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OREGON YOUTH SUICIDE PREVENTION

YOUTH SUICIDE PREVENTION INTERVENTION & POSTVENTION GUIDELINES

A Resource for School Personnel

Developed by
The Maine Youth Suicide Prevention Program
A Program of Governor Angus S. King, Jr.
And the Maine Children's Cabinet
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I.

INTRODUCTION

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I. INTRODUCTION

Youth Suicide

The likelihood of students, faculty, or staff encountering a suicidal student is real, even at the elementary school level. Few events are more painful or potentially disruptive than the suicide of a student. Suicide is an issue among all educational and socioeconomic backgrounds. Contrary to popular belief, talking about suicide or asking someone if they are feeling suicidal will NOT put the idea in their head or cause them to kill themselves. There is evidence that suicide is preventable in many cases. Appropriate and timely crisis intervention helps school administrators to maintain control in a crisis and may help prevent copycat behavior.

The Importance of Suicide Prevention Guidelines

An informal survey by the Oregon Department of Education in the fall of 1998 showed that most Oregon school districts have a crisis response plan that includes post-suicide intervention. However, many of the plans had not been updated within two years, and only about 25% of school districts had provided any kind of annual staff training in crisis response and crisis response planning. These two types of training were identified as the areas of greatest need.

Many school administrators are seeking guidance in the development of comprehensive suicide prevention, intervention and postvention guidelines to assist their personnel in responding to suicidal behavior. The U.S. Surgeon General and clinical experts nationwide promote the adoption of suicide prevention protocols by local school districts to protect school personnel and to increase the safety of at-risk youth and the entire school community.

About these Guidelines

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 crises 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.

These suicide prevention, intervention and postvention guidelines are designed for schools to use within existing protocols to assist at-risk students and intervene appropriately in a suicide related crisis. School Boards and school personnel may choose to implement additional supportive measures, such as school-based suicide prevention programs (see information on RESPONSE for high schools) to fit the specific needs of an individual school community. The purpose of these guidelines is to assist school administrators in their planning. The guidelines do not constitute legal advice, nor are they intended to do so.

THE INTENT OF THIS DOCUMENT IS TO HELP SCHOOLS:

Understand the nature of youth suicide: the myths and facts; risk and protective factors; warning signs and clues; and appropriate intervention steps.

Establish school based protocols for suicide prevention, crisis intervention and postvention.

Build connections within a community and among regional support services.

Educate school personnel, parents, and students about effective suicide prevention and intervention.

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OREGON YOUTH SUICIDE PREVENTION

II.

RATIONALE FOR DEVELOPING AND IMPLEMENTING SUICIDE PREVENTION

II. RATIONALE FOR DEVELOPING AND IMPLEMENTING SCHOOL SUICIDE PREVENTION AND INTERVENTION PROTOCOLS

- A. Approximately 60 Oregon youth died by suicide each year, making it the second leading cause of death among those aged 10 - 24 years. In 2005, the suicide rate among Oregonians in that age group was 8.2 per 100,000. Oregon rates for this age group have consistently been higher than the national average. According to the most recent national data, 2001-2004, Oregon rates were 16% higher.
- B. Suicide is an issue of concern to school personnel and many youth and families in Oregon. According to Oregon Healthy Teens Survey data for 2007, 15.6% of the Oregon's 8th graders and 13.7% of the state's 11th graders reported seriously considering suicide. During 2004, the emergency room suicide attempt registry reported 773 suicide attempts among youth under 18, however, these numbers are under-reported.
- C. Given the strong correlation between suicidal and violent behavior, preparation for responding to suicide crises may also help provide a framework to aid school personnel in responding to the threat of interpersonal violence among students. The perpetrators in all of the recent high-profile school shootings in the U.S. were also suicidal.
- D. While 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 notifying parents, making appropriate referrals, and securing outside assistance when needed.
- E. 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, as much as possible in a crisis, the learning environment for everyone.
- F. Special issues such as copycat behavior, misinformation, rumors and hysteria must be considered when responding to suicidal behavior.
- G. All school personnel need to know that protocols exist to refer at-risk students to trained professionals so that the burden of responsibility does not rest solely with the individual "on the scene."
- H. School personnel, parents/guardians, and students need to be confident that help is available if/when they raise concerns regarding suicidal behavior. Studies show that students often know, but do not tell adults, about a suicidal peer because they do not know how they will respond or think they can't help.

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III.

COMPONENTS OF SCHOOL-BASED SUICIDE PREVENTION AND READINESS SURVEY

III. COMPONENTS OF SCHOOL-BASED SUICIDE PREVENTION

These suicide prevention components are recommended for implementation in school systems to aid school personnel in identifying and assisting students at-risk of suicide:

- A. **Protocols** to guide school personnel in responding effectively to suicidal behavior in troubled students, in those who threaten or attempt suicide, and in others potentially at risk in the aftermath of a death by suicide. Protocols clarify for school personnel their role in suicide prevention and crisis intervention and lessen the burden on individual school employees.
- B. **Memorandums of Agreement** with local crisis service providers (see a sample in Appendix G) that outline prevention and crisis intervention services to be provided to the school system including:
 - 1. Accepting student referrals and conducting student risk assessments.
 - 2. Educating the school community about youth suicide prevention.
 - 3. Assisting school staff with response in a crisis.
 - 4. Debriefing with school based crisis team members and other staff.
- C. Designated school personnel specifically trained in suicide intervention, such as ASIST – Applied Suicide Intervention Skills Training (Appendix A) available to each school building to screen, intervene, and refer suicidal youth.
- D. A **school community** knowledgeable about suicide prevention:
 - 1. ALL school personnel including administrators, teachers, custodians cafeteria workers, coaches, bus drivers, secretaries, aids, educational technicians and other support staff receive a basic suicide prevention information awareness session (**in-service workshop available through RESPONSE** (Appendix A) that includes:
 - a. A basic intervention to help suicidal youth;
 - b. Accurate and current information about school, community and state resources for help;
 - c. Attitudes and behaviors that can interfere with help seeking.
 - d. An understanding of the school suicide prevention protocols.
 - 2. **Suicide prevention information and resource materials** for parents including:
 - a. Suicide warning signs and risk factors.
 - b. Available resources to assist troubled youth.
 - c. How to support grieving youth after the suicide of a friend or family member.
 - d. Parent outreach activities are available through RESPONSE (Appendix A).

3. **Suicide prevention education for students**, within comprehensive school health education.

Suicide prevention education for students should include:

- a. Information on suicide risk factors and warning signs.
- b. A strong focus on building help seeking skills, addressing attitudes and behaviors that can interfere with help seeking, and reducing the barriers of turning to an adult for help.
- c. An accurate and current list of resources where students can find help both within and outside of the school community.

E. **A range of responsive support services** for at-risk students including:

1. Groups where they can learn and practice life skills.
2. Student Assistance Teams or other school-based case management teams that identify, follow and refer at-risk students for needed services.
3. Substance abuse prevention and other specialized services.
4. School-based or school-linked mental health services.
5. School Resource Officers (law enforcement officers).

F. **A school climate** that promotes safety and respect for all students and school personnel including:

1. Consistently enforced disciplinary, harassment and civil rights policies.
2. Specific safety procedures to support the personal safety of students and staff.
3. Knowledgeable, informed and caring staff.
4. Staff development training and student education in protecting and respecting others.
5. Clean and safe school buildings and grounds.
6. Opportunities to share decision making in relevant matters.
7. An environment that encourages parent involvement in ways that benefit students and school personnel.
8. Respect for diversity.
9. Recognition of all students' achievements and contributions.
10. Connecting students with a caring adult through an advisor/advisee system.

