

Procedural Manual for Suicide Prevention Crisis Response

Jackson County School District 6

The mission of the Central Point School District, in partnership with families and community, is to create a culture of belonging where personalized and authentic learning opportunities empower every student to thrive and contribute to our ever-changing society.

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Central Point School District 6 Crisis Response Team

¹Staff member is trained in suicide screening and intervention

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Introduction

The U.S. Surgeon General promotes the adoption of suicide prevention protocols by local school districts to protect school personnel, and to increase the safety of at-risk youth and entire school community. In 2019, the Oregon legislature passed Senate Bill 52, also known as "Adi's Act", which requires school districts to develop and implement a comprehensive student suicide prevention plan.

Purpose

This document recognizes and builds on the skills and resources inherent in school systems. Schools are exceptionally resilient and resourceful organizations, whose staff members may be called upon to deal with a crisis on any given day. Schools can be a source of support and stability for students and community members when a crisis occurs in their community.

Accordingly, this guide is intended to help school staff understand their role and to provide accessible and effective tools.

Central Point School District 6:

- Recognizes that physical and mental health impacts student learning and the learning environment. Physical and mental health and wellness are integral components of student outcomes, both educationally and post-graduation.
- Further recognizes that suicide is a leading cause of death among young people aged 10 - 24 in Oregon.
- Has an ethical responsibility to take a proactive approach in preventing suicide and educating our staff, students and parents on suicide prevention and intervention.
- Acknowledges the school's role in providing a culture and 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 the district website and will revisit and refine the plan as needed.

Definitions

At-Risk

Risk for suicide exists on a continuum with various levels of risk. Each level of risk requires a different level of response and intervention. A high-risk student may have thoughts about suicide, including access to means and a plan for their death. In addition, the student may exhibit behaviors or feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. A student who is defined as high-risk for suicide is one who has made a suicide attempt, has expressed the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset of potential mental health conditions or a deterioration of mental health. There are typically multiple warning signs and external factors contributing to a high-risk students' wish to die.

Crisis Team

The Central Point School District 6 School Crisis Response Team is a group of people who work in collaboration with school administrators to address crisis preparedness, intervention, response and postvention planning.

Mental Health

A state of mental health, emotional, and cognitive health that can impact perceptions, choices and actions affecting wellness and functioning. Mental health conditions include depression, anxiety disorders, post-traumatic stress disorder (PTSD), and substance use disorders. Mental health can be impacted by the home, school, social environment, early childhood adversity or trauma, physical health, and genes.

Parent

As used in this plan, the term parent means a parent of a student and includes a natural parent, a legal guardian, or an individual authorized in writing to act as a parent in the absence of a parent or a guardian.

Risk Assessment

An evaluation of a student who may be at-risk for suicide, conducted by the appropriate designated staff (an onsite person who has been trained in the Central Point School District 6 protocols and the C-SSRS). The Columbia-Suicide Severity Rating Scale (C-SSRS) is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.

Risk Factors for Suicide

Characteristics or conditions that increase the chance that a person may attempt to die by suicide. Suicide risk is most often the result of multiple risk factors converging at a moment in time. Risk factors may encompass bio-psycho-social factors in the individual, family, and environment. The likelihood of an attempt is highest when factors are present or escalating, when protective factors and healthy coping techniques have diminished, and when the individual has access to lethal means.

Self-Harm

Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Self-harm behaviors can be either non-suicidal or suicidal. Although non-suicidal self-injury (NSSI) lacks suicidal intent, youth who engage in any type of self-harm increase the long-term risk of a future suicide attempt or accidental suicide.

Suicide

Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

Suicide Attempt

A self-injurious behavior for which there is evidence that the person had at least some intent to die. A suicide attempt may result in death, injuries, or no injuries. A mixture of unresolved mindset, such as a wish to die and a desire to live, is a common experience with most suicide attempts. Therefore, unresolved mindset is not a reliable indicator of the seriousness or level of danger of a suicide attempt or the person's overall risk.

Suicidal Ideation

Thinking about, considering, or planning for self-injurious behavior that may result in death. A desire to be dead without a plan or the intent to end one's life is still considered suicidal ideation and will be taken seriously.

Suicide Contagion

The process by which suicidal behavior or a death by suicide influences an increase in the suicide risk of others. Identification, modeling, and guilt are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides within a community, this often happens when a suicide is glamorized by public attention and excessive memorialization. Contagion is often preventable when safest practice postvention steps are closely followed.

Postvention

Suicide postvention is a crisis intervention strategy designed to assist with the grief process following a death by suicide. This strategy, when used appropriately, reduces the risk of suicide contagion, provides the support needed to help survivors cope with a suicide death, addresses the social stigma associated with suicide, and disseminates factual information after the death of a member of the school community. Often a community or school's healthy postvention effort can act as prevention and save lives. All school postvention, no matter what the manner of death, should be treated the same.

Quick Facts - What Schools Need to Know

1. Take suicidal behavior seriously <u>every</u> time. Take IMMEDIATE action!
2. Know who is trained to conduct a suicide risk screener at your school. Contact the School Screener and a building administrator to inform them of the situation.
3. NO student expressing suicidal thoughts should be sent home alone or left alone during the screening process. Ensure that students are supervised by an adult at all times.
4. If there is a reason to believe a student has thoughts of suicide, do not send the student home to an empty house. Only release the student to a parent or trusted adult.

- School staff are frequently considered the first line of contact with potentially suicidal students.
- Most school personnel are neither qualified, nor expected, to provide the in-depth assessment or counseling necessary for treating a suicidal student. They are responsible for taking reasonable and prudent actions to help at-risk students, such as staying with the student and getting them to a trained screener or administration.
- All school personnel need to know that they are required to refer at-risk students to trained professionals; the burden of responsibility does not rest solely with the individual "on the scene."
- Research has shown that talking about suicide (whether in a training, classroom or 1 on 1), 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/legal 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.

Confidentiality

School employees are bound by the laws of The Family Education Rights and Privacy Act of 1974; commonly known as FERPA. FERPA generally precludes schools from disclosing student information without first obtaining consent, but there are exceptions, including health and safety emergencies and communication with district staff who have a legitimate educational interest. Further, there are situations when confidentiality must not be maintained, meaning that staff have a legal obligation to share information.

If at any time, a student has shared information that indicates the student is in imminent risk of harm/danger to self or others, that information must be shared immediately. The details regarding the student can be discussed with those who need to intervene to keep the student safe. This is in compliance with FERPA and HIPAA.

Groups at Increased Risk for Suicidal Behavior

Central Point School District 6 acknowledges the needs of these groups and plans to work actively to create and increase affinity groups and use restorative practices to better serve all students.

Youth Living with Mental and/or Substance Use Disorders

Mental health conditions, in particular depression/dysthymia, attention-deficit hyperactivity disorder, eating disorders, intermittent explosive disorder, and conduct disorder are important risk factors for suicidal behavior among young people. An estimated one in five children have a diagnosable mental condition that will cause severe impairment, with the average onset of depression and dysthymia occurring between ages 11 and 14 years; therefore, school staff may play a pivotal role in recognizing and referring the student to treatment that may reduce risk and enhance overall performance and improve long-term outcomes.

Youth Who Engage in Self-Harm or Have Attempted Suicide

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

Youth in Out-of-Home Settings

Youth involved in the juvenile justice or child welfare systems have a high prevalence of risk factors for suicide. As much as 60 to 70 percent of young people involved in the juvenile justice system meet criteria for at least one psychiatric disorder, and youth in juvenile justice residential programs are three times more likely to die by suicide than the general youth population. According to a study released in 2018, nearly a quarter of youth in

foster care had a diagnosis of major depression in the last year. Additionally, a quarter of foster care youth reported attempting suicide by the time they were 17.5 years old.

Youth Experiencing Homelessness

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

American Indian/Alaska Native (AI/AN) Youth

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

Black Youth

Among Black populations, suicide rates peak during adolescence and young adulthood, then decline. This is a different pattern than is seen in the overall U.S. population, where suicide rates peak in midlife. A particularly important risk factor associated with suicide behavior among Black youth is exposure to racism and trauma. Black youth who experience racism often feel alienated, rejected by society, ignored, marginalized, depressed, and anxious. The latest data from 2021 shows Black male youth rates increasing significantly.

Hispanic Youth

Suicide and suicide attempts are especially concerning among Latinx adolescent girls, who have the highest suicide rates among all adolescent groups nationwide. Statistics reveal that in the United States, 15.6% of Latinx adolescent girls have attempted suicide one or more times and 25% have thought about it. Risk factors include alienation - including disconnection from family or family origin, acculturative stress and family conflict, hopelessness and fatalism, discrimination, and racism.

Asian Youth

For Asian Americans and Pacific Islanders between the ages of 15 and 19, suicide was the leading cause of death in 2016, according to CDC data, accounting for 31.8 percent of all deaths. Asian youth may be susceptible to different risks than other racial/ethnic groups, such as ethnic and cultural socialization or orientation, poverty, education related stress, familialism, discrimination, and acculturation that can take root at a young age, affecting mental health outcomes.

LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning) Youth

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

Youth Bereaved by Suicide

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

Youth Living with Medical Conditions or Disabilities

A number of physical conditions are associated with an elevated risk for suicidal behavior. Some of these conditions include chronic pain, loss of mobility, disfigurement, cognitive delays that make problem-solving a challenge, and other chronic limitations.

Adolescents with asthma are more likely to report suicidal ideation and behavior than those without asthma. Additionally, studies show that suicide rates are significantly higher among people with certain types of disabilities, such as those with multiple sclerosis or spinal cord injuries.

Comprehensive Suicide Prevention Plan Components

Central Point School District 6 takes a strategic approach to preventing suicide. It includes specific components implemented in a particular sequence: prevention, intervention, and postvention.

Prevention efforts work best when they are connected to effective intervention and safe postvention efforts. This plan outlines Central Point School District 6's approach to these three areas and is dedicated to developing a suicide prevention program using an approach that considers cultural factors, such as the role of the family, level of acculturation, language acculturation, language preferences, and religious beliefs. This process includes staff and student awareness surrounding identity, human dignity, and connection.

Suicide Prevention Procedures

Central Point School District 6 District takes intentional steps to create a school culture that encourages positive coping skills by building protective factors while communicating about suicide in a safe and healthy way. Suicide prevention includes mental and physical wellness education, accessible resources, staff training, mental health awareness campaigns, restorative practices, and building a culture of belonging. The district has adopted the staff and student training programs set forth below.

Staff Training and Education

Program	Who	Duration/ Renewal
<u>QPR</u> Question, Persuade, Refer Gatekeeper Training for all student-facing staff members.	Recommended for all student-facing staff.	2 hours/ annual Gatekeeper Training
<u>Applied Suicide Intervention Skills ASIST</u> ASIST Training is for anyone who may come in to contact with a person with thoughts of suicide. This training teaches participants an effective process for asking about suicide and making plans to stay safe. This training also explore societal views of suicide, taboos around suicide, and each person's personal views on the topic.	Recommended for Trained Screeners & Anyone deemed appropriate by admin	2 full days, in person every 3 years
<u>Oregon CALM</u> Training on Counseling on Access to Lethal Means is relevant when intervening with students who are engaging in self-harm with or without suicidal intent.	Recommended for Trained Screeners & Anyone deemed appropriate by admin	1 full day, in person or remotely, as needed
<u>Connect Postvention</u> This training helps service providers respond in a coordinated and comprehensive way in the aftermath of a suicide or any sudden death. Participants learn best practices on how to coordinate a comprehensive and safe response to a suicide and strategies for reducing the risk of contagion.	Recommended for all admin, crisis team members, behavioral health team members, and anyone else who would help implement a postvention response.	1 full day, in person, as needed

Suicide prevention activities are best conducted in the context of other prevention efforts such as health and wellness curriculum, sexual violence prevention, drug awareness, unhoused youth, wraparound services, social-emotional learning, trauma-informed education, disability identification and services, and supports for underrepresented populations such as positive identity development and affinity groups. Prevention efforts are best characterized as being part of a multi-tiered system of support (MTSS) where universal practices across domains are employed, increasingly intensive training and supports are engaged as screening, and intervention outcomes are evaluated.

Only trained school staff members may act as School Screeners and perform Suicide Screening.

Student Training and Education

All students K-12 will receive direct instruction on social emotional learning/mental health and wellness promotion using restorative practices.

