Dallas School District is committed to developing mental health supports and social and emotional learning with a trauma informed lens to support the development of the whole child. This work is rooted in a commitment to the health and well-being of all students and includes having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide.



Dallas School District:

- Recognizes that physical and mental health are integral components of student outcomes, both educationally and beyond graduation.
- Further recognizes that suicide is a leading cause of death among young people.
- Has an ethical responsibility to take a proactive approach in preventing deaths by suicide and acknowledges its role in providing an environment that is sensitive to individual and societal factors that place youth at greater risk for suicide and helps to foster positive youth development and resilience.
- Acknowledges that comprehensive suicide prevention policies include prevention, intervention, and postvention components
- Will publish its policy and plan on their website and will revisit and refine the plan regularly.

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\*\* Adapted from Willamette Educational Service District Crisis Response policies, Central School District's 2022 protocol, and best practices from Question Persuade Refer gatekeeper training \*\*



## KEY TERMS

**Prevention:** Suicide Prevention is the intentional steps that the school takes to create a school culture that encourages positive coping skills, reaching out for help with mental health, and talking about suicide in a safe and healthy way.

**Intervention:** Suicide/Crisis Intervention is the intentional steps that the school and its staff take in the event of a student mental health crisis.

**Postvention:** Suicide Postvention is the intentional steps that the school and its staff take in the event of a suicide in the school community. Best practices in postvention are designed to reduce the rate of suicide contagion.

**Senate Bill 52 (also known as Adi's Act):** Requires Oregon School Districts to develop comprehensive district Student Suicide Prevention Plans. These Plans are to include procedural planning, equity and racial equity-centered supports, and a staff training process that explicitly addresses when and how students and families are referred to appropriate mental health and crisis services.

**HIPAA:** The Health Insurance Portability and Accountability Act of 1996 is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge.

**FERPA:** The Family Educational Rights and Privacy Act is a Federal law that protects the privacy of student education records. The law applies to all schools that receive funds under an applicable program of the U.S. Department of Education. FERPA gives parents certain rights with respect to their children's education records.

**QPR( Question, Persuade, and Refer):** An evidence-Based gatekeeper training for suicide prevention. QPR teaches people how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. Gatekeepers can be anyone, but include parents, friends, neighbors, teachers, ministers, doctors, nurses, office supervisors, squad leaders, foremen, police officers, advisors, caseworkers, firefighters, and many others who are strategically positioned to recognize and refer someone at risk of suicide.

**ASIST (Applied Suicide Intervention Skills Training):** An in-depth, two-day workshop that prepares individuals to provide suicide first aid intervention using LivingWorks' evidence based Pathway for Assisting Life (PAL) model. It teaches participants to recognize when someone may have thoughts of suicide and work with them to create a plan that will support their immediate safety

**Senate Bill 561:** Directs Oregon Health Authority to develop plan for communication among local mental health authorities and systems to improve notifications and information sharing when death suspected to be suicide involves individual 24 years of age or younger.



# WHAT SCHOOLS NEED TO KNOW

## QUICK NOTES

- School staff are frequently considered the first line of contact with potentially suicidal students.
- In the Dallas School District, we believe that Mental Health is everyone's job. However, that does not mean that most school personnel are expected or qualified to provide in-depth assessment or counseling necessary for treating a suicidal student. It does mean that all staff in the Dallas School District should be trained and equipped to recognize warning signs that students may be at risk and take reasonable and prudent actions to help at-risk students, such as 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”.
- Research has shown talking about suicide, or asking someone if they are feeling suicidal, will not put the idea in their head or cause them to kill themselves.
- School personnel, parents/guardians, and students need to be confident that help is available when they raise concerns regarding suicidal behavior. Students often know, but do not tell adults, about suicidal peers. Having supports in place may lessen this reluctance to speak up when students are concerned about a peer.
- 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.