Readiness Survey

To assess your present level of readiness to assist individuals at-risk for suicide use the following instrument:

Suicidal behavior (fatal and non-fatal) is one of the most traumatic occurrences with which school personnel may be faced. Advanced planning to prevent youth suicide and to intervene quickly and effectively with the least disruption to school routine is paramount.

While the following is not an exhaustive list, these questions will help guide you to develop necessary school protocols suggested to address suicide prevention, intervention and postvention. If you answer “no” to any of these questions, consider changing your school’s procedures to increase your school’s readiness.

Administrative Questions – Suicide Prevention/Intervention

- | | | |
|---|-----|----|
| 1. Does your school have an up-to-date crisis plan? | Yes | No |
| 2. Does the crisis response plan have solid administrative support? | Yes | No |
| 3. Does the crisis plan have written protocols on how to manage suicidal (student and/or staff) behavior?
Attempt on campus? Attempt off campus? | Yes | No |
| 4. Have crisis team members been identified? If so, are individuals from both the school and the community involved on the crisis team? | Yes | No |
| 5. Do they meet on a regular basis? | Yes | No |
| 6. Does your school have specific staff (and back-ups) identified to intervene with a student at risk of suicide? | Yes | No |
| 7. If yes, to 6, do other staff and the student body know the person/people identified?? | Yes | No |
| 8. Is your entire staff trained in a Best Practice or Evidence-based Practice in suicide prevention? | Yes | No |

- | | | |
|--|-----|----|
| 9. Does the staff program focus on identification, help seeking skills, attitudes and behaviors that increase help seeking, and how to refer a student at risk of suicide? | Yes | No |
| 10. Has someone been designated to contact the parent/guardian when suicide risk is suspected? | Yes | No |
| 11. Have procedures been developed if the parent/guardian is unreachable? | Yes | No |
| 12. Does your school have community resources prepared to assist a student at risk of suicide? | Yes | No |
| 13. Does your school have a formal Memorandum of Agreement (MOA) with the local crisis service provider outlining the services to be provided to the school system such as risk assessments, crisis management, and/or debriefing school staff in the aftermath of a crisis? | Yes | No |
| 14. Does the MOA include debriefing parents and community members in the event of a suicide? | Yes | No |
| 15. Does the MOA include guidelines for the school receives feedback on the outcome of the referrals that are made? | Yes | No |
| 16. Has a policy for maintaining confidentiality of sensitive student information been created and disseminated to all school personnel? | Yes | No |
| 17. Has a Best Practice or Evidence-Based suicide prevention program been incorporated into the health classes? | Yes | No |
| 18. Does the student program focus on identification, help-seeking skills, attitudes and behaviors that increase help seeking, and how to refer a student at risk of suicide? | Yes | No |
| 17. Are there protocols concerning how to help a student re-enter school after an absence or hospitalization for mental illness including suicidal behavior? | Yes | No |

18. Have steps been developed to encourage parents to get help for their children, including the removal of lethal means? If the parent refuses? Yes No
19. Are behavioral health services readily available to youth? Yes No

After a Suicide (Postvention)

20. Do your procedures include a section about working with the media, parents of the deceased, student body, staff and other parents in the event a student at your school completes suicide? Yes No
21. Do you have a designated spokesperson? Yes No
22. Is this spokesperson prepared to call the parents of the deceased to convey the importance of disclosing the cause of death and determine funeral arrangements? Yes No
23. Are there procedures for identifying close friends/vulnerable students/siblings of the deceased, possibly in other buildings, and plans to support them? Yes No
24. Has a plan been developed that explicitly details what to do following a suicidal crisis to avoid copycat behaviors (contagion)? Yes No
25. Are there clear parameters around the school's role following any student/staff suicide that take into consideration the fact that following a suicide, whole-school and/or permanent memorials are NOT recommended? Yes No

Protocol

26. Has all staff been provided with school protocols for suicide prevention, intervention and postvention? Yes No
27. Have confidentiality guidelines been provided and discussed with ALL staff? Yes No

- | | | |
|--|-----|----|
| 28. Do school personnel understand that all suicidal ideation/behavior must be taken seriously and reported? | Yes | No |
| 29. Are procedures in place to debrief staff in the event of a crisis? | Yes | No |

Parent-Related Questions

- | | | |
|--|-----|----|
| 30. Are opportunities provided for parents to learn about suicide prevention specifically risk factors, warning signs and the importance of restricting lethal means? | Yes | No |
| 31. Have parents been told what the school is doing to prevent and address the issue of suicide, what will be done if their son or daughter is thought to be at risk, and what will be expected of them? | Yes | No |

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IV.

COMPONENTS OF SCHOOL BASED SUICIDE INTERVENTION

IV. COMPONENTS OF SCHOOL BASED SUICIDE INTERVENTION

A. Suicide Intervention Protocols Within The School Crisis Response Plan

Oregon schools are required to develop crisis response plans to deal with crises and potential crisis situations involving violent acts by or against students in each school in the school administrative unit. Protocols to effectively assist students in a crisis involving suicidal behavior are a critical component of school crisis response plans.

These protocols aid school personnel in intervening effectively with suicidal students. School administrators play a crucial role in establishing a school climate that requires all school personnel to be familiar with and responsive to suicide crisis intervention protocols. All school personnel must cooperate fully in implementing intervention protocols in order to help prevent a youth suicide. New school personnel must be provided basic suicide awareness education training and informed about the school's protocols.

Goals Of A Suicide Intervention Plan

1. Outline specific actions to be implemented in response to suicidal behavior.
2. Clearly designate specific individuals and alternates in each building to respond to a variety of crisis situations. It is especially important that school personnel and students know whom to contact if a student demonstrates any signs of suicidal behavior, and that contact is maintained and/or replaced with another who has received intervention skills training.
3. Identify pre-arranged contacts, referral resources and procedures with local crisis service personnel, police and emergency medical service providers so that these necessary services are readily accessible in a crisis.
4. Establish documentation procedures and forms.
5. Outline follow-up steps for school personnel to take after an intervention with students. (See Appendix G for sample forms)

B. Guidelines For When The Risk Of Suicide Has Been Raised

The risk of suicide is raised when any peer, teacher, or other school employee identifies someone as potentially suicidal because s/he has directly or indirectly expressed suicidal thoughts (ideation) or demonstrated other clues or warning signs. (See Appendix B for a list of warning signs)

1. Take the threat of self-harm seriously.
2. Take immediate action. Contact the building administrator or designee (if you are using RESPONSE, the designee is the school's "suicide contact") to inform him/her of the situation.
3. School staff who identified the student at risk talks with the student in a quiet, private setting to clarify the situation and provide appropriate support.