Level	Curriculum
Elementary	Character Strong
Middle School	Sources of Strength
High School	Sources of Strength and Suicide Awareness Voices in Education (SAVE) are used in Health classes

Parent Education

- Family Resources
- Mental Health Newsletters or info sessions

Culture & Climate Activities

- Mental Health Campaigns
- Sources of Strength
- Student Led Initiatives

Suicide Intervention Procedures

The risk of suicide is raised when any peer, teacher, caregiver, or school employee identifies someone as potentially suicidal because she/he/they has/have directly or indirectly expressed suicidal thoughts (ideation) or demonstrated other warning signs.

It is critical that any school employee who has knowledge of a suicide threat reports this information immediately and directly to a trained School Screener and school administrator so that the student of concern receives appropriate attention.

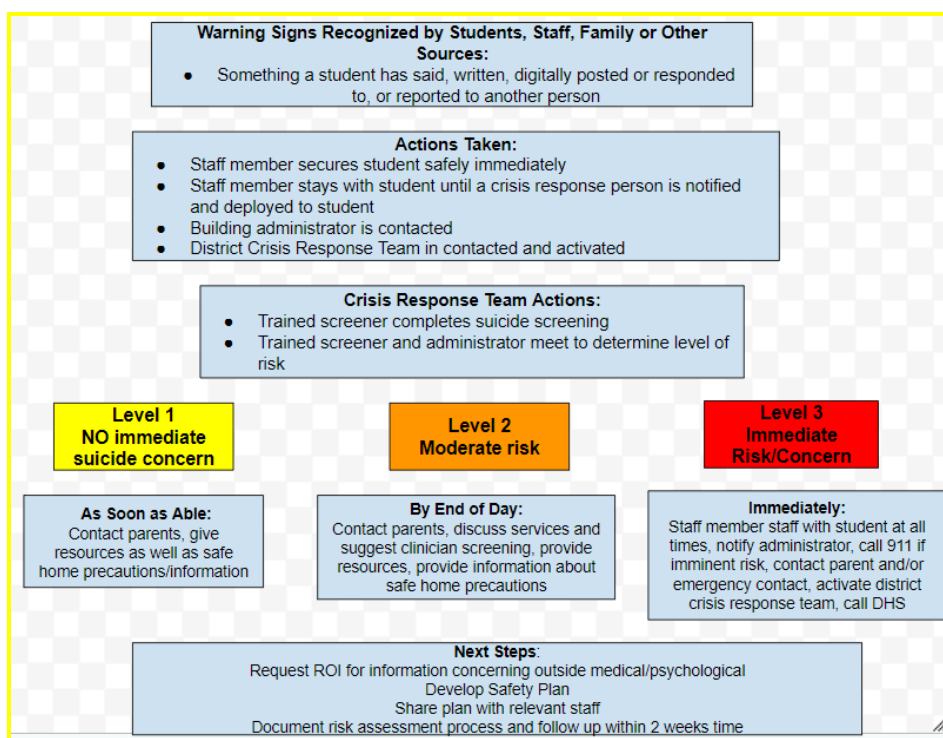
A suicide risk screening will need to be completed for every student expressing comments and/or thoughts of suicide. Every effort should be made to conduct a screening the same day staff members are made aware of the risk of suicide.

If imminent danger exists, contact the Jackson County Mental Health Crisis line at (541) 774-8201, or call 911 immediately. This is especially important if the student of concern is not in class or left the campus and a plan to suicide is discovered. All threats of self-harm must be taken seriously.

Central Point School District 6 Suicide Intervention Flow Chart

[Here is a link to a fillable Intervention Flow Chart.](#)

And an example chart:



Suicide Intervention Protocol

Composition of School Crisis Team

Each building will identify and train at least two staff to compose the District Crisis Response Team. It is suggested that each school consider including staff representing school counselors, administrators, and nurses. Factors to consider are: availability during the day, extent of student contact, knowledge of student body, level of comfort in crisis situations, access/familiarity in communicating with parents and community agencies.

Documentation

Documentation of all intervention steps and phone calls should be done throughout the process using the [Suicide Concern Toolkit](#)

In the case of imminent threat of suicide or an attempt CALL 911.

Complete forms after the crisis has been managed.

Staff Member Becomes Aware of a Student in Distress

Immediately activate emergency services by calling 911 if there is an attempt, the student has a weapon on campus, or an off-campus student is believed to be suicidal.

When a staff member becomes aware of student expressing suicidal thoughts, either from the student or other students, they will:

- ☐ Contact the school counselor or designated crisis response person.
- ☐ Stay with the student until the designated crisis response person arrives to help the student.
- ☐ If a student expresses thoughts of suicide, they will not be left alone at any point or be allowed to leave campus without a parent/guardian the designated crisis response person completes an assessment.
- ☐ DO NOT discuss the situation with anyone other than the designated crisis response person/admin in order to protect the student's confidentiality. If needed, escort the student to a private area until the designated crisis response person arrives.
- ☐ If the staff needs someone to cover a class, contact the main office to coordinate coverage.

Suicide Concern Assessment Procedure

1. Trained Screener conducts Student Interview using the Suicide Concern Toolkit when:
 - a. Student presents suicidal ideations with or without an imminent intent to act
 - b. Student presents suicidal ideations with no specific intent
 - c. Student denies suicidal ideation or intent
2. Contact parent/guardian to share information. Assure the parent that the student is safe.
 - a. Ask ASCA parent questions and document parent responses
 - b. Share with the parent the Student Safety Plan created between trained screener and student.
3. If student and/or parent responses suggest the presence of suicidal ideations with intent to act, recommend an elevated level of screening through Jackson County Mental Health Crisis Services (JCMH) at 541-774-8201. This is a 24-hour staffed crisis line available throughout Jackson County.
 - a. If a student is under 14, parent permission should be obtained. In the case of immediate risk the trained screener will make the effort to contact the parent as reasonably as possible.
 - i. If the parent refuses, the screener must contact DHS as a mandatory report regarding neglect/safety risk to the student. In this situation, parent refusal should be documented clearly on the screening form and an administrator should be immediately notified.
 - b. If student is 14+, parent consult is recommended, but permission is not required for JCMH consult
 - c. NOTE: In some circumstances, advance parent contact may not be advisable. For example if the student discloses safety concerns regarding the home environment and/or relationship with parent(s). In this circumstance, consult with the SRO or law enforcement contact.
4. Document all conversations and information using the Suicide Concern Toolkit. Meet with an administrator to review the document and have them sign the document.
5. Keep a confidential copy of this document in the school counseling office or scan and preserve digitally in a FERPA-compliant space.
6. Confidentially share the Student Safety Plan with staff who need to know this information regarding the student.

Actions Following the Determination of Suicide Concern

1. **If a determination is made that the student should visit the emergency room.** The screener will reach this determination through consultation with the JCMH Crisis team.
 - a. Contact the parent to arrange transport
 - i. When the parent arrives, the team member discusses the screening and makes recommendations for the next steps to be taken. The parent/guardian or an ambulance transports the student to the hospital for further assessment and care.
 - ii. If the parent/guardian does not have transportation, a school resource officer or law enforcement officer will be contacted to provide safe and secure transportation.
 - b. If the student presents as an elevated and immediate risk, a determination may be made by the SRO to transport the student to the hospital without parent consent.
 - c. Before the student is released or transported, establish a plan with the parent/and or student to communicate regarding the student's return to school including a student safety plan and a school safety plan. See [Appendix H](#) (D6 Safety Plans)
 - d. **NOTE:** A full assessment does not need to be completed every time a student mentions suicide, but every mention should be documented separately and stored confidentially.

2. **If the student is experiencing suicidal ideations without an intent to act: the student's parent/guardian is notified.**
 - a. Following parent notification and interview (see previous section):
 - i. Complete a Student Safety Plan with the student
 - ii. Provide resources to the parent [See Parent Handouts](#)
 - iii. Make a plan to follow-up with the student and parent to determine if additional support at school is needed.
3. **If there is concern, but the student denies suicidal ideation or intent, the student's parent/guardian is notified.**
 - a. Following parent notification and interview (see previous section):
 - i. Provide resources to the parent [See Parent Handouts](#)
 - ii. Make a plan to follow-up and meet with the student and parent to determine if additional support at school is needed.

Special Circumstances

1. **Parent/guardian & Emergency Contacts are Unreachable**
 - a. If the team member is unable to contact the parent/guardian, the named emergency contact will be called.
 - b. If the emergency contact is also unavailable, the team member will contact the school SRO or DHS and ask for assistance.
2. **Parent/guardian Refusal to Cooperate**
 - a. If the parent/guardian is uncooperative and does not agree with the urgency of the situation, they are informed that the school is required to contact DHS to ask for assistance. If the parent/guardian takes the student without the intent to get further assessment, the team member contacts DHS to make a report.
 - b. If the parent/guardian refuses to pick-up the student, or leaves the student at the school, the school SRO or DHS is contacted for assistance.

Parent Handouts

The following handouts may be given to parents when their child is screened for suicide.

- ☐ [Parent Information - Appendix C](#)
- ☐ [Things I Can Do to Feel Better - Appendix D](#)
- ☐ [Making Sure Your Home is Safe - Appendix E](#)
- ☐ [Community Resources - Appendix F](#)

Student Return to School Following Absence for Suicidal Behavior

Students who are experiencing suicidal behaviors are at an increased risk of future self-harm attempts. Effective handling of the re-entry process following suicidal behavior is an important part of suicide prevention. It is important for the student to be monitored by parents, mental health professionals and designated school professionals, which will establish an available support system. It is critical to connect the student, his or her parents/guardians, the mental health team working with the student, as well as the school counselor so that pertinent information flows, and a safety net is created for the student. This safety net may also include closest friends, coaches, faith-based leaders, and other important adults in the student's life.

The transition back to school after a suicide attempt and psychiatric hospitalization can be a difficult one, especially if the attempt was very public. The student's privacy going forward is critical and the student and his or her parents need to be an integral part of the decisions that are made in the reentry plan.

If a student has been admitted to the hospital (for any amount of time), schedule a re-entry meeting with the student and family prior to their in-person return to school.

Prior to Student's Return to School

1. Obtain releases of information (ROI) from the student and parent so the mental health provider, inpatient, or outpatient team can talk to the school counselor.
 - a. This will ensure that pertinent information is shared, and there is a smooth transition throughout the levels of care.
2. Meet with the student and his or her parents/guardians before the return to school, plan together what information they want shared and with whom.
 - a. Practice role-playing so that the student can try out different responses to different situations (peer-to-peer & staff-student) that may arise to help lower anxiety.
 - b. Ask how school staff can best support recovery.
 - c. Introduce and discuss possible 504 Plan accommodations
 - d. Refer to and update the student's safety plan as needed
 - e. Work out an agreement with the student to not share details of the attempt including the method, with other students to avoid the potential of increasing self-harm risks with other students, including by social media. Explain that peers talking to peers about the details of an attempt may give ideas to other students who are struggling with their own thoughts of suicide to make an attempt.
 - f. Do let the student know that it is an important part of the healing process to talk about the attempt with trusted adults and the student's therapist. Explain that talking about the attempt and what led to it in a safe environment can help the student avoid an attempt in the future.
 - g. Reassure the student and family that sharing information with school personnel will be done on a need to know basis.
 - i. Teachers who work directly with the student should be made aware of information pertinent to the student's experience at school so they can actively assist the student academically.
 - ii. Identify the staff that will need to know by name and role.
 - h. Reassure the student that staff will be available to help the student with any academic issues, and that it will be important for the student to reach out if they are feeling worried about their schoolwork.

Meeting with parents about their child prior to his/her return to school is integral to making decisions concerning needed support and the student's schedule.

Review [Supporting Parents with a Child in Suicidal Crisis Appendix B](#) and [Appendix H](#) (D6 Safety Plans)

School personnel can help returning students by directly involving them in planning for their return to school; this involvement helps the student to regain some sense of control.

Confidentiality

Confidentiality is extremely important in protecting the student and enabling school personnel to render assistance. Families are more likely to disclose information if they know the school has a helpful, nonthreatening manner of dealing with students who have attempted suicide. FERPA dictates that only staff members with a “legitimate educational interest” may be notified with limited confidential information regarding the student.

Student Absence

Assuming the student will be absent after a suicide attempt or serious threat and possibly hospitalized in a treatment facility, schools should follow these steps:

1. Update staff who have “a legitimate educational interest” and the Crisis Team about the situation.
2. Ask the parents/guardian to sign a written [Medical Release of Information Appendix I](#) so information can be shared between school personnel and treatment providers. This helps provide continuity of care to best assist the student.
3. Inform the student's teachers regarding the number of probable days of absence.
4. Instruct teachers to provide the student with assignments, if appropriate.
5. Determine if there are any other students that may have been directly affected by the suicidal behavior and need immediate attention.