## HIPAA & FERPA

- School Employees with the exception of nurses, psychologists, and some members of our school-based mental health team who are bound by HIPAA, follow the 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 at 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 is in compliance with the spirit of FERPA and HIPAA known as "minimum necessary disclosure."

## REQUESTS FROM STUDENTS TO WITHHOLD FROM PARENTS

The school suicide prevention contact person can say something like, "I know that this is scary for you. I care, and I need to make sure you can be safe outside of school too." If the student still doesn't want to tell their parent/guardian, the staff suicide prevention person can address the fear by asking, "What is your biggest fear?" Processing fears with the student may be helpful in reducing anxiety and helping the student to gain confidence to tell the parent/guardian. Staff may offer to call the parents with the student present to hear the conversation or allow the student to tell their parent/guardian themselves in the presence of the school staff person.

## EXCEPTIONS TO PARENTAL NOTIFICATION

- Designated school staff will make every attempt to inform a student's parent/ guardian if there is any reason to believe a student is a risk of suicide.
- Parents/guardians need to know about a student's suicidal ideation unless a result of parental abuse or neglect is possible. School staff will let the student know that other people need to be involved to ensure everything possible is being done to keep them safe.



# SUICIDE PREVENTION PROTOCOL

## PREVENTION PROTOCOL

- Senate Bill 52 requires each school district in the state of Oregon to adopt a comprehensive suicide prevention policy for grades K-12. Following these simple steps will help ensure a comprehensive school based approach to suicide prevention for staff and students.
- A school administrator at each building shall annually be determined as a point of contact for issues relating to suicide prevention and policy implementation. Contact this person to request a review of actions by the school in responding to a suicidal risk. See the current list of school administrators in Appendix A.
- All staff shall be made aware of school suicide prevention protocols on an annual basis, including the names and contact information of the administrator and/or designated staff members of whom to report to when they believe a student to be at elevated risk for suicide
- All staff shall receive annual gatekeeper training (or a refresher) in suicide prevention. (See the Suicide Prevention Step by Step Guide for information and recommendations) This training shall include, but is not limited to, the identification of risk factors, warning signs, protective factors, response procedures, district referral processes, and postvention response protocols.

### RECOMENDATIONS

- All staff receive QPR (Question, Persuade, Refer) or a refresher yearly.
- Additional training is recommended and shall be offered to administrators, school counselors, and other designated staff. This will include specialized training to intervene, assess, and refer students at risk for suicide. This training should be a best practice (see BIG 6 for recommendations).
- Identify at least two staff members to be ASIST (Applied Suicide Intervention Skills Training) trained and be the "go-to" people within the school. Best practice recommends attending an ASIST tune up training every 3 years. All staff should know who the "go-to" people are within their building.



# SUICIDE PREVENTION PROTOCOL

- Students should be made aware each year of the staff that have received specialized training to help students at risk for suicide. Students will be made aware of support and crisis resources available to them both at school and outside of school.
- Developmentally appropriate, student-centered education materials will be made available to all students that include:
  - Safe and healthy choices for processing emotions
  - Coping strategies
  - Help-seeking strategies for oneself and others, including how to engage school resources and refer friends for help
- See the Suicide Prevention Step by Step Guide for information and recommendations
- Additional support or resources needed regarding youth suicide, including those living with mental and/or substance use disorders, those who engage in self-harm or have attempted suicide, those in out-of-home settings, those experiencing homelessness, American Indian/Alaska Native students, LGBTQ+ students, students bereaved by suicide, and those with medical conditions or certain types of disabilities can be obtained by contacting the WESD Suicide Prevention Consultant.

## RECOMENDATIONS

Use curriculum in line with Oregon State Standards for health such as RESPONSE or partner with the Mid-Valley Suicide Prevention Coordinator to provide appropriate lessons to students. Consider engaging students to help increase awareness of resources.

## PARENTS/GUARDIANS

Parents/Guardians will be provided informational materials to help them identify whether their student or another person is at risk for suicide. Information should include how to access school and community resources to support students or others in their community who may be at risk for suicide.