4. The designated staff person trained in suicide intervention is contacted to meet with the student. The trained staff person talks with the student and does a basic screening that includes specific inquiry as to the existence of a suicide plan.
5. Parents must always be notified when there appears to be any risk of self-harm, unless it is apparent that such notification will exacerbate the situation (see #6 below). The individual who notifies the parent should be an administrator or designee who has the experience/expertise and/or a special relationship with the student and parents. Resource information should be provided if needed. It is suggested that the handout, “Five Minutes Can Save A Life” (See Appendix J) be reviewed with the parents. The same person should follow-up with the parents within a few days to determine what has been done and the next steps.
6. When the school administrator knows, or has reasonable cause to suspect, that a student has been or is likely to be abused or neglected, he or she must make a report of suspected abuse or neglect at a local branch of the Department of Human Services. Teachers and all other school personnel are to inform the school administrator of suspected abuse so that the administrator can make the report. Teachers, guidance counselors, social workers and all other “school officials” are all mandated reporters for suspected child abuse and neglect under Oregon Revised Statutes 419B.010. In the event that a school staff member determines that a student under age 18 appears to be at risk of attempting suicide and the parent/guardian refuses to obtain services for him/her, a report should be made to DHS for neglect - failure to seek necessary mental health treatment, which may place the child at risk of serious harm. The DHS may conduct an assessment to determine if abuse or neglect does exist and to engage the family voluntarily in meeting the treatment needs of the child. If the parents will not seek treatment and the DHS believes that this places the child at risk of serious harm, a Court Order may be sought ordering the required treatment services.
7. Minors 14 years of age or older may seek outpatient services (without parent consent) if provided by a physician licensed in the State of Oregon, licensed psychologist, certified nurse practitioner, or licensed social worker as provided for in ORS 109.675. Minors 15 years or older may consent to residential, partial hospitalization or day treatment services if provided by a physician licensed in the State of Oregon as provided by ORS 109.640. Providers shall provide for the earliest feasible involvement of the parents or guardians in the treatment plan consistent with the clinical requirement of the minor as provided under ORS 109.695.
8. If deemed necessary, or if the student refuses to give any information, contact the prearranged crisis service agency or call the national crisis hotline (1-800-273-TALK) to access the appropriate crisis intervention

agency in your area. This call should result in obtaining consultation with a professional with the skills, authority and responsibility to formally assess the student for suicidality and the necessary level of care.

9. Document actions taken as required by school protocol.

C. Guidelines For Medium To High Risk Situations

Medium to high risk exists when a staff person observes or is told that a student is making explicit statements indicating the wish or threat to die, has access to or is in possession of lethal means, or appears significantly depressed, moody, irritable, unable to concentrate or withdrawn.

1. All staff members understand that they are to take suicidal behavior seriously every time.
2. The staff person “on the scene” takes immediate action to inform the building administrator who will locate the trained staff person designated to respond to such situations. *Schools must have alternates identified in the event of unavailability of staff due to illness, vacation, conference attendance, etc.*
3. The staff person talks with the student, staying calm and listening attentively. It is crucial to keep the student under continuous adult supervision until the designated trained staff person arrives.
4. The trained staff member conducts a basic suicide risk assessment with the student to determine the lethality of the threat. This includes:
 - a. Determining if the student has a plan.
 - b. Asking if the student has lethal means on their person or accessible elsewhere.
 - c. Consulting with a crisis service provider if necessary to obtain an assessment of the student’s mental state and a recommendation for treatment.
5. If the student is in possession of lethal means, secure the area and prevent other students from accessing this area. Lethal means must be removed without putting anyone in danger. It is best to call in a trained law enforcement officer to remove lethal means. Law enforcement officers have special training to de-escalate a situation that can very quickly become dangerous (i.e. possession of a gun or knife).
6. The administrator (or designee) contacts the parents or guardians to:
 - a. Notify them of the situation and request that they come to school.
 - b. Provide them with a full report upon arrival at school.
 - c. Discuss and advise them on steps to be taken. This should include reviewing the materials found in the handout, “Five Minutes Can Save a Life” found in Appendix J.

- d. Release the student to the parents/guardians with referrals and resources (names and phone numbers).
 - e. Inform the parents/guardians that you will follow-up with them on actions taken.
 - f. If the parent/guardian refuses to obtain services for a child up to age 18, and the child is believed to be in danger of self-harm, a report should be made to DHS for neglect – failure to seek necessary mental health treatment which may place the child at risk of serious harm. DHS may conduct an assessment to determine if abuse or neglect does exist and to engage the family voluntarily in meeting the treatment needs of the child. If the parents refuse to seek treatment and DHS believes that this places the child at risk of serious harm or at immediate risk of serious harm, a Court Order may be sought ordering the required treatment services.
7. NO STUDENT IN THIS SITUATION SHOULD BE SENT HOME ALONE.
 8. In the event that the situation requires transportation to a hospital emergency department, crisis services and/or law enforcement should be contacted to assess the situation and expedite the transition to the hospital.
 9. Document actions taken as required by school protocol.
 10. Debrief with all staff members who assisted with the intervention.
 11. Follow up with parent/guardian as arranged.

D. Guidelines for When the Threat Involves a Suicide Pact

A suicide pact is when two or more individuals agree to kill themselves at the same time and place, or agree that if one dies, the others will soon follow. Suicide pacts are very rare, extremely dangerous, and must be taken seriously whenever rumored or threatened. Common characteristics of pacts include:

- Suicide pacts are likely to involve unhappy lovers, close friends suffering from depression or individuals feeling misunderstood or maltreated by others. It is not uncommon for those involved in a suicide pact to be using drugs and having serious problems at school and/or home.
 - Usually there is a “leader” who clearly dominates the other(s) putting one or more individuals in danger. It is important to identify him/her as soon as possible. Often parties involved have sworn to secrecy and are reluctant to disclose information out of fear and loyalty.
1. Follow all of the steps in the previous section expanded to identify all of the individuals involved in the pact and those who know about it. Follow-up with all of those involved and their parents/guardians is vitally important, as is careful planning for transitioning back to the school environment.

2. In an attempt to keep the behavior from escalating, ongoing communication between school personnel, parents/guardians, mental health care providers and the individual students involved in the pact is necessary.

E. Responding to a Student Suicide Attempt on School Premises

When a student exhibits life-threatening behavior or has committed an act of deliberate self-harm on the school premises, an immediate response is necessary. Actions required of the staff person on the scene as well as those of the school administrator must be carefully planned in advance.

Procedures For Assisting The Suicidal Student:

1. Keep the student safe and under close supervision. Never leave the student alone. Designate one or more staff members to stay with and support the individual in crisis while help is being sought.
2. Notify the school administrator or designee who will immediately communicate with designated individuals such as crisis or student assistance team members, the school nurse, social worker or counselor, emergency medical professionals, community crisis service providers, law enforcement and the superintendent of schools.
3. Notify the parents/guardians of what has occurred and arrange to meet them wherever appropriate.
4. Consult with crisis service agency staff as necessary to assess the student's mental state and to obtain a recommendation for needed treatment.
5. If the youth does not require emergency treatment or hospitalization and the immediate crisis is under control, release the student to the parent/guardian with arrangements for needed medical treatment and/or mental health counseling.
6. In the event that the situation requires transportation to a hospital emergency department, crisis services, EMS and/or law enforcement should be contacted to assess the situation and expedite the transition to the hospital.
7. Explain that a designated school professional will follow up with parents and student regarding arrangements for medical and/or mental health services.
8. Establish a plan for periodic contact with the student while away from school.
9. Make arrangements, if necessary, for class work assignments to be completed at home. If the student is unable to attend school for an extended period of time, determine how to help the student complete his/her requirements.
10. Other school policies that apply to a student's extended absence should be followed. (See Appendix X for more information).

Procedures For Assisting Other Students During a Crisis:

11. During the crisis, clear the area of other students immediately. It is best to keep students in current classrooms and provide a supportive presence until the emergency situation is under control. Experienced or trained staff may be able to help students in the following ways:
 - a. Engage them in discussion of how to support each other.
 - b. Encourage them to express their feelings.
 - c. Discuss feelings of responsibility or guilt.
 - d. Talk about fears for personal safety for self and others.
 - e. Together, list resources for students to get help and support if needed.
12. The superintendent or designee alerts principals at schools attended by siblings, who in turn will notify counselors, nurses, and others in a position to help siblings and other students who might be affected.
13. Mobilize the school based crisis team, with support from community crisis service providers, to help staff address the reactions of other students. When other students know about a suicide attempt, steps must be taken to avoid copy-cat behavior among vulnerable at-risk students. (*Note: At-risk students may be friends and relatives of the student and other students who may not know the individual, but who themselves are troubled).