Guidelines for Return

1. Prior to the student's return (or on the day of return), a meeting between a designated school staff person who is trusted by the student and parents/guardian should be scheduled to discuss possible arrangements for support services and to create an individualized re-entry plan.
 - a. Obtain a [Medical Release of Information Appendix I](#) from hospital and/or student's counselor/therapist if possible.
2. Seek recommendations for aftercare from the student's therapist.
3. The designated team member should:
 - a. Identify themselves to the student as their point person at school
 - b. Conduct meetings with a strengths-based and mental health lens
 - c. Emphasize that the goal of hospitalization is to strengthen and not to fix
 - d. Help the student through re-admission procedures, monitor the re-entry, and serve as a contact for other staff members who need to be alert to re-occurring warning signs.
 - i. Ask the student if he/she has special requests about what is said or done by school.
 - e. Serve as a link with the parent/guardian, and with the written permission of the parent/guardian, serve as the school liaison with any external medical or mental health service providers supporting the student.
4. Classroom teachers need to know whether the student is on a partial class schedule and/or accommodate their workload as needed. Teachers and staff should be updated on the student's progress in general. They do not need clinical information or a detailed history.
5. Discussion of the case among personnel directly involved in supporting the student should be specifically related to the student's treatment and support needs. Discussion of the student among other staff should be strictly on a need-to-know basis. That is, information directly related to what staff has to know in order to work with the student.

6. Discussion of any specific case in classroom settings should be avoided entirely since such discussion would constitute a violation of the student's right to confidentiality, and would serve no useful purpose to the student or his/her peers.
7. The school should maintain contact with the parents to provide progress reports and other appropriate information, and be kept informed of any changes in the aftercare plan.

* See [Appendix J](#) for scenarios that may arise upon re-entry.

Postvention Procedures

Postvention Procedures: After a Death Occurs

Postvention means any compassionate, healing, and effective “post-intervention” activities conducted after a death by suicide or sudden death. Postvention seeks to reduce the risk of imitations or “contagion”, supports the needs of those bereaved by a suicide or other sudden death within the school community, provides safe messaging to students, families, and the community, and supports the mental health of the entire school community. Appropriate postvention activities serve to enhance future prevention efforts and save lives.

Postvention includes procedures and practices addressing immediate, intermediate, and long-term response planning. Postvention also involves active crisis response strategies that strive to treat the loss in similar ways to that of other sudden deaths within the school community and to return the school environment to its normal routine as soon as possible while providing grief support. It includes addressing communication with staff, students, outside providers and families, identifying other potentially at-risk students, and other difficult issues such as memorialization. This includes having a system in place to work with the multitude of groups that may eventually be involved, such as students, staff, parents and legal guardians, community, media, law enforcement, etc. In Oregon, postvention is specifically defined under OAR 309-027-0200(8).

Goals & Precautions

Goals	Precautions
☐ Support the grieving process ☐ Prevent suicide contagion ☐ Reestablish healthy school climate ☐ Provide long-term support ☐ Integrate and strengthen protective factors ☐ Treat all deaths the same ☐ Provide resources for students, parents and staff	☐ Avoid romanticizing or glorifying event or vilifying victim ☐ Do not provide excessive details ☐ Do not eulogize victim or conduct school-based memorial services ☐ Do not release information in a large assembly or over the intercom ☐ Hold school-based memorials or gatherings outside of school hours

Immediate (Day 1 through week 1 and 2) Postvention Response

Postvention Response Procedures

- ☐ Principal or administrator is notified of suspected or known student death by suicide.
- ☐ Principal/Administrator notifies the Superintendent.
- ☐ Superintendent or designee confirms cause of death with Law Enforcement or County Postvention Response Lead
- ☐ Superintendent or designee notifies building administrator and/or District Crisis Response Team
- ☐ The Superintendent's Office or other district designee notifies SOESD Flight Team: Contact Kylee Harrison (541-776-8590; x3124 or 559-284-2829 cell)
- ☐ The Superintendent's office maintains contact with law enforcement and other administrators throughout the process.
- ☐ Crisis Team determines Point Person and enters it on the [Crisis Team Postvention Contact Information Form *Appendix K](#)
- ☐ Crisis Team reviews and utilizes [Crisis Team Tools](#)
- ☐ Principal or administrator communicates with the family to offer condolences and determines their wishes for communication about the death.
- ☐ The Superintendent's office prepares any media statements.
 - ☐ Supply the media with information on "signs and symptoms of depression" and sources of help in the community. Stress the importance of prevention and early intervention as the focus of their reporting. Educate the media on "contagion" factors and imitative behaviors. Encourage them not to glamorize or sensationalize suicide in any way. Refer to safe messaging.
- ☐ The Crisis Team determines how to inform parents, families, and the community.
 - ☐ Refer to [Postvention Packet Appendix P](#)
- ☐ The Principal/Administrator provides a script to the building secretary detailing what they can and cannot share with inquiring individuals [Postvention Packet Appendix P](#)
- ☐ The Principal/Administrator meets prior to announcing news to staff, prepares for possible substitutes and support staff.
- ☐ The Principal/Administrator meets with all substitute and support staff. They will also join staff meetings.
- ☐ Crisis Team delegates responsibilities. See [Crisis Team Responsibilities Chart Appendix L](#)
- ☐ Crisis Team determines outside resources that should be brought in. Notify SOESD Flight Team and La Clinica staff.
- ☐ Crisis Team develops a plan on how to inform faculty first and then students.
- ☐ Crisis Team completes the [Potential Intervention Need Worksheet *Appendix N](#)
- ☐ Principal prepares scripts and resources for all staff meetings by utilizing the Before School Staff Meeting protocol.
- ☐ The Principal/Administrator holds an all-staff or stand-up meeting as soon as possible/ before the school day begins and distributes scripts and other resources for teachers to use.
- ☐ Building staff, as directed by the administrator will notify students, and distribute any needed notifications or resource handouts. Teacher will identify students in immediate need and send them to the designated safe room for support. It is important for teachers to notice students who are struggling but may not be outwardly expressing the need for support. Offer the student access to a trusted adult

or the safe room. If there is concern about a student who asks to leave, she/he should be accompanied by another student or staff member.

- ☐ The Principal/Administrator holds an end-of-day meeting with faculty to debrief.
- ☐ The Crisis Team determines if additional substitute teachers are needed to provide release time for teachers throughout the days following the student death.
- ☐ The Crisis Team meets to debrief and determine follow up resources.
- ☐ The Crisis Team determines the most trauma-informed manner to remove student's personal effects and present them to the family.
- ☐ Secretary or designee marks the student as deceased in the student information system and removes the student from class attendance rosters and absence notification contact lists.
- ☐ Select a staff member to follow the student's schedule, answer questions and identify students who need additional support during the initial response. Although it is difficult, the student's desk should remain in place and empty for at least the first day.
- ☐ After the first week, rearrange classroom seating and remove the student's desk during non-school hours.

Crisis Team Tools

[Postvention Contact Information Form Appendix K](#)

[Rapid Assessment Guide Appendix M](#)

[Potential Intervention Needs Worksheet Appendix N](#)

[Safe Room Materials Appendix O](#)

[Postvention Packet Appendix P](#)

Disclosing Details of the Death

It is important and considered best practice in trauma response to gain permission from family/guardians to share the facts about a crisis, death or trauma. If the family is resistant to this, let them know that you only want to share facts because it is better that students/staff hear facts from supportive adults rather than rumors or inflated stories via social media or by student word-of-mouth.

What to Disclose		
Unconfirmed Cause of Death	Family Declines Sharing Cause	Rumors
• Do not disclose the cause of death before an official cause is determined. • In an ongoing investigation, check with local law enforcement before speaking with students who may need to be interviewed.	• Respect family wishes! • Trusted educated admin speaks with family about benefits of sharing mental health resources. • Use opportunity to give students info/resources: Grief, suicide, suicide prevention, help seeking, how to get help for a friend.	• Educate staff on danger in rumors. • Acknowledge to students that there are rumors (which are often inaccurate) and remind students that rumors can be deeply hurtful and unfair to the missing/deceased person/ their family, and their friends.
Follow Guidelines for Safe Messaging		

Safe Messaging

- ☐ One designated person handles all media interactions- Superintendent or administrator..
- ☐ Advise students to avoid interviews.
- ☐ Oversee school social media and use it as part of crisis response.
- ☐ Monitor social media and social networking sites.
- ☐ The spokesperson shall encourage media not to link bullying to suicide, and not to speculate about the reason for suicide and instead offer the community information on suicide risk factors, warning signs, and resources available.

Before School Staff Meeting

- ☐ Make sure all building personnel are invited, including: office staff, custodians, paraprofessionals, crossing guards, monitors, bus drivers, etc.
- ☐ Announcement of current facts (share the basic details – who, how, when, where.) Dispel rumors. Address the information being shared is what is currently known and will likely change over time. Additional details may be shared if necessary.
- ☐ Introduce crisis team members and discuss the team's role.
- ☐ Outline the day; share an overview of the plan.
- ☐ Explain and emphasize how the crisis is announced to students – a team can be available to help teachers process with their class, or to read the announcement to the class for the teacher.
- ☐ Letter to parents. This should be discussed among administration and approved by the Communication Designee.
- ☐ Substitute teachers will be available if needed.
- ☐ Where and how team members will be available, i.e. in the classroom, in the office, in the counseling center.
- ☐ Guidelines for sending students to crisis team members (hall passes, etc.)
- ☐ Provide ideas for dealing with students during crisis.
 - ☐ Staff will process with students i.e. take time for students to share and ask questions in a group after the announcement to the student body.
 - ☐ Use direct language i.e. dead, died, not passed away or went to sleep, etc.
 - ☐ Know if you feel able to answer questions that students might ask.
 - ☐ Younger children often can't grasp the finality of death but will need information—be honest, but not brutally honest.
 - ☐ Limit discussion of crisis. Do not discuss details of the death and respect confidentiality.
 - ☐ All feelings are OK. Expect a wide range of emotions.
 - ☐ Some students may honestly have no reaction.
 - ☐ Anger is often a way kids will express strong feelings. -inappropriate remarks, illness, jokes, and laughing can be ways of handling strong or scary feelings (especially males).
 - ☐ Some students may feel guilty about things they said, did or did not do to the person who died.
 - ☐ Some students will have a delayed reaction--the next day or later. Fear of losing a parent, relative, or dying themselves may develop.
 - ☐ Crisis events can trigger the surfacing of feelings around unresolved loss or trauma that is unrelated to the current crisis.
 - ☐ Students whose families are under stress may have an especially hard time.
 - ☐ Provide some form of activity students can use to express their feelings, i.e. artwork, cards or letters for the family.
- ☐ Support for Staff
 - ☐ Reiterate messages about feelings from the previous discussion, i.e. triggering of their emotions about their own losses, difficulties or guilt.
 - ☐ Subs will be available if needed.
 - ☐ Let us know after the meeting or throughout the day if you're needing extra support.

- ☐ Maintain a normal routine as closely as possible.
- ☐ Interfacing with the Media
 - ☐ Refer media to the District 6 Superintendent's Office
 - ☐ Staff should be directed to not talk to the media and to avoid posting details of the event on any social media.
 - ☐ Media personnel are not allowed on school campuses.
 - ☐ Discourage students from talking to the media.
- ☐ Arrange to meet with staff directly involved.
- ☐ Announce plans for after school staff meeting.

After School Staff Meeting

(This should be run by Administrators with Crisis Team present)

- ☐ Review day's events and any new information.
- ☐ Process and validate staff's feelings about the crisis.
- ☐ Discuss student's reactions.
- ☐ Ask staff to identify students they have concerns about – provide characteristics of high-risk students. Members of the crisis team must write down names of students and determine how they will follow up with these students the next day.
- ☐ Discuss funeral arrangements, if known
 - ☐ When and where.
 - ☐ Time out of the building for staff who wish to attend.
 - ☐ Procedures for students – they should be accompanied by an adult, preferably a family member.
 - ☐ Discuss staff concerns regarding support for the family.
- ☐ Future plans – crisis team's role.
- ☐ Encourage staff to acknowledge and address their own emotional needs this evening and in the days ahead. Some staff may need a designated check-in person on campus for additional support.
- ☐ Provide Employee Assistance Program (EAP) information for staff. ***NEA has a Mental Health Program. The first year is free to members and is part of their NEA Membership. To access the program, members need to go to www.neamb.com/connect. Click on the Benefits and Discounts button on the top blue line and then under discounts, click Mental Health and Wellness. It will take you to a page with the program as well as other resources.***
- ☐ **Acknowledge the staff's efforts and thank them. Tell others that you appreciate them.**

Mid-Term Postvention Response (Week 2 through end of school year)

Avoid Suicide Contagion

- Actively triage particular risk factors for contagion, including emotional proximity (e.g., siblings, friends, or teammates), physical proximity (witness, neighbor) and pre-existing mental health issues or trauma.
- Explain in an all-staff meeting that one purpose of trying to identify and provide services to other high-risk students is to prevent another death.
 - ◆ In the staff meeting, the Team should review suicide warning signs and procedures for referring students who present with increased risk.
- The Crisis Team works with teachers to identify students who are most likely to be significantly affected by the death, or who exhibit behavioral changes indicating increased risk.