## RECOMENDATIONS

Partner with community agencies such as Polk County Family and Community Outreach/Mid-Valley Suicide Prevention to provide resources to families.



# SUICIDAL BEHAVIOR RISK & PROTECTIVE FACTORS

## RISK & PROTECTIVE FACTORS

### RISK FACTORS

A combination of situations could lead someone to consider suicide. Risk factors increase the possibility of suicide, but they might not be direct causes.

- Family history of suicide
- Substance use
- Previous suicide attempts
- Untreated depression, anxiety, or other mental illness
- Incomplete comprehension of death (if a child doesn't understand the consequences of their actions, they may be more likely to take deadly risks)
- Victim of assault or bullying
- Significant recent losses (such as the loss of a friend, family member or pet)
- Learning difficulties or lack of success in school (child may believe they are a failure)
- Exposure to physical, emotional, or sexual trauma
- Unstable home environment: frequent moves, divorce, homelessness, or multiple caregivers (child may blame themselves for their circumstances)
- Access to means of suicide such as firearms or prescription drugs
- Stressors from: gender identity, sexual orientation, ethnicity
- Feelings of hopelessness/ self-hate

### PROTECTIVE FACTORS

Individual characteristics and things we can do in communities that may help protect people from suicidal thoughts and behavior.

- Engaged in effective health and/or MH care
- Positive problem-solving skills
- Positive coping skills
- Restricted access to means to kill self
- Reasonably safe and stable living environment
- Willing to access support/help
- positive self esteem
- Resiliency
- High frustration tolerance
- Cultural and/or religious beliefs that discourage suicide
- Sense of purpose and future orientation
- Strong sense of self-worth or self-esteem
- Responsibilities/duties to others (pets, younger siblings, friends, etc...)
- **Connectedness**
  - **Family**
  - **Peers**
  - **School**
  - **Trusted adults**
  - **Community**



# WARNING SIGNS FOR SUICIDE

- Feeling like a burden
- Increase in apathy or isolation
- Feeling trapped or in unbearable pain (physical or somatic)
- Increased substance use
- Looking for a way to access lethal means
- Extreme mood swings
- Expressing hopelessness
- Sleeping too little or too much
- Talking or joking about wanting to die
- Marked improvement or decline in school work
- Victim of assault or bullying (including via social media)
- Victim of dating violence or harassment

## KEEP IN MIND

Warning signs can be direct or indirect and do not necessarily mean the person is suicidal. Many warning signs of suicide can be similar to the signs of depression or anxiety.

Usually these signs last for a period of two weeks or longer, but youth can be impulsive and may choose suicide as a solution to their problems quickly, especially if they have access to firearms or other lethal means.

**If you are unsure if something said or done is a suicide warning, take action and assess for safety and intent.**

**The more warning signs observed, the greater the risk.**

***Take all signs seriously***

## WARNING SIGNS THAT INDICATE IMMEDIATE DANGER OR THREAT

- Warning signs noticed in a student who has previously taken actions to seriously injure themselves
- Someone threatening to hurt or kill themselves
- Someone looking for ways to kill themselves-seeking access to pills, weapons, or other means
- Someone who has stated a specific date or time they plan to act