Suggested Steps:

- a. In classrooms or other small groups, offer a brief statement assuring others that the student who made the suicide attempt is receiving help. Keep the details of the attempt confidential.
- b. Describe and promote resources for where students can get help.
- c. Monitor close friends and other students known to be vulnerable and offer support as needed.
- d. Hold a mandatory debriefing for staff, administrators, and crisis response team members who directly dealt with the student in crisis.
- e. Debrief with other school staff to provide an opportunity to address feelings and concerns, and conduct any necessary planning.
- f. Document actions taken as required by school protocol.

F. Guidelines For A Student Suicide Attempt Off School Premises

A suicide attempt off school premises can have a significant impact on the student body. To prevent a crisis from escalating among students, it is important that school personnel follow these steps:

1. Notify the school administrator or designee who will immediately communicate with designated individuals such as crisis or student assistance team members, the school nurse, social worker or counselor, emergency medical professionals, community crisis service providers, law enforcement and the superintendent of schools.

2. The superintendent or designee alerts principals at schools attended by siblings, who in turn will notify counselors, nurses, and others in a position to help siblings and other students who might be affected.
3. Mobilize the school-based crisis team, with support from community crisis service providers, to help staff address the reactions of other students. When other students know about a suicide attempt, steps must be taken to avoid copy-cat behavior among vulnerable at-risk students. (*Note: At-risk students may be friends and relatives of the student and other students who may not know the individual, but who themselves are troubled).
4. Establish communication with the parent/guardian to determine intervention steps and how the school might be helpful and supportive to the student and family.
5. Establish a plan for periodic contact with the student while away from school.
6. Make arrangements, if necessary, for class work assignments to be completed at home. If the student is unable to attend school for an extended period of time, determine how to help the student complete his/her requirements.
7. Other school policies that support a student's extended absence should be followed. (See Appendix F for more information).

G. Guidelines For When A Student Returns To School Following Absence For Suicidal Behavior

Students who have made a suicide attempt are at increased risk to attempt to harm themselves again. Appropriate handling of the re-entry process following a suicide attempt is an important part of suicide prevention. 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 is extremely important in protecting the student and enabling school personnel to render assistance. Although necessary for effective assistance, it is often difficult to get information on the student's condition. If possible, obtain a signed release from parents/guardians to communicate with the student's therapist/counselor. Meeting with parents about their child prior to his/her return to school is integral to making decisions concerning needed supports and the student's schedule.

Some suggestions to ease a student's return to school are as follows:

1. Prior to the students return, a meeting between a designated school staff person such as the school nurse, social worker, administrator, or designee who is trusted by the student and parents/guardian should be scheduled to discuss possible arrangements for services and to create an individualized re-entry plan.

2. The designated school staff should:
 - a. Review and file written documents as part of the student's confidential health record.
 - b. Serve as case manager for the student. Understand what precipitated the suicide attempt and be alert to what might precipitate another attempt. Be familiar with the practical aspects of the case, i.e. medications, full vs. partial study load recommendations.
 - c. 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.
 - d. 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 services providers supporting to the student.
3. Classroom teachers need to know whether the student is on a full or partial study load and be updated on the student's progress in general. They do not need clinical information or a detailed history, but should be alerted to the situation and asked to monitor the student for re-occurring warning signs.
4. Discussion of the case among school 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.
5. 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.
6. It is appropriate for school personnel to recommend to students that they discuss their concerns or reactions with an appropriate administrator or other designated school personnel. The focus of these discussions should not be on the suicidal individual, but on building help seeking skills and resources for others who might be depressed or suicidal.

Any number of issues are likely to surface and will need to be considered on a case-by case basis and addressed at the re-entry planning session. It is very likely that some of the school staff, the family, the mental health professional, and the student will express concerns regarding the transition process. For examples of specific issues, see Appendix F.

YOUTH SUICIDE PREVENTION, INTERVENTION & POSTVENTION GUIDELINES



Photograph by Jason Dessel (1998)

OREGON YOUTH SUICIDE PREVENTION

V.

COMPONENTS OF SUICIDE POSTVENTION PLANNING AND POSTVENTION PROCEDURES

V. COMPONENTS OF SUICIDE POSTVENTION PLANNING

A. Key Considerations

The untimely death of any student is a tragedy, and is likely to have profound effects on students and staff. A school's crisis response to death often differs depending on the student's popularity, the nature of the death, parental influence in the school and several other factors. When that death is by suicide, it is important to take steps to prevent suicide contagion or "copycat" behavior among youth. At the same time, it is equally important to treat everyone fairly, no matter what the cause of death. To disallow some activities for students who die by suicide while allowing them for other kinds of deaths, adds to the pain of the family and friends left behind.

Knowing that suicide is a possibility, it may be necessary for your crisis team to adjust the policies and procedures that presently guide your school's response to any student death. The goal is to provide guidelines that show caring and sensitivity and, at the same time, take steps to prevent the contagion factor associated with deaths by suicide. It is very important to create opportunities to support the grieving process, but avoid glorifying, romanticizing or sensationalizing a suicide. In addition to shock and sadness, a suicide may cause fear, confusion, guilt and unanswered questions. The following recommendations are designed to help with managing the school after any student death, including suicide. Significant challenges can be met with good planning.

1. **Advanced planning** of postvention activities following a suicide is best designed with input from school personnel and community crisis services staff to meet the following goals:
 - a. To support students, faculty, staff and parents as they grieve.
 - b. To provide a safe environment for students to express their feelings of grief, loss, anger, guilt, betrayal etc.
 - c. To prevent a copy-cat response from other vulnerable students.
 - d. To return the school environment to its normal routine as quickly as possible following crisis intervention and grief work. This is as important for after school activities as it is during class time.

2. **Clear Messages** offer stability in a difficult situation. Death by suicide has a profound impact on both the school staff and the student body. In order to help reduce the likelihood of sensationalizing or glorifying the person who died by suicide, key personnel need to step forward in a straightforward manner to let the school community know that this situation will be handled.

It is critical to give these messages:

- a. Expressing grief reactions is important and appropriate.
- b. Feelings such as guilt, anger, and responsibility are normal.

- c. There must be no secrets when suicide is a possibility and if any student is worried about him/herself or anyone else, TELL an adult.
 - d. Explain available crisis and grief services.
 - e. Announce funeral arrangements as information becomes available.
 - f. Thank school community for being supportive of each other.
 - g. Explain your wish to protect the family and the school from media attention and outline the school procedure for working with the parents and the media. (Also, see Appendix E)
3. **Suicide Prevention Education** for staff and students is generally not appropriate in the immediate aftermath of a suicide. It is necessary for staff and students to have time to grieve before being asked to focus on prevention.
4. **Self-care** is especially important for staff that deals with a suicide crisis. Typically, school personnel concentrate on doing what is necessary for the student population, leaving little energy for self-care. Colleagues from neighboring districts, community crisis service agencies, and grief support agencies are often very helpful. Enlist trained, qualified outside help for debriefing and provide grief support to staff as well as students.
5. **Staff debriefing** in the aftermath of a student suicide is essential. Every crisis presents unique circumstances and the school must adapt as necessary. It is likely to involve three to five days of intense work before there is any semblance of “normalcy.” Each crisis also presents an opportunity to be better prepared for the next crisis. It is important for the crisis response team to:
- Debrief around the management of the event.
 - To take the time to recognize what went well.
 - Recognize what challenged the team.
 - Plan any modifications that need to be made to improve future crisis response.