* For those school personnel who are concerned that talking about suicide may contribute to contagion, it has been clearly demonstrated through research that talking about mental health and suicide in a nonjudgmental, open way that encourages dialogue and help-seeking does not elevate risk.

Develop Memorial Plans

Memorializing a student who has died by suicide can be a difficult process. Staff, students, and the family of the deceased may have different ideas of what is appropriate, inappropriate, or useful. It is important to be prepared to respond to and channel the need of people to grieve into activities that will not raise the suicide risk of vulnerable students or escalate the emotional crisis.

The person designated as the liaison with the family needs to consult the family and be prepared to explain the **school district's memorialization policy** to the family while respecting their wishes as well as the grieving traditions associated with their culture and religion.

Memorial Guidelines

- Avoid planned on-campus physical memorials (e.g. photos, flowers, locker displays), funeral services, tributes, or flying the flag at half-staff, because it may inadvertently sensationalize the death and encourage suicide contagion among vulnerable students.
- Spontaneous memorials may occur from students expressing their grief. Cards, letters, and pictures may be given to the student's family after being reviewed by the school administration.
 - If items indicate that additional students may be at increased risk for suicide and/or in need of additional mental health support (e.g. writing about a wish to die or other risk behavior), outreach shall be made to those students to help determine level of risk and appropriate response.
 - The school shall also leave a notice for when the memorial will be removed and given to the student's family.
- Online memorial pages shall use safe messaging, include resources to obtain information and support, be monitored by an adult, and be time limited.
- School shall not be canceled for the funeral or for reasons related to the death.
- Any school-based memorials (e.g., small gatherings) shall include a focus on how to prevent future suicides and prevention resources available.

Consider Ongoing Supports

The Crisis Team will continue to monitor students' reaction to the crisis and plan for ongoing interventions and supports. These may include:

- Grief or mental health support groups
- Academic interventions and accommodations
- Universal screening and safety planning
- Pause all Suicide Prevention training and/or lessons for at least 6 to 9 months
- Targeted supports for identified and/or at-risk students

Long-Term (Year 1 and beyond) Suicide Postvention Response

Preparing for Significant Dates and Events

The anniversary of the death (and other significant dates, such as the deceased's birthday) may stir up emotions and can be an upsetting time for some students and staff. It is helpful to anticipate this and provide an opportunity to acknowledge the date, with those students who were especially close to the student who died. These students may also need additional support since mourning can be a long-term process, and an anniversary of a loss can trigger the grief and trauma they experienced at the time of the death. Anniversaries are a good time to increase discussion of mental health support resources and mental health awareness activities.

Consider Ongoing Supports

The Crisis Team will continue to monitor students' reaction to the crisis and plan for ongoing interventions and supports. These may include:

- Grief or mental health support groups
- Academic interventions and accommodations
- Universal screening and safety planning
- Targeted supports for identified and/or at-risk students
- Additional & Ongoing Training & Education
- Frequent mental health and suicide prevention communication

Building Specific Adi's Act Suicide Prevention Information

[Link to Building Info for Adi's Act pdf.](#)

Each building in the district can fill out this form with their specific suicide prevention efforts. These can be attached to the district plan and made available with the district plan in the appropriate building.

Acknowledgements

This plan was developed through consultation with Lucina Michaud from the Southern Oregon Educational Services District. District 6 licensed school counselors Jennifer Canfield and JP Newman collaborated with Ryan Munn, Director of Student Services to craft and refine this document.

Appendix A: Language for Student Handbook & Parent Handbook

Central Point School/District 6 is committed to creating a community of connection, understanding, and trust by assessing and addressing the needs of all students. Student success is gained through their knowledge and understanding of physical, behavioral, and emotional well-being. Suicide is preventable and anyone can help prevent a death by suicide. Research indicates that asking about suicide does not increase its risk, but in fact may decrease anxiety allowing open conversation with anyone contemplating suicide. Students can talk to any trusted adult in their building to receive support or to ensure that a fellow student gets support. This can be done anonymously. All warning signs or requests for help will be taken seriously. Go to our website to see our *Adi's Act Plan*.

Appendix B: Supporting Parents with a Child in a Suicidal Crisis

Family Support is Critical

When an adolescent experiences a suicidal crisis, the whole family is in crisis. If at all possible, it is important to reach out to the family for two very important reasons:

First, the family may very well be left without professional support or guidance in what is often a Crisis Team of acute personal shock or distress. Many people do not seek help – they don't know where to turn.

Second, informed parents are probably the most valuable prevention resource available to the suicidal adolescent.

Remember, a prior attempt is the strongest predictor of suicide. The goal of extending support to the parents is to help them to a place where they can intervene appropriately to prevent this young person from attempting suicide again. Education and information are vitally important to family members and close friends who find themselves in a position to observe the at-risk individual.

Common Parental Reactions to Hearing that Their Child is Suicidal

- Acute personal shock and distress
- Totally paralyzed by anxiety
- Very confused, puzzled, or in denial
- Embarrassed
- Blamed, stigmatized
- Angry, belligerent, threatening

Concerns of the Helper/Professional

- Safety of the youth
- Professional responsibilities
- Gaining cooperation from parent(s)
- Concerns of the Parent
- Maintain some equilibrium
- What to do; where to turn for help
- The safety of the youth

Parents May Need Support to:

- Overcome their emotional reactions
- Accept the seriousness of the situation
- Recognize their key role in helping their child
- Recognize the importance of finding (professional) help
- Understand the importance of removing firearms from their environment
- Identify personal coping mechanism and support systems
- Understand their limits

- Establish some hope

How crisis team member can be Helpful:

- “Just be there” (through the immediate crisis)
- Reflective listening – acknowledge the impact, the fear, the anger...
- Avoid judging, blaming
- Provide information and referrals
- Emphasize safety; strongly recommend removing lethal means from the home and provide information on how to do that
- Support any and all acceptance of responsibility and efforts to help
- Model limit setting and self-care

Things You Can Ask or Say – Once the Immediate Crisis has Passed:

- “How can I help?” or “How are you coping?”
- “Who can you talk to? How are you in touch with these people? Would it help if I called them for you?” (sometimes just picking up the phone is more than they can do for themselves.)
- “I can appreciate how this has turned your world upside down. It is great that you have been willing to get help. None of us can do this alone.”
- “How have we (professionals) been helpful? What has not been helpful? What could we do better?”

Appendix C: Parent Information

Things You Can Do to Support Your Child Having Thoughts of Suicide

★ If you see signs that your child's mental health is under threat, tune in.

- Maybe your child is just having a bad day. When signs of mental health troubles last for weeks, though, don't assume it's just a passing mood.
- Your goal should be to remain calm, alert and ready to speak with your teen. Don't wait for them to come to you. You might start by saying, "You seem sad. I'm open to talking about this, because I love you and I care what happens to you."

★ Listen—even when your child is not talking.

- Don't be surprised if your teen turns away when you first raise the subject of mental health or suicide. Keep in mind that, even if your child is silent at first, actions may speak even more loudly than words.
- Watch for major changes in your child's sleep patterns, appetite and social activities. Self-isolation, especially for kids who usually enjoy hanging out with friends or participating in activities, can signal serious difficulties.
- If your child is struggling more than usual with schoolwork, chores and other responsibilities, these are additional signs you shouldn't ignore.

★ Realize that your child might be facing suicide risks you haven't considered yet.

- Many parents wonder: Could my child really be at risk for suicide? Unfortunately, the answer is yes. Young people of all races, ethnicities, gender identities, sexual orientations, income levels and community backgrounds die by suicide every year. In fact, suicide is the second leading cause of death among young people 10 to 24 years old.
- **Here are some suicide risk factors to be aware of:**
 - Loss of a loved one to death, divorce, deployment, deportation or incarceration
 - Bullying (in person, online)
 - Discrimination, rejection or hostility due to gender identity or sexual orientation Racism, discrimination and related inequities and stressors
 - Stigma (the belief that it's wrong or shameful to talk about mental health or suicide)
 - Witnessing or suffering violence or domestic abuse
 - Financial instability that causes worry and insecurity
 - Suicide in their school or friend group
 - Major life-changing events, such as a breakup with a dating partner, a change in social connections, academic disappointment or a major health issue
 - Self-harming behavior

★ Do not dismiss what you're seeing as "teenage drama."

- Never assume your child is exaggerating or playing games if they say or write:
 - "I want to die."
 - "I don't care anymore."
 - "Nothing matters."
 - "I wonder how many people would come to my funeral?"
 - "Sometimes I wish I could just go to sleep and never wake up."
 - "Everyone would be better off without me."
 - "You won't have to worry about me much longer."
- Many adolescents who attempt suicide will tell their parents ahead of time (though others do not). These words indicate an urgent need for help.
- Don't risk being wrong about this. Take every statement about suicide seriously.

★ Respond with empathy and understanding.

- When your child talks or writes about suicide, you may feel shocked, hurt or angry. You may even want to deny what you're seeing or argue with your child. These feelings are natural and valid. But it's essential to focus on your child's needs first and foremost.
- Your goal is to create a safe space where your teen can trust you to listen and express concern, but without judgment or blame.

Do not react this way...

- "That's a ridiculous thing to say."
- "You have a great life – why would you end it?"
- "You don't mean that."
- "I can't believe what I'm hearing!"

Instead, manage your own feelings and respond with empathy...

- "I'm sorry you are feeling this way—can you share a bit more?"
- "It sounds like you're in tremendous pain and you can't see a way out."
- "Maybe you're wondering how life got this complicated and difficult."
- "Right now, you're not sure of the answers to the problems you're facing."
- "You must really, really be hurting inside to consider ending your life."

★ Get help right away.

- Risk for suicidal behavior is complex and not straightforward. Certainly, if you are concerned about depression, self-harm or vague references to suicide thoughts, seek care from your primary care provider as soon as possible. You can consider reaching out to a school therapist, local mental health provider or even a national suicide hotline for guidance.
- If you have any concern that your teen is at more immediate risk for attempting suicide, take them to the emergency department of your local hospital or call 911. Fast action is crucial when things have reached a crisis point.
- Health care providers can help you and your teen create a safety plan that covers:
 - Warning signs or triggers your teen feels will lead to suicidal thoughts
 - Possible steps to help them cope when they feel triggered
 - Sources of support: family, friends, teachers, mentors and others
 - Emergency contacts and steps to take if things get worse

★ Remove or secure guns you have at home. Do the same with other lethal means.

- Suicide attempts are often impulsive, and a moment of crisis can escalate very quickly. Making sure your teen cannot lay hands on lethal means at the wrong time is critical.
- **Firearms**
 - Half of youth suicides occur with firearms—and suicide attempts with firearms are almost always fatal. Teens and adolescents almost always use a gun found in their house.
 - By far, the safest option is to remove all guns and ammunition from your home while your teen is struggling with thoughts of suicide.
 - Many families turn guns over to relatives (as long as your child does not go to that relative's house), other trusted individuals, law enforcement or gun shops to help safeguard their teen during a vulnerable time.
 - Safe home storage is the second-best option.
 - Locking and unloading all guns, with ammunition stored and locked in a separate space, does reduce the risk of tragedy. But it only helps if your teen doesn't know the combination to the lock or where the key is hidden.
 - Disassembling guns and storing the components separately and locked is another option.
- **Medications & other risks**
 - Of course, guns are not the only means of suicide your child might seek out. Prescription medications and over-the-counter drugs can pose hazards during a suicidal crisis.
 - Keep medications locked away and, whenever possible, reduce the volume of medications on hand. Also consider buying over-the-counter medications in blister packs instead of bottles. This can help slow down access to pills.
- **Hanging/suffocation** is another leading way adolescents die by suicide. Though it is challenging to completely eliminate this possibility, secure any ropes, belts, cords or plastic bags so teens do not have access.
- **Other potentially lethal tools and substances you should consider locking away include:**
 - Alcohol
 - Illicit drugs
 - Household cleaners and other poisonous products
 - Canned dusting products
 - Inhalants
 - Antifreeze
 - Knives, razors, or other weapons
- The work of removing or locking up these objects and substances may seem daunting. But remember that your child's safety is at stake.