# SCHOOL BASED INTERVENTION PROCESS

## INTERVENTION

- Any employee who reasonably believes that a student is at risk of suicide shall report such belief to the designated staff member and/or administrator **as soon as possible, but no later than the end of the school day**. This step is not considered complete until confirmation that the information has been received by designated staff or administrator.
  - If imminent danger exists (an attempt has been made or student has access to lethal means and a plan), activate protective response: CALL 911
  - If necessary, every attempt will be made to ensure that the student is under continuous adult supervision during this time.
- Upon notification, the designated staff member and/or administrator shall complete a Suicide Risk Assessment Level 1.
  - Designated school staff will make every attempt to inform the student's parent/guardian of the situation, unless doing so could result in further harm to the student. Emergency services will be contacted immediately if an imminent threat and/or a known attempt is made.
  - Screener interviews student using Suicide Risk Assessment form (see appendix).
  - Screener will work with student to complete Safety Plan (see appendix).
  - Screener contacts parents to inform and to obtain further information.
  - Screener determines need for level 2 suicide risk assessment based on level of concern. Screener consults with another trained screener or assessor prior to making a decision to not proceed to a Level 2 Suicide Risk Assessment.
  - Screener informs administrator of screening results.
- If a referral for a Suicide Risk Assessment Level 2 is determined, after a Level 1 is completed, staff will reach out to the Polk County Crisis Team for addition support.
  - School Administrator will notify District Suicide Prevention Coordinator of Level 2 Assessment need.
  - Level 2 requires parent permission, unless student is 14 or older.
  - If parent is unavailable or unwilling to consent and the risk of self-harm per screening is high, the school team calls crisis team or law enforcement.
  - Assessor interviews student, collects collateral information from other pertinent sources and makes risk determination.
  - Assessor determines need for immediate intervention. (e.g. in-home or out-of-home respite, hospitalization, etc.)
  - Assessor shares concerns and recommendations with school team and parent.

\*See following School-Based Suicide Prevention Process flowchart for additional information

# SCHOOL-BASED SUICIDE INTERVENTION PROCESS

Polk County Behavioral Health provides 24-hour, 7 days a week crisis response. The Crisis Team serves all individuals in Polk County, regardless of insurance or income.

(503) 623-9289

Weekdays 8:00am - 5:00pm  
(excluding holidays)

(503) 581-5535 or (800) 560-5535  
Outside of regular business hours

Suicide attempt, gesture, or ideation occurs and is recognized.

If an attempt has been made OR student has immediate access to deadly means and a plan - **CALL 911** before you do anything else.

If **NO** imminent danger, proceed with Level 1 Suicide Risk Assessment

Event is reported to designated suicide prevention staff or administrator with confirmation that information is received.

IF imminent danger **DOES** exist: initiate protective response (911)

## Level 1 Suicide Risk Assessment

(by trained School Staff or School-Based Mental Health staff)

- Screener interviews student using screening form (see appendix).
- Work with student to complete Safety Plan (see appendix).
- Screener contacts parents to inform and to obtain further information
- Screener determines need for Level 2 Suicide Risk Assessment based on level of concern.
- Screener consults with another trained screener or assessor prior to making a decision to not proceed to a Level 2 Suicide Risk Assessment.
- Screener informs administrator of screening results.

## Student Safety Plan

- School team (administrator and counselor) with parent and student initiates a support plan which may include:
  - school, family, community components
  - Monitoring, supervision
  - Coping skills
  - Referrals
  - Precautionary removal of lethal means from student's environment
  - Review

## Level 2 Suicide Risk Assessment

(Polk County Crisis Team)  
\*Admin notify District Staff\*

- Requires parent permission, unless student is 14 or older.
- If parent is unavailable or unwilling to consent and the risk of self-harm per screening is high, the school team calls crisis team or law enforcement.
- Assessor interviews student, collects collateral information from other pertinent sources and makes risk determination.
- Assessor determines need for immediate intervention (e.g. in-home or out-of-home respite, hospitalization, etc.).
- Assessor shares concerns and recommendations with school team and parent.



# SUICIDE POSTVENTION PROTOCOL

- 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 is very important. 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 which 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.

## 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).

## TO MEET OUR GOALS

- Do not glorify or romanticize the 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 your community

## FIRST STEP

In the event of a suicide death, the superintendent will contact the WESD Crisis Response Team directly or through the district’s Polk County School-Based Mental Health team lead. The crisis response team shall meet with district personnel and help to develop a postvention plan. The Superintendent will also confirm someone has notified Polk County Behavioral Health.