B. Responding to a Suicide¹

1. Responsibilities of the School Principal or Designee:

- a. The school principal or designee should contact the police or medical examiner in order to verify the death and get the facts surrounding the death. In most states, including Oregon, the cause of death is public record. It is important to know the facts in order to reduce imitative behaviors and to place focus on means restriction strategies for parents and the school.
- b. The school principal or designee should inform the superintendent of the school district of the death. The superintendent should also be involved in the school's response to the suicide through information dissemination with other school districts and media contacts. Utilize a designated media spokesperson and remind staff not to talk with press or spread rumors and, if asked, refer media to designated spokesperson.
- c. Notify and activate the school's crisis response team (see #2 for the crisis team's roles and responsibilities).
- d. Prepare and activate procedures for responding to the media (Appendix E). Suicide is newsworthy.
- e. Contact the family of the deceased to express condolences and convey the importance of disclosing the cause of death (see guidelines for this difficult conversation in Appendix D). Find out if the deceased has any siblings enrolled in other schools within the district or other districts. If so, then notify the principals at these schools. Inform the school superintendent and administrators of schools where siblings are enrolled.
- f. Schedule a time and place for crisis members and principal to notify faculty members and all other school staff as soon as possible. After this meeting, staff can provide critical and appropriate support for students.
 - Inform all staff about the facts behind the suicide.
 - Allow time for staff to ask questions and express feelings
 - Ensure that all staff have an updated list of referral resources and know where the "safe" room (room staffed with qualified mental health providers/counselors to support grieving students).
 - Review the process for students leaving school grounds and tracking student attendance. For safety purposes, permit students to leave school premises only with parental permission and documentation. Implement an enhanced system to carefully track student attendance.
 - Announce to staff how the school will interact with the media and inform staff who will act as the school's media spokesperson. Remind staff not to talk with the press and refer any questions to the designated media spokesperson.
 - Review planned in-class discussion formats and disclosure guidelines for talking to students. Prepare staff for student reactions.

- Compile a list of all students who were close to the deceased.
 - Compile a list of all staff members who had contact with the deceased.
 - Update and compile list of students who may be at-risk for suicide
 - Remind staff about the risk factors and warning signs for adolescent suicide (see Appendix B for more information on risk factors).
 - Provide staff counseling opportunities and supportive services available to them.
- g. Contact community support services, which should be supervised by the school's crisis team leader. Community support services include local mental health agencies, other school counselors, community crisis hotline agencies, and clergy members.
- h. Prepare a letter (see sample in Appendix D) to mail to all parents and/or arrange a meeting for parents.
- i. Have teachers/crisis team members notify students as early as possible following the staff meeting (sample announcements in Appendix D).
- Members of the school's crisis team, preferably qualified mental health specialists, school-based social workers, or school nurses, should attend the deceased student's classes throughout the day providing counseling and discussion to assist students and teachers. This could also help to identify and refer students who may be at-risk.
 - Make sure all other teachers have information regarding the safe room and extra supports generated by the crisis team.
 - Provide teachers with an announcement prepared by the school principal. Have teachers announce the death of the student to their first class of the day or home room. Avoid the phrases "committed suicide" or "successful suicide" as these expressions connote criminal or desirable behavior.
 - Encourage teachers to provide students with an opportunity to express their feelings ("What are your feelings and how can I help?"), but not to elaborate on the announcement especially providing morbid details, such as method or location. Ask teachers to strongly discourage speculation and rumors.
 - Explain what students can predict as they grieve (Feeling angry, guilty, shocked, anxious, lonely, sad, numb, or experiencing physical pain). Tell students that there is no one right way to grieve. What is important is to recognize feelings and communicate them.
 - Inform students of the available support services at the school (and in the community).
 - Reorient students to ongoing classroom activities.
- j. Provide additional survivor support services. A school may want to invite friends of the deceased to join a support group led by a qualified mental health specialist, so they can be counseled separately with more focused attention. Provide individual counseling to all students identified as at-risk.

- k. Establish safe rooms (staffed with a qualified mental health specialist from the school or community), and make sure that everyone including faculty, students, and other school staff members know where these are located.
- l. De-brief staff (including members of the crisis team) at the end of the day for approximately 5 days following the suicide.
- m. Reschedule any tests if at all possible.
- n. Avoid flying the school flag at half-mast and other activities that glamorize the death.
- o. Memorialization should focus on prevention, education and living. Encourage staff and students to memorialize the deceased through contributions to prevention organizations such as a suicide hotline, program or survivor's group.
- p. Inform local crisis telephone lines and local mental health agencies about the death so that they can prepare to meet the needs of students and staff.
- q. Provide information about visiting hours and funeral arrangements to staff, students, parents and community members. Funeral attendance should be in accordance with the procedures for other deaths of students.
- r. The family of the deceased should be encouraged to schedule the funeral after school hours to facilitate the attendance of students.
- s. Arrange for students, with parent permission, and staff to be excused from school to attend the funeral if requested.
- t. Follow up with students who are identified as at-risk and provide on-going assessment and monitoring of these students. Follow-up should be maintained for as long as possible.
- u. Follow prearranged protocol for emptying student locker and returning items to family and friends. Parents may prefer to do this in privacy or have school personnel do it for them. Provide quiet time and support to meet their wishes.

¹ Doan, J., Roggenbaum, S., & Lazear, K. (2003) Youth suicide prevention school –based guide – Issue brief 7a. Tampa, FL: Department of Child and Family Studies, Division of State and Local Support, Louis de la Parte Florida Mental Health Institute, University of South Florida. (FMHI Series Publication #218-7b).

2. Responsibilities of the School Based Suicide Crisis Response Team:

Once activated by the school administrator or designee, the crisis team begins to manage the emotional fallout within the school community to decrease the potential for copycat behavior. Tasks include:

- a. Verify with the principal that law enforcement has been contacted to get the facts about the death.
- b. Meet with school staff with the principal as soon as possible to communicate the next steps.
 1. Implement the plan for communicating news to students and parents. Meet with school staff and the principal or designee administrator as soon as possible to communicate next steps.
 2. Allow time for staff to ask questions and express feelings.
 3. Clarify the pre-arranged steps that will be taken to support school personnel, students and parents (grief counseling, debriefing).
 4. Review process for students leaving school grounds. Call regional/local mental health agency, other school counselors, and clergy to arrange for crisis intervention and debriefing assistance if arranged in prior planning.
 5. Consider the possibility of copycat behavior and ask staff to identify concerns they may have about individual students: clarify how to monitor at-risk students.
 6. Announce how the school will interact with media representatives. Remind staff not to talk with press or spread rumors and that all inquiries must be directed to the designated media spokesperson.
 7. Consider the feelings that may be brought on by a death by suicide such as guilt, anger, responsibility, fears for personal safety/well-being. Remind staff of available resources for help in dealing with these feelings.
 8. Prepare staff for how to manage information that students may have as a result of cell phone contact and instant messaging in an effort to honor privacy and respect for the family of the student who died.
- d. Call regional/mental health agency, other school counselors, and clergy to arrange for crisis intervention and debriefing assistance if previously arranged.
- e. Announce the death to students during first period classes or home room as soon as possible after briefing staff with the principal. The announcement should be as honest and direct as possible, and include the facts as they have been officially communicated to the school. Do not overstate or assume facts for which there is not yet evidence. Death by suicide should NOT be announced in a large assembly or over a loud speaker. It is best if there is a system of Advisor/Advisees or Home Room announcements in which all students are given the same information at the same time by teachers they know and trust with the support of crisis team members, allowing time for initial reactions and discussion. Sample statements in Appendix D.