★ **As your child enters treatment, focus on creating hope.**

- Your child's care team will likely recommend a combination of steps to reduce mental health symptoms and thoughts of suicide. Medications, talk therapy and stress-reducing techniques such as yoga, meditation or journaling may be part of the plan.
- Provide realistic reassurance for your child along the way. Remind them (and yourself) that difficult times don't last forever. People do feel better when they receive effective treatment and support.

- If your child expresses feelings of stigma or shame, you can remind them that 1 in 5 people have mental health symptoms at some point in their lives. Mental health is part of total health—and seeking help is a sign of self-respect and maturity.

★ **Encourage them to see family and friends, and keep an eye on social media.**

- Your child may feel reluctant to spend time with other people. However, you can explain that social support, when they are ready, may help them feel better.
- Although more quiet time might be needed at first, gentle encouragement to hang out with family, friends and neighbors will be helpful. Avoid power struggles around specific events or invitations, since your goal is to respect your child's needs and minimize stress.
- Social media may be the primary way some adolescents engage with their friends. It can be a point of connection and support, but at the same time, social media can be a source of bullying and triggers. Encourage an open dialogue around social media use and ask how your adolescent feels after using social media.

★ **Encourage sleep and exercise.**

- Sleep changes can be warning signs before suicidal thoughts. In addition, sleep is important for baseline mental health. Encourage healthy sleep habits.
- Physical activity eases mental health symptoms and supports your child's wellness plan. Whether it's getting outside to take a daily walk, a gym workout, an online exercise class or something else, exercise will:
 - Elevate your teen's mood by stimulating the production of endorphins (natural substances in the brain and body that help balance out stress and manage pain).
 - Support higher levels of serotonin, another brain-body substance that leads to positive moods and restful sleep.
- Offer to go with them on a walk, a bike ride, or to the gym. Experts recommend 60 minutes of physical activity per day for adolescents. Easing back into any form of exercise is fine. What matters most is that your teen enjoys this activity and feels motivated to do it regularly.

★ **Encourage balance, moderation and self-care.**

- Teens in crisis need to go easy on themselves. This means adopting a realistic pace and avoiding experiences that could prove overwhelming.
- Reassure your teen that self-care is never a sign of weakness. Everything we do in life is affected by our health. So, giving ourselves time to heal is essential.
- Big tasks can be divided into smaller, more manageable ones, and gradually, as your child's confidence and strength grows, they'll feel ready to take on more.

★ **Remind each other that this will take time.**

- You and your child will benefit from knowing that progress will come at its own pace. Setbacks may happen—they're part of the healing process, too.
- Encourage your child to be patient and self-forgiving. They've been through a lot, but with the right care and support, you will both see improvement.

Remember

- ★ If your child is considering suicide, call or text 988 or chat on 988lifeline.org right away. The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones.
- ★ Ask your teen's care team for other resources you should know about. The National Alliance on Mental Illness and the American Foundation for Suicide Prevention have great information.
- ★ Parents of LGBTQ2S+ children can visit the Trevor Project website for focused resources.
- ★ Parents and teens facing racial stress can benefit from these strategies and tools offered by the American Psychological Association.

*The information in this handout is from Healthy Children.org

<https://www.healthychildren.org/English/health-issues/conditions/emotional-problems/Pages/ten-things-parents-can-do-to-prevent-suicide.aspx>

Appendix D: Things I Can Do To Feel Better

What can I do to feel better?

- ★ Get involved in activities that you can start and finish in one day.
 - ★ Eat healthy foods and get physical exercise.
 - ★ Talk openly with a friend or person you trust about your feelings.
 - ★ Spend time doing things you enjoy, even if it is hard.
 - ★ Support a friend – this is remarkably healing.
 - ★ Listen to music you think is positive.
 - ★ Other Ideas: _____
-

When do I need to get additional help?

- ★ If you continue to have trouble functioning normally, weeks or months after the events.
 - ★ When you have a friend who has these reactions and is not getting better.
 - ★ When you have thoughts of harming or killing yourself or someone else.
 - ★ If you are feeling overwhelmed or out of control.
 - ★ When you are not taking care of yourself.
 - ★ Other signs that I need to get help: _____
-

Where can I get help?

- ★ Parent, Friend (who is not overwhelmed), or Relative: _____
- ★ Others (list the names): _____
- ★ School Counselor or nurse: _____
- ★ Pastor or another adult you trust: _____
- ★ Counseling Services: _____
- ★ Jackson County Mental Health Crisis Line: 541-774-8201
- ★ National Suicide Prevention Lifeline: 988
- ★ Trevor Project for LGBTQIA+ youth: <https://www.thetrevorproject.org/>
- ★ YouthLine - talk or chat with peers
 - <https://www.theyouthline.org>
 - Call 877-968-8491 or Text teen2teen to 839863

Appendix E: Making Sure Your Home is Safe

[Link to handout pdf](#)

Appendix F: Community Resources

ASCD Guidelines for Administrators, School Counselors, and Teachers

[Guiding students and families through grief](#)

Coalition to Support Grieving Students

<https://grievingstudents.org/module-section/talking-with-children/>

<https://grievingstudents.org/module-section/what-not-to-say/>

<https://grievingstudents.org/module-section/providing-support-over-time/>

<https://grievingstudents.org/module-section/peer-support/>

Jackson County/Rogue Valley Resources

Jackson County Health and Human Services- (541) 774-8200

La Clinica School Based Health Centers- Call your school's main office to be connected

WellSprings- <https://thelearningwell.org> (541) 494-4796

KAIROS- <https://www.kairosnw.org/jackson-services> (541) 956-4943

Options of Southern Oregon- <https://www.optionsonline.org/> (541) 476-2373

Local Hospitals

Asante (541) 789-7000

Providence (541) 732-5000

Appendix G: Suicide Concern Toolkit

The Suicide Concern Toolkit is designed to be used as an intact document that is referenced when a student presents as a risk of self-harm, regardless of whether or not there is lethal intent. Copies of the toolkit should be readily available in every school counselor office in the District.

Whenever possible, only trained staff should conduct suicide concern screenings.



Suicide Concern Toolkit

The documents in this packet are intended to guide, assist, and support suicide-related. It is recommended that screeners keep this packet intact, regardless of how many of the tools are utilized for each intervention. On this page, check which tools were used. Store this packet, along with copies of any additional interventions in a secure storage in the school counseling office or scan and preserve digitally in a FERPA-compliant space. Do not include in student cumulative file.

Date	Student	School

☐ **Suicide Information Conversation Guide**

This should be performed by the designated trained screener (usually a school counselor). Use this form to gather information about a student who may be experiencing suicidal ideations. The suicide informational questionnaire is a guide for having a conversation with a student, not an interview. The priority is to connect with the student and the student's immediate concerns and needs. Always consult with a knowledgeable colleague when making decisions about how to best support a student.

☐ **Secondary SRA Intervention Flow Chart**

This will guide you through recommended levels of intervention based on the immediacy of student responses

☐ **Columbia Suicide Severity Rating Scale (C-SSRS)**

The C-SSRS is used to determine the severity of a student's suicidal ideations. Ask the blue questions word for word—do not rephrase or summarize. Reference the SRA Intervention Flow Chart for guidance on how to proceed based on student responses.

☐ **Student Safety Plan & School Support Plan**

Complete a *Student Safety Plan* for any student who engaged in, or at risk of, lethal or non-lethal self-harm. Reference the SRA Intervention Flow Chart for guidance on when to implement. Note: students do not *need* to sign the Safety Plan for it to be implemented. If necessary, complete a *School Support Plan* and share with necessary staff.

SRA Intervention Flow Chart

Step 1: Initial Student Interview

Based on student responses, the screener continues to have elevated concerns of possible suicide or self-harm

NO

1. Document conversation with student and make parent contact, sharing resources as needed
2. Make a plan to follow up with the student in the coming days and weeks

YES

1. Proceed to Step 2

Step 2: Complete Full Columbia Suicide Severity Rating Scale

Does the student answer YES to questions 4, 5, or 6?

NO

1. Complete a Safety Plan with the student
2. Make parent contact to inform of concern & advise support
3. Make a plan to follow up with the student in the coming days and weeks

YES

1. Make efforts to contact parents and gather additional information from the "Parent/Guardian Conversation" in the Suicide Information Conversation Guide.
2. Proceed to Step 3

Step 3: Immediate Expanded Intervention

Complete while keeping the student in your immediate presence

Student has indicated a high risk of suicidal behavior, indicating a need for outside resources.

The screener has determined that the student's risk is elevated beyond the level that the screener can confidently manage

Note: if the student is under age 14, parent permission is required before JCMH consultation. If parent/guardian is unavailable, document and proceed to JCMH Consultation.

1. CONTACT JCMH
 - a. Screener contacts the Mental Health Crisis line at Jackson County Mental Health (541-774-8201).
 - b. A JCMH screener will take the call. Share school observations and the results of the CSSR Scale. JCMH will determine whether to conduct further screening over the phone or send the mobile crisis response team to your site. Consider further consultation with the parent/guardian and other crisis team members during this time.
2. DETERMINE NEXT STEPS
 - a. Consult with JCMH, parent/guardian, administrator/designee, and school resource officer (Cam Cunningham 541-621-3442 or Mike Jones 541-621-0170) to determine the need for further intervention.
 - i. Options include immediate transport to the emergency room, release to a parent, or other as determined
 - ii. Note: if a parent cannot be contacted, the school SRO or another police officer must be contacted for transport.
3. PLAN FOR FOLLOW-UP SUPPORT
 - a. STUDENT SAFETY PLAN - Complete with the student before release, if possible.
 - b. RETURN TO SCHOOL SUPPORT PLAN - Arrange for follow-up meeting upon student's return to school to detail supports, accommodations, and safety measures to implement while the student is at school.

Suicide Information Conversation Guide

(Adapted from Salem-Keizer Public Schools)

Suicide Questionnaire

The suicide informational questionnaire is a guide for having a conversation with a student, not an interview. The priority is to connect with the student and the student's immediate concerns and needs. Always consult with a knowledgeable colleague when making decisions about how best to support a student; if at all possible, avoid working in isolation. Involve supportive family members who are available in the household to help ensure safety.

MOST IMPORTANT IS TO DIRECTLY ASK THE STUDENT ABOUT SUICIDE, ACCESS TO MEANS, AND SAFETY AND SUPPORT PLANNING BETWEEN THE STUDENT AND PEOPLE IN THE STUDENT'S LIFE. If that is the only information that emerges from the conversation, that is enough to start.

Information to be Collected:

School and district staff should use an existing information system or school platform that complies with school district confidentiality standards, if possible, to collect information, including:

- Student name and ID number, grade level, gender and race/ethnicity
- Why the student was referred
- Risk and protective factors

Student Suicide Conversation:

- Ask questions through open-ended inquiry to any student who may be a threat to self.
- Do not ask the student to read and complete the questions alone. Have a conversation with the student about any incident of self-harm or perceived threat of suicidal ideation. The intent is to connect with the student, as opposed to merely having the student answer questions.
- Connect with the student, assure them they did not do anything wrong and describe the identified concern. Consider this example: *"Ms. Smith shared your English paper with me where you wrote that you think about dying every day. I really appreciate how you shared what you are feeling. These are hard things to talk about. Thank you for telling us. I just need to ask you a few more questions."*
- Explain your obligation and responsibility to learn about the student's concerns and situations that may be dangerous for students and/or staff.
- Explain confidentiality and the limits of confidentiality in developmentally appropriate terms with the student.
- If the student expresses concerns, reassure them they are NOT in trouble nor are they burdening you.
- Although students can provide crucial information regarding intent, if they are unwilling or deny intent, consider gathering information from other sources, including parents/guardians.

Concepts to Emphasize:

1. All people have emotional highs and lows. Problem-solving is possible, one issue at a time. (Do not minimize student feelings.)
2. People care about you, and you are not a burden.
3. There is hope for the future.
4. You are not alone.