# SUICIDE POSTVENTION PROTOCOL

Postvention response generally includes, but is not limited to:

District/Building Administrators (with Crisis Response support if needed) will

- Verify the suicide attempt or completion 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 (see "risk identification strategies")
- Refresh faculty and staff on prevention protocols and be responsive to signs of risk
- Mobilize the Crisis Response Team

With building support, Crisis Response Team will set up a support room available to all impacted students as a safe space to process the event. This can last from 1-3 days, depending on the need.

Key points to emphasize to students, parents, and media:

- Help is available
- Prevention (warning signs, risk factors)
- Survivors are not responsible for the death
- Provide students with basic, honest information (the fact that the student passed away on this day, family is arranging memorial services, etc)
- Normalize anger and a wide range of complex emotional responses
- Stress alternatives

## CAUTIONS

- Avoid Romanticizing glorifying event or vilifying victim
- Do not provide excessive details or describe the event as courageous or rational
- Do not eulogize victim or conduct school based memorial services
- Address loss but avoid school disruption as best as possible



**Willamette**  
EDUCATION SERVICE DISTRICT

The Willamette Educational Service District has a detailed Crisis Response Manual available on their webpage for further supports as needed. It is recommended that a copy be available in every building.

<https://www.wesd.org/Page/177>

POSTVENTION



# SUICIDE POSTVENTION PROTOCOL

## RISK IDENTIFICATION STRATEGIES

- IDENTIFY students/staff that may have witnessed the suicide or its aftermath, have had a personal connection/relationship with the attempt survivor or the deceased, who have previously demonstrated suicidal behavior, have a history of familial suicide, or who have experienced a recent loss.
- MONITOR student absentees in the days following a suicide attempt or completion. Groups that may be at higher risk include those who have a history of being bullied, who are LGBTQ+, who are isolated from the larger community, and those who have weak levels of social/familial support.
- NOTIFY parents of highly affected students, provide recommendations for community based mental health services, hold evening meetings for parents, provide information on community based funeral services/memorials, and collaborate with media, law enforcement and community agencies.

## Recommended Resources

- After A Suicide: A Toolkit for Schools: [www.afsp.org](http://www.afsp.org)
- Suicide Prevention Resource Center: [www.sprc.org](http://www.sprc.org)
- American Foundation for Suicide Prevention: [www.afsp.org](http://www.afsp.org)
- Suicide Rapid Response: [SRR@linesforlife.org](mailto:SRR@linesforlife.org)
- Suicide and Crisis Lifeline: 988
- Safe Oregon-School Safety Threat Tip line: [www.Safeoregon.com](http://www.Safeoregon.com)
- Employee Assistance Program- Support for staff impacted

## Themes of Responsible Postvention

- Grief is normal
- Help is available
- Youth and young adults are resilient
- Healthy coping skills can be learned
- Suicide loss survivors are not responsible for the death
- Suicide is preventable

## Community Support

- School-Based: Polk County School-Based Mental Health Team, District Staff
- Community: YouthLine and Lines for Life
- County: Polk County Behavioral Health and Family and Community Outreach
- WESD Crisis Response Team



## REFERENCES

- Senate Bill 52 (Adi’s Act)
  - <https://www.wesd.org/cms/lib/OR01915639/Centricity/Domain/83/SB52.pdf>
- Central School District Suicide Prevention Policy
  - <https://app.eduportal.com/documents/view/763458>
- Willamette Educational Service District School-Based Suicide Resource Guide
  - <https://www.wesd.org/cms/lib/OR01915639/Centricity/Domain/83/WESD%20School%20Based%20Suicide%20Resource%20Guide%20.pdf>
- American Foundation for Suicide Prevention: Model School District Policy
  - <https://www.datocms-assets.com/12810/1576931010-13820afspmmodelschoolpolicybookletm1v3.pdf>