- f. Parents/guardians should also be notified by letter as soon as possible so that they will be prepared and available to provide support to each student. The letter should include information about how the school is responding to the death and information on any suicide prevention efforts that are established at the school. Resources and information on youth suicide prevention should be provided at the same time. The letter should be signed by the principal. Sample letter in Appendix D.
- g. Communicate information about visiting hours and funeral to students, faculty, staff, and community members in a sensitive manner. Announce arrangements for support resources at the same time.
- h. Utilize pre-planned strategy to monitor and assist other students who are considered at-risk for suicide. Follow-up should be conducted with individual students, especially those who were close to the deceased person, and also those who may not have known the deceased person, but who maybe described as vulnerable. Follow-up with these individuals and their families should be maintained for as long as necessary, remembering that special events, transitions and anniversaries are particularly difficult times. School staff should be especially sensitive to students who are particularly affected by the death. Peer groups, teams, clubs etc., of which the deceased student was a part, will likely need to talk about their issues. Attention to these students during the postvention period may help prevent future suicidal behavior.
- i. Follow the deceased student's schedule and observe reactions of students. Follow up as necessary.
- j. Conduct daily debriefing with faculty and staff during the crisis and postvention periods.
- k. Document activities as dictated by school protocols. Each crisis presents an opportunity to improve the process for handling the next crisis, so documentation is important.

3. Responsible Management of the Aftermath of a Student Suicide

- a. **Keep the School Open.** Follow regular school routines to the extent it is possible. While the school must be sensitive to the students affected by the death, they must also consider the needs of those not closely affected. The way to avoid undue anxiety is to undertake all activity in a straightforward manner, letting students, parents and faculty know that the situation is being handled.
- b. **Grief counseling.** This may be the first experience with death for some students. Students and staff need opportunities to express their grief within safe, comfortable settings individually or in small groups, in classroom discussions with their teacher, counselor, crisis facilitator, and/or grief worker.

- c. **Strong feelings** will be expressed and will need to be validated. Grieving is an important part of healing and provides an opportunity to learn how to cope with loss. However, when suicide is the cause of death, there is a fine line between encouraging students to express their feelings and giving the death so much attention that it may make the idea of suicide attractive to other vulnerable students. It is a delicate balance that requires a thoughtful approach.
- d. **Grief process after suicide.** Individuals who lose a family member or close friend to suicide face some unique challenges that may complicate their grief process. An intense search for the reasons “why” is normal, but may lead to scapegoating or blaming another for the death. This may put the person being blamed at risk for suicide. Feelings of personal guilt, rejection, and desertion are also common in the aftermath of a traumatic death. Effective handling of the grief process is directly related to the ability of the school community to return to normalcy. Special events and anniversaries of the death may be especially significant and difficult for those close to the person who died by suicide.
- e. **Funeral Arrangements.** Schools that have had experience with suicide report that often the day of the funeral is critical in terms of crisis management. Ask the family, when possible, to hold the funeral service after school hours to allow those attending in the evening to be supported by their families and each other. If that is not possible, students should be allowed to attend the funeral during school hours with parental permission. Announce arrangements regarding the school absence for funeral attendance. *If possible, avoid use of the school as the funeral site because some youth will forever associate the room in which the service is held with the death.*
- f. **Inappropriate Memorial Activities.** Avoid memorial services being held within the school building, flying the flag at half-mast (Note: Only the President or Governor has the legal authority to mandate flying a flag at half mast), large student assemblies, dedications of sports events or other special events, special plaques, permanent markers or anything that glamorizes or glorifies the suicide. Such activities provide an invitation to other vulnerable youth to consider suicide. Grieving families and students may insist that their deceased loved one be honored. These energies are best channeled into constructive projects that help the living. Advance planning for responding to any student death will help school personnel stay with school procedure, rather than being driven by intense emotion in a time of crisis.
- g. **Appropriate Memorial Activities.** Memorial activities need to be considered very carefully. Choosing appropriate commemorative activities is one of the most delicate issues a school faces after a suicide. Honoring a student who has died can be very healing and helpful, but if the death is a suicide and the memorial activities glamorize or sensationalize the suicide, other vulnerable youth may be more likely to consider suicide as a way to end their pain and to receive attention for doing so. Things such as dedicating athletic events or establishing permanent memorials, such as plaques, planting of trees, marble benches, etc., have the potential of inviting others to consider suicide and

are not recommended. Energies to memorialize should be channeled into constructive events that can help the living. For example, encourage donations to the bereaved family, favorite charities or suicide prevention efforts, youth support programs at school, and supporting the community-based (as opposed to school-based) efforts of the family to commemorate their loved one. It is strongly recommended that all schools, rather than give students who die by suicide less attention (or more attention) than other deaths, provide guidelines for appropriate commemorative activities designed to honor any member of the school community who dies for any reason in a fair and equitable way. This eliminates the possibility that popular people or certain types of death will garner far more attention than others.

- h. **Dedication Pages must be appropriate and consistent.** It is typical and appropriate for school newspapers and yearbooks to devote dedication space to students who have died. Rather than experience an inordinate space being given to one student and very little space given to another, it is important for schools to set guidelines on how this is done to avoid more popular students receiving a lot of space and the less popular students having very little space or having the method of death determine the allotted space. A few common guidelines include allotting the same amount of space to everyone and this space includes a photograph, the person's name, birth and death dates, and something about what the individual did while living. Many school yearbook publishers have well thought out guidelines pertaining to dedication pages.
- i. **Diploma Awards.** Graduation and award ceremonies can be very painful times for the families of students who have died. It is important to plan ahead for how your school wishes to manage these events. When, where, how, to whom and under what circumstances will you award honorary diplomas, letters, awards to those who die prior to the event? Once again, it is important to have guidelines that support consistency and fairness for all.

YOUTH SUICIDE PREVENTION, INTERVENTION & POSTVENTION GUIDELINES



Photograph by Jason Dessel (1998)

OREGON YOUTH SUICIDE PREVENTION

APPENDIX A

RESPONSE: A SCHOOL-BASED SUICIDE AWARENESS PROGRAM

RESPONSE: A SCHOOL-BASED SUICIDE AWARENESS PROGRAM

Schools: A Logical Setting for Suicide Prevention

The University of South Florida's Youth Suicide Prevention Guide identifies and defines the elements of a comprehensive school-based suicide prevention program. In reviewing suicide prevention strategies, the authors state that "our nation's schools, in partnership with families and communities, are the obvious places to identify youth at risk of suicide. Healthy, supportive and informed schools can do much to prevent youth suicide, to identify students at risk, and to direct youth to prompt effective treatment. In schools, rather than the home or community, students' problems with academics, peers and other issues are much more likely to be evident, and suicidal signals may occur here with the greatest frequency. At school, students have the greatest exposure to multiple helpers such as teachers, counselors, coaches, staff and classmates who have the potential to intervene."¹

According to *Before the Fact Interventions: A Manual of Best Practices in Suicide Prevention*, there are 5 steps for establishing a successful school-based awareness program:

1. Gain entry into relevant youth-serving systems.
2. Select a suicide awareness education curriculum for your school.
3. Provide suicide prevention training for school personnel.
4. Develop policies and procedures.
5. Develop and maintain linkages with the community mental health system.

A number of suicide awareness programs that address one or more of these steps are available. With the exception of #2 which is up to individual schools and districts, RESPONSE addresses them all.

A National Best Practice

RESPONSE is a national best practice and is listed on The American Foundation for Suicide Prevention and The Suicide Prevention Resource Center's registry:
http://www.sprc.org/featured_resources/bpr/PDF/RESPONSE_FactSheet.pdf

Congruent with research-based recommendations for suicide awareness programs, RESPONSE ensures that schools are prepared to identify, intervene and refer students who exhibit signs of depression or risk factors for suicide.

Program tools include:

- **An Implementation Manual** designed for busy administrators. The manual provides concise step-by-step instructions on how to implement the program.