Student Conversation

Document the student's description of the problem (i.e., school, home, friends, recent withdrawal, depression, etc.)	Notes
- Are there people or things stressing you, harming you (bullying, harassment, family issues, a sense of loss or failure, pregnancy, gang issues, schoolwork) or that are threats to you? - Have you experienced any recent changes, such as difficulty sleeping, changes in your appetite, withdrawing from your friends or family, or a lack of interest in your preferred activities?	
Have you been thinking about dying by suicide?	Notes
- Have you ever had thoughts about wishing you were dead or could go to sleep and not wake up? - Do you wish you weren't alive anymore? - Have you had thoughts about killing yourself in the past few weeks?	
If yes, how do you envision dying? Do you have any intention to carry out your plan?	Notes
- Have you decided how or when you would kill yourself? Have you planned out how you would do it? <u>If yes, when? What is your plan?</u> - Do you have access to any of the things in your plan?	
What makes you happy? What are you looking forward to in the future?	Notes
- What is going well? - Are there supportive people at home? - How about your teachers? - Are you in touch with your friends? - What do you like to do in your free time? - What activities, organizations, community, religion, etc., are you involved in?	
Who are people you feel comfortable reaching out to if you are having a hard time? [Collect names and phone numbers, if possible.]	Notes
- Which adults do you know who you can trust and talk to and are available? What are their names and phone numbers? - Are there other people in your life, such as friends, siblings or relatives who are supportive and/or helpful distractions? How do you contact them? (Do not collect minors' names and phone numbers.)	

Parent/Guardian Conversation

When there is concern about suicide risk, informing a parent/guardian is an integral part of the process. Parents/guardians are key partners in supporting students who are experiencing suicidal ideation, providing crucial information and connecting the student to outside resources. Every effort should be made to partner with the parents/guardians regarding their student.

Nonnegotiable:

Call parents/guardians and/or child protective services if applicable. Do not minimize the situation.

AVOID ASSESSING OR QUANTIFYING LEVEL OF RISK WITH PARENTS/GUARDIANS, PARTICULARLY THE URGE TO COMFORT OR ASSURE PARENTS/GUARDIANS THE STUDENT IS LOW-RISK. Focus on the facts and behavior unique to the situation, avoiding assumptions. Ensure the conversation is in the parents'/guardians' primary language if possible.

Other considerations:

- Students may be concerned about their parents/guardians hearing of this ideation for a variety of reasons. (Parents/guardians may have a negative experience with formalized mental health interventions. Parents/guardians may treat the student differently after hearing of this information. Parents/guardians may not know the student's gender identity, etc.)
- For older students concerned about their parents/guardians being notified, it is essential to give students as much control as possible in how that conversation is to happen.
Example: "What would be helpful for me to know about your parents/guardians before I talk with them? Do you want to be on the call when I talk with them so you can hear what I say? Do you want to lead the conversation? Who do you consider the most supportive adult in your household?"
- The parents/guardians may feel overwhelmed by this information and/or may not be interested in talking about formalized services at this time. If they do not appear to be taking the concern seriously, make a note to reach out to them again soon. It is important the family understands your school district's protocol (if applicable) if a student expresses suicidality and if/when the district is required to notify child protective services.
- To be culturally responsive, it is essential to understand and incorporate relevant cultural factors while avoiding stereotypes. Be open-minded and engaging.
- Establish rapport before launching into questions, including mentioning a couple of facts about the student that indicate you know the student beyond this incident.
- Depending on the conversation, it might be more effective to have an initial and/or follow-up conversation in person.
- Emphasize to parents/guardians that peer reports should be considered reputable sources. Discuss with parents/guardians that peer reports may contain information that a student is unlikely to report to an adult because students often confide in peers rather than adults regarding personal or sensitive information.

Summarize the student conversation with the parents/guardians.	Notes
Is this surprising to you, or have you had some similar concerns? Please explain.	
Has your child ever mentioned thoughts of suicide or dying? If so, when and how often? Is there a history of self-harm or suicide?	Notes
- Have you noticed any experiences, expressions of feelings or behaviors that occur specifically when the student starts thinking/talking about suicide? - How do you feel your child is doing? Have you had concerns about your child's mental health?	
Have you noticed any changes in behavior, sleep patterns, engagement or stress levels? Any major life changes or stressful events?	Notes
- Some people experience sleeplessness or irritation when they are feeling emotional distress or suicidality. Some people feel disconnected or hopeless. Some have trouble getting out of bed or getting dressed. Have you noticed any warning signs in this regard? - How has the past year been for your family and your student? Sometimes even small life changes can affect one's ability to cope.	
Talk through access to lethal means and safety proofing the home.	Notes

Suicide Informational Questionnaire

Step 1: Student Conversation

THE MOST IMPORTANT INFORMATION TO GATHER IS DIRECTLY ASKING THE STUDENT ABOUT SUICIDE, ACCESS TO MEANS, AND SAFETY AND SUPPORT PLANNING WITH THE STUDENT AND PEOPLE IN THE STUDENT'S LIFE. If that is the only information that emerges from the conversation, that is enough to start. Focus on building a positive relationship that promotes hope and encouragement.

Full name _____ Student ID number _____

Grade level _____ Race/ethnicity _____ Gender _____

Is there prior suicide conversation on file ☐ Yes ☐ No

Please describe the problem (e.g., school, home, friends, depression, changes to daily functioning)

Have you been thinking about by dying by suicide? ☐ Yes ☐ No ☐ Unsure

Have you had thoughts about suicide in the past 24 hours, few weeks and/or month? (discuss)

If yes, how do you envision dying? Do you have any intention to carry out your plan? (discuss)

Do you have access to firearms? Other lethal means? (discuss) _ _ _____

What risk factors are evident as a result of the conversation? (check all that apply)

☐ Bullying

☐ Previous suicide attempt

☐ Harassment

☐ Family history of suicide

☐ Family issues

☐ Drug or alcohol use

☐ Relationship issues

☐ New medication or medication change

☐ Recent loss or failure

☐ Other _____

What makes you happy? What are you looking forward to in the future? (discuss)

Who are people you feel comfortable reaching out to if you are having a hard time? (discuss)

For Interviewer (not part of interview):

- Based on this initial conversation, do you need to take immediate action to keep this student safe (i.e., imminent risk, major risk factors, access to lethal means, etc.)?

- Ensure there is a plan to seek secondary screening (i.e., clinical mental health support, youth counseling services, hospitalization, etc.).

- Additional information to be noted:

Step 2: Parent/Guardian Conversation

When there is a concern about suicidality, informing a parent/guardian is an essential part of the process. (If a student expresses that the suicidal ideation is a result of abuse or neglect, consult with your team, including your administrator, to make a decision about how to proceed.)

Parent/guardian (Full name of individual contacted) _____

Phone number _____ Email _____

Summarize the student conversation with parent/guardian. Note their responses. Share other sources of information including peer reports, teacher reports/observations, etc.

Has your child ever mentioned thoughts of suicide or dying? If so, when and how often? Is there a history of self-harm? (discuss)

Is there any history of death by suicide of a family member or friend? If so, explain.

What concerns about drugs and alcohol do you have, if any?

Have you noticed any changes in behavior, sleep patterns, engagement or stress levels? Any major life changes or stressful events?

Discuss safety proofing the home and access to lethal means (firearms, medications, etc.). Some schools/districts will have a required statement to read regarding access to firearms (insert required statements regarding firearms, if applicable).

What are the student's positive activities, interests, relationships, reasons for living (sports, faith, clubs, recreation, pets, family, friends)? (discuss)

What other concerns do you have that we have not yet addressed?

Step 3: Student Support Plan

This is an opportunity to synthesize the information collected thus far. Creating a plan for how to respond when notified of suicidal ideation is a way for school counselors, in collaboration with other school-based mental health staff and school administrators, to support students experiencing suicidal ideation.

- Student-identified strengths and protective factors (hobbies, skills, passions, trusted peers and adults in school/community) (note)

- Student-identified risk factors and warning signs ☐ Yes ☐ No ☐ Other
- Contacted parent/guardian with date/time
- Add Appendix: Possible Support Checklist (if applicable to your school/district). (check all that apply)
 - ☐ Give the student and parent/guardian crisis resources to add in the student's phone
 - ☐ Encourage the student to talk to trusted adult
 - ☐ Provide the student with a pass to see school counselor, school psychologist, school social worker as needed and/or visit breakroom/wellness room as needed
 - ☐ Provide student and family with hard copy and email of community resources
 - ☐ Review crisis and community resources
 - ☐ Encourage student to work with trusted adult to develop a sleep, nutrition and/or exercise routine
 - ☐ Identify designated safe places for potential break times
 - ☐ Alert school staff on a need-to-know basis regarding safety and supervision
 - ☐ Assist student and family in identifying and further developing activities, relationships or experiences of value that increase protective factors
 - ☐ Discuss safety proofing home and all environments that student frequents to secure/remove all lethal means of suicide
 - ☐ Contact emergency or crisis services as needed
 - ☐ Other _____

Step 4: Final Checklist

- Considerations: (check all that apply)
 - ☐ Notified and involved administration
 - ☐ Contacted parents/guardians (nonnegotiable) unless the suicidal ideation appears to be a direct result of abuse/neglect (e.g., incest), at which time you call child protective services
 - ☐ Provided resources to family
 - ☐ Time-stamped and dated communication with parents/guardians
- Administrator notified (name/time/date) _____
- Applicable supporting documents (suicide note, concerned emails, peer or teacher referrals, etc.) _____

The person completing this document cannot guarantee any outcome, and the purpose is to provide information for parents/guardians to act on behalf of their child.

Columbia-Suicide Severity Rating Scale

Format Revised 11/22

Instructions

1. Review this with the student within the context of the last month.
2. Read the **bold underlined** questions word for word as you complete this document with the student. Do not shorten them or substitute language. Be objective and direct--asking clarifying questions as needed. **Yellow = Low Risk Orange = Moderate Risk Red = High risk**

Step 1: Ask questions 1 & 2			
		YES	NO
1	Wish to be Dead <i>Person endorses thoughts about a wish to be dead or not alive anymore, or wishes to fall asleep and not wake up.</i> <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2	Suicidal Thoughts <i>General <u>non-specific</u> thoughts of wanting to end one's life/die by suicide. "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent or plan.</i> <u>Have you actually had any thoughts of killing yourself?</u>		
Step 2: If the person answers "YES" to question 2, ask questions 3,4,5,6. If the person answers "NO" to question 2, go directly to question 6			
3	Suicidal Thoughts with method (without specific plan or intent to act) <i>Person endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different from a specific plan with a time, place or method of details worked out. "I thought about taking an overdose, but I never made a specific plan as to when or how I would actually do it...and I would never go through with it."</i> <u>Have you been thinking about how you might do this?</u>		
4	Suicidal Intent (without specific plan) <i>Active suicidal thoughts of killing oneself and person reports having some <u>intent to act on such thoughts</u>, as opposed to "I have thoughts, but I definitely will not do anything about them."</i> <u>Have you had these thoughts and had some intention of acting on them?</u>		
5	Suicidal Intent with Specific Plan <i>Thoughts of killing oneself with details of a plan fully or partially worked out and person has some intent to carry it out.</i> <u>Have you started to work out, or worked out, the details of how to kill yourself?</u> <u>Do you intend to carry out this plan?</u>		
6	Suicidal Behavior Question <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> <i>Examples: collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind--or it was grabbed from your hand, went to the roof, but didn't jump, took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.</i> <u>If yes, was this within the past three months?</u>		



Return to School Support Plan

Central Point School District 6

Date	Student Name	School / Grade

Additional School- Based Supports	Yes	No	Additional Information
Schedule Changes	☐	☐	
Safety Restrictions	☐	☐	
Check in/Check out	☐	☐	With:
Scheduled breaks during school day ☐ (Pass provided)	☐	☐	Time(s): Location:
Alternative passing period	☐	☐	
Request assignment accommodations	☐	☐	Duration:
Discuss 504 plan with accommodations	☐	☐	In evaluation:
Referral to outside counseling	☐	☐	
Referral to drug, alcohol or vape support/counseling	☐	☐	La Clinica

Information Sharing	
What to say to teachers	What to say to peers

Duration of plan/review of supports/accommodations

Staff Members Provided Copies		Date
Name	Position	

Student Signature	Date
Parent/Guardian Signature	Date
Staff Signature	Date
Administrator Signature	Date

Student Safety Plan

Central Point School District 6



Date	Student Name	School

My Reasons for Staying Safe
People, pets, situations, future accomplishments, etc. that make me want to stay safe and keep living.

My Warning Signs
How do you know that you are in crisis? Thoughts, Feelings, Behaviors?