## RESOURCES

- National Suicide Prevention Hotline:
  - 988
  - [www.suicidepreventionlifeline.org](http://www.suicidepreventionlifeline.org)
- Oregon YouthLine:
  - [www.oregonyouthline.org](http://www.oregonyouthline.org)
- Willamette Education Service District:
  - [www.wesd.org/suicideprevention](http://www.wesd.org/suicideprevention)
- Mid-Valley Suicide Prevention Coalition:
  - [www.mvsuicideprevention.org](http://www.mvsuicideprevention.org)
- Suicide Prevention Resource Center
  - [www.sprc.org](http://www.sprc.org)
- American Foundation for Suicide Prevention
  - [www.afsp.org](http://www.afsp.org)
- Suicide Rapid Response
  - [SRR@linesforlife.org](mailto:SRR@linesforlife.org)
- QPR Institute:
  - <https://qprinstitute.com/>

## APPENDIX

Designated Staff	.....	A1
Suicide Screening Form	.....	A2
Student Support Plans	.....	A3-A5
Communication Samples	.....	A6- A7



2024-25

# DESIGNATED STAFF

\*Indicates an ASIST trained person

## Lyle Elementary (503) 623-8367

Building Principal ..... Reed Langdon\*  
School Based MH Staff ..... Tori Kelly\*  
Behavior Support/Intervention ..... Stephanie Hofferber\*

## Oakdale Elementary (503) 623-8316

Building Principal ..... Liz Postlewait  
School Based MH Staff ..... Ashley Lillienthal\*  
Behavior Support/Intervention ..... Amy Ebner

## Whitworth Elementary (503) 623-8351

Building Principal..... Darrick Bruns  
Behavior Support/Intervention..... Jena Elliott  
Behavior Support/Intervention..... Dempsey Weld  
Behavior Support/Intervention ..... Kelli Williams

## LaCreole Middle (503) 623-6662

Building Principal ..... Tyler Lalack  
Dean of Students ..... Samantha Arrant  
School Based MH Staff..... Chloe Tompkins\*  
School Counselor ..... Hillary Combs\*  
School Counselor ..... Tom Fox  
Behavior Support Team ..... Tom Shin  
Behavior Support Team ..... Tami White

## Dallas High (503) 623-8336

Building Principal ..... Tim Larson  
Assistant Principal ..... Shannon Ritter  
Dean of Students ..... Erika Wiebelhaus  
School Based MH Staff ..... Stacy Straight\*  
School Counselor..... Kayla Ferris  
School Counselor ..... Dennis Misner\*  
School Counselor ..... Kristi Woolner\*

## Morrison Campus (503) 623-8480

Building Principal ..... Todd Baughman  
School Based MH Staff ..... Stacy Straight\*

DESIGNATED STAFF

Date: \_\_\_\_\_

Time: \_\_\_\_\_

### 1. IDENTIFYING INFORMATION

Name: \_\_\_\_\_ ID: \_\_\_\_\_ School: \_\_\_\_\_ DOB: \_\_\_\_\_

Age: \_\_\_\_\_ IEP/504? \_\_\_\_\_ Medicine/Health information: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian #1 name/phone # (s): \_\_\_\_\_

Parent/Guardian #2 name/phone # (s): \_\_\_\_\_

Screener's name: \_\_\_\_\_ Position: \_\_\_\_\_ Contact Info: \_\_\_\_\_

### 2. REFERRAL INFORMATION

Who reported concern:

Self     Peer     Staff     Parent/Guardian     Other

When was concern disclosed: \_\_\_\_\_ Contact information (if applicable): \_\_\_\_\_

What information did this person share that raised concern about suicide risk? \_\_\_\_\_