- **A Staff In-Service Component** comprised of instructions to deliver a 2 ½-hour in-service training, the *Never Enough: In-service Component DVD*, a PowerPoint™ presentation, a Teacher Packet complete with information on how to identify and refer a student at risk of suicide, and an Interim Year Review handout which serves as a reminder to staff during the 3 years between each all staff in-service.
- **A Student Component** comprised of four 50-minute lesson plans, *Never Enough DVD*, a PowerPoint™ presentation, and templates for active and passive parent permission slips. The student material focuses on the attitudes and behaviors that can interfere with help seeking, encourages and models helping behavior and includes skills practice.
- **A Parent Component [Optional – Not included in the RESPONSE School Kit]**. Parents are often unaware that their son or daughter is thinking of suicide, and there is still a strong stigma about suicide in our culture, so parent attendance at workshops on depression and/or suicide, regardless of program quality, is typically very low. However, parents remain the strongest prevention agent against suicide. If your school can find a way to offer the Parent Component in conjunction with a compelling related topic, you will attract more parents and build a stronger protective shield against the tragedy of suicide.

The Parent Component is comprised of instructions to deliver a 1 - 1 ½-hour parent workshop, the *Never Enough: Parent Component DVD*, a PowerPoint™ presentation, and a Parent Packet complete with information on how to identify and pursue treatment for a son/daughter at risk of suicide.

RESPONSE differs from other programs in that it requires specific staff to serve in an intervention capacity, focuses on the attitudes and behaviors that can interfere with help seeking, and offers its own media which demonstrates some of these attitudes and behaviors in the context of an intervention. The student, staff in-service and parent films also demonstrate an optimal intervention.

For More Information on RESPONSE

- State of Oregon (RESPONSE website): <http://oregon.gov/DHS/ph/ipe/ysp/response.shtml>
- Best Practice Fact Sheet - listed on the Suicide Prevention Resource Center and American Foundation for Suicide Prevention's Best Practices Registry: http://www.sprc.org/featured_resources/bpr/index.asp

To Order

Call Jill Hollingsworth at 541.607.7322, email her at jill.hollingsworth@lookingglass.us or download the RESPONSE Overview here: <http://oregon.gov/DHS/ph/ipe/ysp/docs/responseoverview.pdf>. The order form is on page 9 of the Overview.

Applied Suicide Intervention Skills Training (ASIST)

RESPONSE requires ASIST training. *ASIST* was developed by LivingWorks Education, Inc., a public service not-for-profit organization based in Calgary, Alberta, Canada. Over 180,000 people in Canada, the United States, Australia, and Norway have taken the *ASIST* Workshop, and it is recognized as the best attended, most thoroughly researched gatekeeper training in the world.

The *ASIST* Workshop uses a minimum of two trainers with a maximum of 15 participants for each trainer. Predicated on principles of adult learning, it employs the use of large and small group discussion, award winning audio-visuals, workbooks, mini-lectures, and role-plays. It has a standardized format of four Modules spread over two days.

The Modules explore caregivers' attitudes toward suicide as they relate to the caregivers ability to recognize and intervene in times of suicide risk, teach participants how to recognize when a person may be at risk of suicide and how to assess the degree of immediate risk, introduce a proven "CPR-type" model and allow participants time to practice precisely what to say to a young person at risk of suicide to keep that person alive until the next level of help can be contacted.

Schools often offer suicide awareness information without the precaution of ensuring that staff will be prepared to help in the event a student or staff member steps forward. In fact, while 25% of school staff identify or are approached by a student at risk of suicide, only 6% of staff feel comfortable and competent in handling the situation.

Looking Glass Youth and Family Services, Inc. has partnered with LivingWorks in offering this workshop to increase staff comfort and competency in helping a student at risk for suicide.

RESPONSE requires that participating schools send two school to an ASIST training. This training must take place before the awareness components (staff in-service, student lessons and parent workshop) are delivered. ASIST goes above and beyond the staff in-service training which is designed to help all school staff identify and refer a student at risk of suicide. Once staff are trained in ASIST, they are prepared to intervene and help keep a student safe until s/he reaches the next level of care. Upon completion of this training, trainees are known as "Suicide Contacts." During the RESPONSE Student lessons and Staff In-service Trainings, the Suicide Contacts introduce themselves and let staff and students know that they are available to talk with anyone who is thinking about suicide.

For more information about the workshop, please visit the LivingWorks website at <http://www.livingworks.net>. For a list of Oregon ASIST trainers, visit the Oregon Regional Behavioral Services Website at <http://www.orbsinc.org/Page.asp?NavID=51> (as of November 1, 2007).

YOUTH SUICIDE PREVENTION, INTERVENTION & POSTVENTION GUIDELINES



Photograph by Jason Dessel (1998)

OREGON YOUTH SUICIDE PREVENTION

APPENDIX B

BASIC SUICIDE PREVENTION INFORMATION

The Problem of Youth Suicide in Oregon (2005 data)

- Suicide is the 2nd leading cause of death in Oregon for youth ages 15-24.
- Oregon's suicide rate is 35% higher than the national average.
- On average, there are 57 suicides among 15-24 year olds in Oregon annually.
- There are 3-4 suicides committed each year by youth under the age of 15.
- The male to female ratio for suicide is 6:1.
- The female to male ratio for suicide attempts is 3:1.
- 64% of all youth suicides are committed with a firearm.

Oregon Suicide Attempt Data

- For every suicide death among youth aged 17 and under, there are an estimated 134 suicide attempts that are treated in hospital emergency rooms.
- An estimated 1800 youth aged 10-17 were treated at hospital emergency departments for attempting suicide in 2004.
- 77% of these suicide attempts were among females.
- Over 1 in 20 eighth and eleventh graders reported they had attempted suicide in the past 12 (5.4% and 5.2% respectively) in the 2006 Oregon Healthy Teens Survey.³

Suicidal Ideation

- Nearly 11% of eighth graders and 12% of eleventh graders responding to the 2006 Oregon Healthy Teens Survey reported seriously considering suicide in the past 12 months.

A Few Basic Facts About Suicide

- Contrary to popular belief, talking about suicide or asking someone if they feel suicidal will NOT put the idea in their head or cause them to kill themselves.
- Research has demonstrated that in over 80% of suicides, warning signs were given.
- Suicide cuts across all socioeconomic backgrounds.
- It is NOT true that “once a person is suicidal, s/he is always suicidal.” People can get help and make other choices.
- Suicide IS often preventable. Not every death is preventable, but many are.
- Suicidal behavior should not be dismissed as “attention getting” or “manipulative”; it may be a serious cry for help. People who talk about suicide DO kill themselves. We must take every threat seriously.
- Suicidal youth do not really want to die, they want to escape their pain and may see no other alternative course of action.
- Youth who are discriminated against or victimized because of physical differences, sexual orientation, or other reasons are at higher risk for attempting suicide.
- Any trained individual can greatly increase the likelihood of a youth getting the help they need and may very well make the difference between life and death.

SUICIDE IS A COMPLICATED HUMAN BEHAVIOR

Suicide is a rare event. While many think about it, less than 1% actually kill themselves. This number is important and reassuring because it provides us with a measure of hope. If we can learn to recognize the warning signs, and gain confidence in our ability to intervene with suicidal youth, we may be able to prevent many youth suicides.

Here Is What We Know:

- There is no typical suicide victim.
- There are no absolute reasons for suicide.
- Suicide is always multi-dimensional.
- Preventing suicide must involve many approaches and requires teamwork.
- Most suicidal people do not want to die; they just want to end their pain.
- Ambivalence almost always exists until the moment of death.