My Coping Strategies
What can you do to take care of yourself, and take your mind off problems?
At School
At Home

My Resources	
Who can you turn to when you need extra support?	
Trusted Adult at School	
Trusted Adult Outside of School	
Family Members	
School Counselor	

Suicide Crisis Line Staffed 24 hours a day, 365 days a year	Call or Text 988
Oregon Youth Crisis Line Talk to trained teen volunteers: 4-10pm daily	(877) 968-8491

Available School-Based Supports	
Who can you turn to when you need extra support?	
Break/Quiet Space Pass – Present to a teacher when you need a break	☐ Requested ☐ Not Needed at this time
Designated Safe Space – Determine a safe space on campus	☐ Requested ☐ Not Needed at this time

My Commitment to Keep Myself Safe
In order to keep myself safe, I agree to the following guidelines
If I am on campus: • If I am feeling unsafe to myself, I agree not to leave campus, but instead to reach out to a trusted adult • I agree to tell a teacher, school counselor, administrator, or La Clinica staff member that I need help • I will use my coping strategies • I understand that if I am feeling unsafe to myself, my parent/guardian may be contacted in order to help me stay safe If I am at home: • If I am feeling unsafe to myself, I will tell a parent/guardian or trusted adult that I need help • I will use my coping strategies and resources, including calling for help if I need it

By signing below, I am making a commitment to keep myself safe. I understand that the other adults signing below are also committed to helping me stay safe.

Student Signature	Date
Staff Signature	Date
Parent/Guardian Signature	Date

Appendix H: Student Safety Plan

Student Safety Plan

Central Point School District 6



Date	Student Name	School

My Reasons for Staying Safe
People, pets, situations, future accomplishments, etc. that make me want to stay safe and keep living.

My Warning Signs
How do you know that you are in crisis? Thoughts, Feelings, Behaviors?

My Coping Strategies
What can you do to take care of yourself, and take your mind off problems?
At School
At Home

My Resources	
Who can you turn to when you need extra support?	
Trusted Adult at School	
Trusted Adult Outside of School	
Family Members	
School Counselor	

Suicide Crisis Line Staffed 24 hours a day, 365 days a year	Call or Text 988
Oregon Youth Crisis Line Talk to trained teen volunteers: 4-10pm daily	(877) 968-8491

Available School-Based Supports	
Who can you turn to when you need extra support?	
Break/Quiet Space Pass – Present to a teacher when you need a break	☐ Requested ☐ Not Needed at this time
Designated Safe Space – Determine a safe space on campus	☐ Requested ☐ Not Needed at this time

My Commitment to Keep Myself Safe
In order to keep myself safe, I agree to the following guidelines
If I am on campus: • If I am feeling unsafe to myself, I agree not to leave campus, but instead to reach out to a trusted adult • I agree to tell a teacher, school counselor, administrator, or La Clinica staff member that I need help • I will use my coping strategies • I understand that if I am feeling unsafe to myself, my parent/guardian may be contacted in order to help me stay safe If I am at home: • If I am feeling unsafe to myself, I will tell a parent/guardian or trusted adult that I need help • I will use my coping strategies and resources, including calling for help if I need it

By signing below, I am making a commitment to keep myself safe. I understand that the other adults signing below are also committed to helping me stay safe.

Student Signature	Date
Staff Signature	Date
Parent/Guardian Signature	Date

Appendix I: Plan for Student Return to School following Elevated Screening

When a student has been referred for an elevated level of suicide risk screening, a support plan should be implemented prior to the student's return to school. Efforts should be made to include parents/guardians in this process¹, but this meeting must occur before the student returns to in-person learning.

Return to school that includes:

- Meeting with the student and the parent²
- School safety support plan
- ROI if student is admitted or evaluated at JCMH/Hospital
- "Is there anything you would like your teachers to know about why you've been absent?"
/Strategy for level of information sharing with teachers and school staff
- Plan for future follow-up/school counselor support

¹If/when a parent is unable to attend, school staff should conduct the meeting with the student.

²For students under the age of 14, if a parent refuses consent to meet, document the conversation and alert the building administrator. An administrator can determine whether or not the student can return to school with or without the re-entry meeting and safety support plan with the crisis team and family.

Appendix I: ROI- Medical Release Form

Authorization to Use and/or Disclose Educational and Protected Health Information

1. I authorize the following provider(s) to use and/or disclose educational and/or protected health information regarding my child.

(Student/Child's Name)

(Date of Birth)

(Other names Used by Student/Child)

(School or Program name)

Name and address of health care provider authorized to:

Name and address of school/EI/ECSE program authorized to:

- ☐ Send/discard protected health information
☐ Receive/use educational information

- ☐ Send/discard educational information
☐ Receive/use protected health information

2. I understand that this information will be used for the following purposes (check all that apply):

- | | |
|--|---|
| ☐ Determining eligibility for Special Education, EI/ECSE, or other services | ☐ Developing an appropriate Individualized Education Program or Individualized Family Service Plan |
| ☐ Determining student/child's current levels of performance | ☐ Other (specify): |
| ☐ Developing an individualized health plan | |

3. By marking the boxes below, I authorize the use/disclosure of the following specific medical and/or educational records:

- | | | |
|--|--|--|
| ☐ Physician's Eligibility Statement | ☐ Educational Information | ☐ Psychological evaluations |
| ☐ Health Assessment Statement | ☐ IFSP/IEP document | ☐ Social work reports |
| ☐ History and physical exam | ☐ Clinic records | ☐ Other: |
| ☐ Entire medical record | ☐ Communicable disease(s) | |
| ☐ Prenatal information | ☐ Progress notes | |

4. By **initialing** the spaces below, I authorize the use/disclosure of the following information. Specific records requested **must** be listed below, e.g., assessment, treatment plan, discharge plan.

_____ Drug/alcohol diagnosis, treatment or referral information requested: _____
 _____ HIV/AIDS related records requested: _____
 _____ Mental health related information requested: _____
 _____ Genetic testing information requested: _____

5. I understand that:

- This authorization is voluntary and I may refuse to sign it without affecting my child's health care.
- I have the right to request a copy of this form after I sign it as well as inspect or copy any information to be used and/or disclosed under this authorization (if allowed by state and federal law. See 45 CFR § 164.524).
- I may revoke this authorization at any time by notifying _____ in writing. However, it will not affect any actions taken before the revocation was received or actions taken based on the previously shared information.
- Federal privacy rules for protected health information apply only to health plans, health care clearinghouses or health care providers. If I authorize disclosure of medical information to other agencies or individuals the disclosed information may no longer be protected by federal privacy regulations.
- Federal privacy rules for education information apply only to schools and EI/ECSE programs. If I authorize disclosure of educational information to other agencies or individuals the disclosed information may no longer be protected by federal privacy regulations.

6. I consent to the use/disclosure of the above information. I understand that the use of this information for any reasons other than the expressed reasons stated above is prohibited. This consent is subject to revocation at any time, except to the extent that action has been taken based on information that has already been disclosed.

(Signature of Parent, Legal Guardian, Student/Child)

(Date)

(Relationship)

This authorization expires on _____ (Month/Day/Year) (not to exceed one year from date of signature above).

Appendix J: Re-entry Scenarios that May Arise

Following are some of the issues that might arise upon re-entry to school, as well as options for resolving the specific issue.

1. **Issue**: Transition from the hospital setting

Options:

- Visit the student in the hospital or home to begin the re-entry process with permission from the parent/guardian.
- Consult with the student to discuss what support he/she feels that he/she needs to make a more successful transition. Seek information about what the student would like communicated to friends and peers about what happened.
- Request permission to attend the treatment planning meetings and the hospital discharge conference.
- Arrange for the student to work on some school assignments while in the hospital.
- Include the therapist/counselor in the school re-entry planning meeting.

2. **Issue**: Family concerns (denial, guilt, lack of support, social embarrassment, anxiety, etc.)

Options:

- Schedule a family conference with designated school personnel or home-school coordinator to address their concerns.
- Include parents in the re-entry planning meeting.
- Encourage the family to an outside community agency for

family counseling services.

3. **Issue**: Social and Peer Relations (if appropriate)

Options:

- Schedule a meeting with friends prior to re-entry to discuss their feelings regarding their friend, how to relate and when to be concerned.
- Be sensitive to the need for confidentiality and how to restrict gossip.

4. **Issue**: Academic concerns upon return to school

Options:

- Ask the student about his/her academic concerns and discuss potential options.
- Arrange tutoring from peers or teachers.
- Modify the schedule and adjust the course load to relieve stress.
- Allow make-up work to be adjusted and extended without penalty.

- Monitor the student's progress.

5. Issue : Medication

Options :

- Alert the school nurse to obtain information regarding prescribed medication and possible side effects.
- Notify teachers if significant side effects are anticipated.
- Follow the policy of having the school nurse or trained personnel monitor and dispense all medication taken by the student at school.

6. Issue : Behavior and attendance problems

Options:

- Meet with teachers to help them anticipate appropriate limits and consequences of behavior.
- Discuss concerns and options with the student.
- Consult with the discipline administrator.
- Request daily attendance report from attendance office.
- Make home visits or regularly schedule parent conferences to review attendance and discipline records.
- Arrange for counseling for the student.
- Place the student on a sign in/out attendance sheet to be signed by the classroom teachers and returned to the attendance office at the end of the school day.

7. Issue : On-going support*

Options:

- Assign a school liaison to meet regularly with the student at established times. Talk to the student about his/her natural contact at school – try to assign the person who already has a relationship with the student.
- Maintain contact with the therapist and parents.
- Ask the student to check in with the school counselor daily/weekly.
- Utilize established support systems, support groups, friends, clubs and organizations.
- Schedule follow-up sessions with the school counselor.
- Provide information to families on available community resources when school is not in session.

*In the event that a student loses a family member to suicide, school personnel should understand that suicide evokes a special, complicated grief and most of the on-going support considerations mentioned in #7 would also apply.

Appendix K: Postvention Contact Information

Jackson County Postvention Response Lead		
Kylee Harrison	kylee_harrison@soesd.k12.or.us	Phone (541-776-8590; x3124 or 559-284-2829 cell)
Crisis Team Members		
Crisis Team Point Person	Name	Phone
Team Member Names	Name	Phone
	Name	Phone
	Name	Phone
	Name	Phone
	Name	Phone
	Name	Phone
Central Point School District Office		
Name	Title	phone
Elementary K-5		
Name	Title	phone
Name	Title	phone
Middle School 6-8		
Name	Title	phone
Name	Title	phone
High School 9-12		
Name	Title	phone
Name	Title	phone

Name	Title	phone
Community Resources		
County Mental Health	24 hour Crisis Line	phone

Appendix L: Crisis Team Responsibilities Chart

Name(s)	Responsibility
	Identifies potentially at-risk students and staff, e.g., those knowledgeable about or connected to the deceased.
	Creates scripts for teachers to use from provided templates. Provides script and response to frontline staff (building secretaries, etc.)
	Gathers Safe Room supplies (water, snacks, paper, markers, cards, etc)
	Determines who will follow up with students that utilize the safe rooms.
	Gathers input on concerns from teachers and staff.
	Monitors social media
	Determines staff member to follow student's schedule for first week
	Determines a wellness coordinator to ensure staff and crisis team members have food and breaks.

Appendix M: Rapid Assessment Guide

Crisis Team will fill out Rapid Assessment Guide

Date: _____

Team Member Completing Form: _____

Incident:

1. How many people, and who, can we expect to be impacted? _____

2. How much disruption, and what kind, should be anticipated? _____

3. What additional information is required and how might it be obtained? _____

4. What resources are required for the initial response? Is this an incident our Team can handle in house? If not, how much outside support (SCESD Crisis Team/Local Pastors, other) will be required?

5. How critical/traumatic is this incident?

Traumatic Event Scale of Response : _____

Level 1: Situation confined to an individual or small group.

Level 2: Class or grade level affected.

Level 3: Multiple grade levels and potentially the entire building impacted.

Level 4: Multiple buildings and a sizable portion of the district impacted.

Level 5: Catastrophic incident with widespread and profound impact on the entire school community.

Appendix N: Potential Intervention Needs Worksheet

Targeting potential intervention needs:

Name	Grade Level	Notes	Intervention

Large Group Briefing

When: _____

Where: _____

Who: (Insert Names)

Classroom Presentations

Classroom	Time	Who

Safe Room Schedule

Date	Time	Location	Staff

Appendix O: Safe Room Materials

- ☐ Pads of paper
- ☐ Various colors of construction paper
- ☐ Crayons/Markers
- ☐ Pens/Pencils
- ☐ Water and Snacks
- ☐ Envelopes
- ☐ Plain white paper
- ☐ Blank cards
- ☐ Scissors/glue
- ☐ Access to large paper, for murals, etc.
- ☐ Boxes of Tissue
- ☐ Sand/Play-doh
- ☐ Other: _____
- ☐ Other: _____

Safe Room Sign In & Out

*It is vital that all students and staff sign in and out of the safe room. It is also important to note students went home from the safe room.