### 3. WARNING SIGNS/RISK FACTORS

- |   |  |
|---|--|
| <input type="radio"/> Expressions of wanting to die, of being gone, or of death in any manner | <input type="radio"/> Recent personal or family loss or change (i.e., suicide, in their: death, divorce) |
| <input type="radio"/> Writing   | <input type="radio"/> Recent changes in appetite, behavior, sleep  |
| <input type="radio"/> Verbal  | <input type="radio"/> Family problems  |
| <input type="radio"/> Drawing   | <input type="radio"/> Giving away possessions  |
| <input type="radio"/> Social Media  | <input type="radio"/> Current/past trauma (domestic/relational/sexual abuse)                             |
| <input type="radio"/> Withdrawal from others  | <input type="radio"/> Crisis within the last 2 weeks   |
| <input type="radio"/> Preoccupation with death  | <input type="radio"/> Stresses from: gender ID, sexual orientation, ethnicity                            |
| <input type="radio"/> Feelings of hopelessness/self-hate                                      | <input type="radio"/> Engages in high risk behavior  |
| <input type="radio"/> Substance Abuse   | <input type="radio"/> Exposure and/or access to weapons, violent video games                             |
| <input type="radio"/> Current psychological/emotional pain                                    | <input type="radio"/> Unmet basic needs  |
| <input type="radio"/> Discipline problems   | <input type="radio"/> Mental Health concerns   |
| <input type="radio"/> Conflict with others (friends/family)                                   | <input type="radio"/> Self-Injury (see NSSI Assessment & Protocol)                                       |
| <input type="radio"/> Experiencing bullying or being a bully                                  | <input type="radio"/> Other signs: _____   |

### 4. COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS) – Fill out and attach separate screening form

LOW RISK

MEDIUM RISK

HIGH RISK

### 5. PROTECTIVE FACTORS

- |  |   |
|--|---|
| <input type="radio"/> Engaged in effective health and/or MH care | <input type="radio"/> Resiliency  |
| <input type="radio"/> Positive problem solving skills            | <input type="radio"/> High frustration tolerance                                |
| <input type="radio"/> Positive coping skills                     | <input type="radio"/> Emotional regulation                                      |
| <input type="radio"/> Restricted access to means to kill self    | <input type="radio"/> Cultural and/or religious beliefs that discourage suicide |
| <input type="radio"/> Stable living environment                  | <input type="radio"/> Does well in school                                       |
| <input type="radio"/> Willing to access support/help             | <input type="radio"/> Feels well connected to others (family, school, friends)  |
| <input type="radio"/> Positive self esteem                       | <input type="radio"/> Has responsibility for others                             |

# Safety Plan (Elementary Level)

Name: \_\_\_\_\_

Date of Plan: \_\_\_\_\_

**Warning signs that I am becoming unsafe:**

- 1.
- 2.
- 3.

**Things I can do to keep myself safe/calm down:**

- 1.
- 2.
- 3.

**An adult that I can talk to at home when I am not safe**

**An adult that I can talk to at school when I am not safe**

**What I like about my life**

- 1.
- 2.
- 3.

**Student Signature:** \_\_\_\_\_



# Willamette

EDUCATION SERVICE DISTRICT

## STUDENT COPING PLAN

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Date of Plan:** \_\_\_\_\_

**Warning signs that I am not safe:**

- 1.
- 2.
- 3.

**Things I can do to keep myself safe (in the case that I was thinking about suicide):**

- 1.
- 2.
- 3.

**An adult I can talk to at home when I feel it would be better if I were not alive:**

**An adult I can talk to at school when I feel it would be better if I were not alive:**

**My plan to reduce or stop use of alcohol/drugs:**

- 1.
- 2.
- 3.

**Identify reasons for living:**

- 1.
- 2.
- 3.