**All students entering the safe room should be followed up with the next day.

***Students may bring their phones and headphones into the safe room. It is appropriate that they listen to music, watch videos, or text with family members if needed. It is not appropriate for them to be taking pictures or videos.

Staff Member:_____ Room:_____

Staff Member Providing Follow Up:_____

Student Name	Time In	Time Out	Follow Up Completed

Appendix P: Postvention Packet

Traumatic Event Communications

Sample Student Announcements:

Today we received tragic (or sad) news. We learned that one of our students/staff members, (name), died (or was seriously injured) by / as the result of / due to (give basic appropriate elaboration without too much detail, confirmed facts only.)

When things like this happen, people have all different kinds of reactions, such as shock, sadness, fear and anger. Those reactions may rise and fall throughout the day, and even for days to come.

Some of us will want to have a quiet time alone and others may want time to talk with friends of adults. Some of you, who did not know (name), may be ready for teachers to return to academics sooner than others. We just need to practice patience and respect for each other.

Your (teacher/advisory teacher/first bell teacher) will spend a little time discussing this today. There are plans in place for those who need additional support.

As a reminder, we need to respect the thoughts and feelings of each other. Everyone has the freedom to choose how they will cope with this tragic event.

Please be here for one another. I know we will get through this difficult time together.

If family does not consent to sharing the manner of death

(i.e. car accident, suicide, etc) you may say in the staff and student announcement, (example), "We wanted to share with you some very sad news. Mary Smith died this morning. Her family is not ready to share the details of the death, so please refrain from speculating about how she died. When the family is ready to share, we will provide more details."

Guidelines for Family Letters

Letters sent home should include the following:

1. The crisis and a statement of tragedy. Give basic facts.
2. Information on utilization of *Insert School Name* Counselors, Crisis Team and available resources.
3. Reference materials including guidelines to help a child deal with loss/death and characteristics of the mourning process.
4. Statement that parents should be sensitive and listen to their child's reaction.
5. Name of person at school to contact regarding questions and concerns.

Sample Letter to Parents (to be sent home electronically or by mail)

Dear (School Name) Families:

You may have heard that one of our (grade) students (name) or staff members (name) died (date of death) of (provide any confirmed details here).

With this tragedy (or sad news) we are making every effort to respond to the needs of all of our students. Students had the opportunity to learn about and discuss this news today in their classrooms with teachers, administrators and trusted adults on staff. Our teachers and school counselors have been available throughout the day to speak with students and help them with their sense of shock, sadness and grief. We will have additional counseling services available here as needed.

We know that death can trigger many feelings for both children and adults. Some kids might express sadness over other losses as they experience this grief. This is natural for kids, and we want them to be able to address their feelings. Checking in with your child will give them a chance to talk about how they are doing.

Please join us by keeping the (name) family in your thoughts. If you have any questions or concerns please feel free to call me at (number). *You may want to also add the names and phone numbers of school counselors or other crisis team members/staff to this final paragraph.*

Sincerely,
Principal Name

Sample Email to Staff

(Date)

Dear School Staff:

It is with great sadness that I inform you that (Name of staff/grade level), an employee of Central Point School District 6 for (number of years), died (any confirmed details including date).

This loss is sure to raise many emotions, concerns, and questions for our entire school community. Support for you and our students will be available over the next several days and weeks as we all cope with this tragedy. We have counselors available for students in (rooms) and for staff, as needed. Please connect with me if you would like to access this resource.

This is the information that I am able to share now. As additional information becomes available, I will do my best to relay relevant details as this situation evolves. Please reach out to me with any questions or concerns. Remember that we are a team, and together we will get through this challenging time.

Principal's Signature

Classroom Presentation Guidelines

The purpose of a classroom presentation is to provide information, minimize unwanted student responses, normalize grief and trauma reactions, and suggest appropriate behavior.

If teachers are uncomfortable or unable to facilitate the classroom presentation, please let your principal know and a Crisis team member will be assigned to facilitate the discussion in conjunction with the presence of the regular classroom teacher. **Not every traumatic event will indicate a classroom discussion/presentation; it will depend on the scale of the crisis. Teachers will be informed if this needs to take place.**

Five steps should be included:

1. **Introduce discussion:** *As some of you may already, (introduce the situation). This is very difficult for all of us. When something like this happens, it is hard to know what to say or how to act. It is important, however, that we spend some time talking about this incident and answer any questions that you might have.*
2. **Clarify the facts:** *This is what we know so far: _____. We do not know anything else. As we find out more information that you need to know, we will share it with you. (Emphasize the importance of not starting/sharing rumors, especially on social media)*
3. **Normalize Common Reactions:** *What do you think and feel when you first heard about this? What are you thinking and feeling now? I am not surprised that you feel this way, or have these kinds of thoughts. Sometimes I feel and think this way. These are very normal reactions. If they are really bothering you, it usually helps to talk to someone about what you are thinking and feeling. Remember that whatever you are feeling is ok. And, it's ok if you don't feel anything right now.*
4. **Identify Appropriate Behavior:** *People cope with grief in lots of different ways. It is important that you take care of yourself during this time. Healthy coping strategies can include connecting with friends, talking to family or adults, exercise, sleep, journaling or art projects, and others. It is important that you try to avoid listening to and spreading rumors. This is not helpful to family or close friends. If you hear anything different from what we have talked about, please let us know and we will check it out.*
5. **Conclude discussion:** *Are there any questions before we end? If at any time during the next several days you want to talk to someone, please let a teacher know. One of our biggest goals is to let you all know that there is help if you need it, but we do want to keep school and class on a regular schedule. You will not be penalized for leaving class to talk to a counselor if you need to. For the remainder of the class, I would like for us to _____. (Consider modifying lesson plans depending on student response.) Inform students of building resources that are available and tell them they will be informed of new information.*

Event Death by Suicide: Survivor(FamilyMember/Guardian) Interview

Name of Family Member _____ Phone # _____

Person Completing Form _____ Date/Time of Call _____

Express Concern	<i>"We heard about what happened and wanted you to know how concerned we are. We can't even begin to imagine how hard this must be for you."</i>
Ask how the school can be of assistance	<i>"We want to help you however we can. Is there anything that we can do at this time? Do you have family and/or friends close by to support you?"</i>
Clarify the facts	Here is what we have heard (very briefly share available details). Is this accurate? Is there anything else that we should know?
Share School Response	Our building crisis response team will meet to develop a plan for our school. Of course, we will carefully secure any personal items. Are you comfortable with us sharing the facts with students who are affected?
Reiterate concern and availability of assistance	Again, we are so sad about what has happened. Please let us know if there is anything that we can do to help you.

Staff Debriefing Questions

These questions can be use at an end of Day 1 staff meeting OR on an individual basis when meeting with a staff member who is having a difficult time with the news

1. What were your first thoughts about the incident? Of the thoughts that you had, which one surprised you the most?
2. What was the worst moment for you?
3. Was your response to this difficult moment appropriate at the time? If you felt it was not, why not? What would you do differently?
4. What did this incident make you aware of about your own personal experience, feelings, and attitudes? What did it make you aware of about your own professional knowledge and skills?
5. What was the most rewarding aspect of the interventions provided?
6. What do you need to do to take care of yourself (today, tonight, over the next several weeks)?

Crisis Team Debriefing Guide

Debriefing the crisis team members is strongly recommended after students and staff have been released for the day. This will help to minimize negative effects, teach and reinforce skills, verbalize appreciation for one another, and help team members “practice what they preach”. Move through the questions in the order that they are presented.

Date: _____

Team Members present: _____

1. How well did we establish awareness to all individuals who needed to know?

2. How well did the crisis response team meet the needs of students?

3. How well did the crisis response team meet the needs of staff?

4. After today's crisis response, do you have any suggestions for handling future crises?

What to Do	What to Avoid
★ Learn about the grief process ★ Be absolutely genuine and truthful. ★ Demonstrate love and respect by being attentive. ★ Encourage talking about feelings and about the deceased friend. ★ Listen, no matter what! ★ Offer to attend the visitation or funeral with a youth. ★ Allow crying – perhaps lots of crying. ★ Expect laughter – a sign of happy memories. ★ Follow the lead of the “survivor” with patience and kindness. ★ Offer opportunities for remembering, i.e., special events, birthdays. ★ Expect that your presence may be important, while talking may be limited (“Silence is Golden”) ★ Share some of your experience with loss but keep the focus on the person you are supporting. ★ Help to identify others to talk to (i.e., minister, priest, rabbi or counselor) ★ Understand that memorials can be very comforting (i.e., writing a poem, a song, a letter, recording a tape, making a scrapbook, or buying a bouquet). ★ Believe in healing and growth.	● Giving a lot of advice ● Arguing over trivial matters ● Making moralistic Crisis Team statements about the person who died ● Minimizing the loss ● Discouraging or time-limiting the grieving process ● Assigning new responsibilities right away ● Giving platitudes as a way to comfort (e.g., she’s in a better place, etc.)

Stress Management Strategies that WORK	Stress Management Strategies that DON'T WORK
★ Take a break from your worries by doing something fun, relaxing, interesting, such as watching TV, drawing, writing in a journal, going out to play with friends, or playing with a pet. ★ Do something physically active, like taking a walk, playing basketball with friends, lifting weights, or riding a bike. ★ Talk with someone who will listen and try to understand how you're feeling. Some good people to talk to could be close friends or family members, your youth pastor, a teacher at school or the school counselor. ★ Take care of your health by making sure to get plenty of sleep, drinking plenty of water and eating healthy foods.	● Misbehaving at school or at home, lying, or destroying property. ● Starting rumors, blaming others, or fighting. ● Smoking, drinking, taking drugs, or cutting.

Adults can help school-aged children and youth by:

- ★ Providing age-appropriate information for the questions asked.
- ★ Physically and verbally comforting students.
- ★ Acknowledging their pain.

Common Youth Reactions to Suicide and Recommended Responses

Everyone grieves differently. Personal and family experiences with death, religious beliefs, community exposures and cultural traditions all play a role. Below are some of the more or less predictable adolescent reactions to a death by suicide or sudden death and suggested responses.

Emotion	Emotions Displayed May Look Like...	Suggested Response
Shock and Denial	At first there may be remarkably little response. The reality of the death has yet to be absorbed. "You are kidding, right?" "This is just a joke – it can't be true."	Acknowledge the shock, anticipate the reaction to come, and demonstrate a willingness to talk when students are ready.
Anger and Protection	Generally speaking, "black and white" thinking sets in. Students want someone to blame for this and may openly express/direct anger at the deceased's parents, teachers, or boy or girlfriend. "Why did you let this happen?" "It is all your fault that this happened!"	Listen and then listen some more. Gently explain that it is natural to want to find a reason for things we don't understand. Suggest that suicide is a very complicated human behavior and that there are always multiple reasons...and that blaming another individual may put that person at risk of suicide also.
Guilt	Students close to the deceased may blame themselves. "If only I had called him back last night;" "I should have known...I should not have teased him..."	Remind students that only the person who kills him/herself is responsible for having made that decision.
Anger at the Deceased	This is surprisingly common, among close friends as well as those who were not close to the deceased. "How could she do something so stupid?"	Allowing and acknowledging some expression of anger is helpful. Explain that this is a normal stage of grieving. Acknowledgement of anger often lessens its intensity.
Anxiety	Students sometimes start to worry about themselves and/or other friends. "If she could get upset enough to kill herself, maybe the same thing will happen to me (or one of my friends)."	Help students differentiate between themselves and the dead person. Remind them that help is always available. Discuss other options and resources. Practice problem solving.

Loneliness	Those closest to the deceased may find it almost impossible to return to a normal routine and may even resent those who appear to be having fun. They may feel empty, lost, totally disconnected. They may become obsessed with keeping the memory of their friend alive.	Encourage students to help each other move forward in positive ways. Notice anyone who seems to be isolating from others and reach out to them, offering resources to help with the grieving process.
Laughter or Jokes	Some students may feel very uncomfortable about the information they have learned about the death. Jokes or laughing can be a reaction to this discomfort.	Address the joke or laughter with kindness and compassion, but be clear that laughter or a joke can be interpreted as unkind or lacking empathy. If possible, address this with the student or group of students individually.
Hope and Relief	Once the reality of death has been accepted, and the acute pain of the loss subsides, students find that life resumes a large degree of normalcy and they come to understand that over time, they feel better. They can remember their friend without extreme pain.	Simply remain open to listening to student's feelings, especially on the anniversaries (two weeks, months, years, etc.). Recognize the importance of both mourning and remembering.