**I can call any of the numbers below for 24 Hour Crisis Support.**

**Suicide and Crisis Lifeline:** 988

**National Suicide Prevention Lifeline** 1-800-273-TALK [8255]

**Oregon Youthline** 1-877-968-8491 or text teen2teen to 839-863

**Marion County Crisis Line:** (503) 576-HOPE (4673)

**Polk County Crisis Line:** (503) 623-9289, 1-800-560-5535 (after hours)

**Yamhill Crisis Line:** 503-434-7462, 1-800-842-8200 (after hours)

**My follow-up appointment is:**

\_\_\_\_\_ with \_\_\_\_\_

StudentCopingPlan/WESD/12.9.19





# PARENT/GUARDIAN INFORMATION

## COMMUNICATION SAMPLE

We are concerned about the safety and welfare of your child. We have been made aware that your child has thoughts, and possible plans, to seriously injure themselves. All expressions of suicidal behavior are taken very seriously within the Dallas School District and we would like to support you and your student as much as possible during this time. To assure the safety of your child, we suggest the following:

- Your child needs to be supervised closely. Assure that your child does not have access to firearms or other lethal means (such as rope, weapons, knives, medications) at your house or at the home of neighbors, friends, or other family members. The local Police Department can speak to you about different ways of removing, storing, or disposing of firearms.
- Seek professional help for your child. When a child is at risk for suicide it is extremely important they be seen by a qualified mental health professional for an assessment. Someone from your child's school can assist you in finding resources or you can contact your insurance company directly.
- Your child will need support during this crisis. Your child may need reassurance that you love them and will get them the care they need. Experts recommend being sensitive to their needs by being patient and calm, conveying concern and showing love with no strings attached. Take all threats and gestures seriously. Encourage open communication by being nonjudgmental and conveying empathy, warmth, and respect.
- We may need to develop a re-entry plan with you before your child can return to school. A representative from the school may contact you to schedule a meeting with you, your child, and school staff members. This is to ensure your child's safety while at school.
- Here's some information on what to expect if you go to the Emergency Department for support during this time:
  - Parents: If you go to the Emergency Room in a Crisis (English)
    - <https://sharesystems.dhsoha.state.or.us/DHSForms/Served/le8282.pdf>
  - Como abogar por sus seres queridos durante una crisis (Español)
    - <https://sharesystems.dhsoha.state.or.us/DHSForms/Served/ls8282.pdf>

\*\*If you have an immediate concern for your child's safety, please call 911, go to the nearest hospital emergency room, or call one of the crisis lines listed below.

Counselors are available 24 hours a day and can advise you on the most appropriate action to keep your child safe. Polk County Crisis Lines:

- 988
- (503) 623-9289 Weekdays 8:00 am – 5:00 pm (excluding holidays)
- (503) 581-5535 or (800) 560-5535 – Outside of regular business hours



## TIPS FOR HOW TO RESPOND TO STUDENTS:

- It is important to normalize and validate feelings such as anger, sadness, shock, fear or confusion. It is certainly acceptable to show your own emotions to students.
- There will likely be a wide range of emotions. Normalize feeling sad, scared, worried, guilty or even angry. Respect that some students may not want to verbalize their feelings, some may want to mourn openly, and still others may not be significantly affected.
- When talking with students, use language that communicates the student *died by* suicide (NOT *committed* suicide or *successfully attempted*).
- To avoid contagion (copy cat) situations, give students the facts, but not attempt to explain details or why the student ended his/her life.
- Do not allow students to romanticize or view suicide as an acceptable means to deal with problems. Focus instead on helping students cope with their own grief. Remind students that there are positive coping strategies (talking to a trusted friend or adult, writing thoughts or feelings, exercise, rest) for life's difficulties and that there are resources for anyone contemplating suicide.
- One of the most precious gifts you can give a grieving youth is the gift of your presence.
- Mentioning something about the impact the student's life had on others and encouraging students to think of positive memories they had with the peer can be helpful.
- Do not feel you must give advice or suggestions. It is acceptable to say, "I don't know, or I don't know the answer, or "This is hard on us all".
- Do not attempt to impose your explanation on why this has happened.
- Do not attempt to reassure that everything is okay.
- Do not tell them you know how he/she feels (because you probably don't).
- Be willing to say nothing.
- Do not lecture or use well-intentioned clichés that minimize or take away from a student's need to mourn. For example , do not say things like "time heals all wounds".

\*\*Information obtained from WESD Crisis Response Protocol Handbook\*\*