Suicidal People Share Some Special Characteristics:

- **A suicidal person sees suicide as the “solution” to his or her problems.** Efforts to discuss alternative solutions are very worthwhile.
- **A suicidal person is in crisis.** Suicidal people are experiencing severe psychological distress. They need help in handling the crisis.
- **Almost all suicidal people are ambivalent,** they wish to live, AND they wish to die. We MUST support the side that wants to live and acknowledge the part that wants to die. Talking about these mixed feelings lowers anxiety. Listening and caring may save a life.
- **Suicidal thinking is frequently irrational.** Depression, anxiety, psychosis, drugs, or alcohol often distort the thought process of people when they are feeling suicidal.
- **Suicidal behavior is an attempt to communicate.** It is a desperate reaction to overwhelming circumstances. We need to pay attention!

Risk Factors:

Risk factors are stressful events, situations, or conditions that exist in a person’s life that may increase the likelihood of attempting or dying by suicide. There is no predictive list of a particular set of risk factors that spells imminent danger of suicide. It is important to understand that risk factors DO NOT cause suicide.

Risk Factors Most Strongly Associated with Suicidal Behavior:

- One or more prior suicide attempts
- Suicidal threats; homicidal ideation
- Exposure to suicidal behavior or the actual suicide of a family member or close friend
- Detailed plan for an attempt (how, where, when)

- Depression, mood disorder and/or anxiety or psychosis lasting over two weeks
- Alcohol or other drug use and abuse
- Isolation, alienation from family members, friends
- Serious family fights and conflicts and outrageous, abusive or unpredictable behavior from parents
- Conduct disorder
- Feeling hopeless, helpless, very unhappy
- Multiple losses

Warning Signs Defined:

Warning signs are the changes in a person's behaviors, feelings, and beliefs about oneself that indicate risk. Many signs are very similar to the signs of depression. Usually these signs last for a period of two weeks or longer, but some youths behave impulsively and may choose suicide as a solution to their problems very quickly.

Early Warning Signs Include:

- Difficulties in school
- Feeling sad, angry
- Eating and sleeping disturbances
- Restlessness, agitation, anxiety
- Feeling like a failure, self-criticism
- Pessimism
- Difficulty concentrating
- Preoccupation with death

Late Warning Signs Include:

- Actual talk of suicide, death
- Dropping out of usual activities
- Isolating from family and peers
- Refusing help, feeling "beyond help"
- Making a last will and testament
- Giving away favorite possessions
- Offering verbal clues about the wish to die
- Displaying sudden improvement after a period of being very sad and withdrawn - this may mean that a decision has been made to escape all problems by ending one's life

Protective Factors:

Protective Factors are the positive conditions, personal and social resources that promote resiliency and reduce the potential for youth suicide as well as other high-risk behaviors.

Protective Factors Include:

- Close family bonds
- Strong sense of self-worth
- A sense of personal control
- Good impulse control
- A reasonably stable environment
- Responsibilities/duties to others
- Best friends
- Opportunities to participate in projects/activities
- Lack of access to lethal means
- Pets

HELPING SUICIDAL YOUTH

What is NOT Helpful When Working with Someone Who Might Be Suicidal:

- **Ignoring or dismissing the issue.** This sends the message that you don't hear their message, don't believe them, or you don't care about their pain.
- **Acting shocked or embarrassed.**
- **Panicking, preaching, or patronizing.**
- **Challenging, debating, or bargaining.** Never challenge a suicidal person. You can't win in a power struggle with someone who is thinking irrationally.
- **Giving harmful advice** - such as suggesting the use of drugs or alcohol to "feel better." There is a very strong association between alcohol use and suicide.
- **Promising to keep a secret.** The suicidal person is sharing his/her feelings hoping that someone will recognize the pain and help, even though they may verbally contradict this.

What is Helpful

1. **Show you care** - Listen carefully - Be genuine
"I'm concerned about you...about how you feel."
2. **Ask the question** - Be direct, caring and non-confrontational
"Are you thinking about suicide?"
3. **Get Help** - Do not leave him/her alone
"You are not alone. I will help you get the help you need."

Resources for Help

It is necessary to maintain lists of resources available for use by school personnel so that they know exactly who to contact when they are working with a student who might be suicidal. Generate your own list with local and state contact information.

School Resources for Help

- School Administrators
- School Nurses
- School Gatekeepers (individuals trained to recognize & respond to suicidal behavior)
- Social Workers & Guidance Counselors
- School Resource Officers
- Psychological Services Providers

Community Resources

- National Crisis Line **1-800-273-TALK (8255)**
- Mental Health Agencies, especially crisis service units
- Private Clinics/facilities

- Hospital emergency rooms
- Police
- Local Religious Leaders
- Emergency Medical Services

Oregon Contact for Suicide Prevention Information

- Oregon Public Health Division, Donna Noonan, State of Oregon Youth Suicide Prevention Coordinator 1.971.673.1023.

Take Care of Yourself. Working with Suicidal People is Challenging

- Acknowledge the intensity of your feelings
- Seek support
- Avoid over-involvement. It takes a team of people to help a suicidal individual.
- Never do this work on your own. Always inform your supervisor or other designated person as outlined in school protocol.
- Recognize that you are not responsible for another person's choice to end their life.

YOUTH SUICIDE PREVENTION, INTERVENTION & POSTVENTION GUIDELINES



Photograph by Jason Dessel (1998)

OREGON YOUTH SUICIDE PREVENTION

APPENDIX C

SHORT VERSION OF SUICIDE INTERVENTION AND POSTVENTION GUIDELINES

SUICIDE INTERVENTION AND POSTVENTION GUIDELINES SUMMARY

This short version of the Guidelines is designed for quick reference once the longer version is fully understood and integrated into crisis plan. When a student attempts to take his/her life or completes the act of suicide, either at school or in the community, the way in which the aftermath is handled is critically important to maintain control over the school environment. Every effort must be made to avoid suicide copycat behavior.

Suicide Attempt

Intervene as appropriate to prevent completion of suicide.

Assure the person that s/he is not alone, that help is available and that you will stay with them until help arrives; direct someone else to seek medical help or professional assistance – do not leave a suicidal student alone. D

Inform the building administrator.

Secure the area and prevent non-essential people from accessing scene.

Prevent other students from witnessing a traumatic event.

Contact school counselor(s), nurse, and call 911 (for assistance in handling procedures if needed). Consider involving law enforcement negotiators and crisis clinicians to intervene during attempted suicide. If needed, contact crisis services, EMS and/or police to transport the student to hospital emergency department.

Contact parents to give necessary information:

- a. Notify them of what has occurred and arrange to meet with them.
- b. Discuss the need for assessment by a crisis clinician.
- c. If the immediate crisis is under control, release the student to the parent/guardian with arrangements made for treatment.
- d. Explain to parents/guardians the importance of removing all lethal means, especially firearms, from the home (include ropes, pills, household poisons, knives).
- e. Call parents back within 24 hours to check on follow-through and get an update on the student.
- f. Discuss need for a cooperative school/home support and monitoring system.
- g. Discuss re-admittance to school procedures when appropriate.

Engage support from Student Assistance Team or other designated school personnel as necessary.

Convene crisis response team to:

- a. Alert counselors and nurse at schools where siblings are enrolled.
- b. Inform staff who in turn will inform the student body, as appropriate, that the student is being helped.
- c. Review strategy in case other students attempt or complete suicide.

Contact superintendent who notifies school board about incident (withhold student identity).

Remain calm and assure other students that their classmate is getting help.

Permit other students to leave school only with documented parental permission and carefully track attendance.

Keep an informal time and procedures log of crisis response activities.

Document activities and file report in principal's office.

Debrief with crisis response team and school personnel.

Fatal Suicidal Behavior

Principal will convene the school based crisis response team and:

- a. Contact law enforcement to verify the information.
- b. Contact family of deceased to express condolences.
- c. Alert counselor and nurse at schools where any siblings are enrolled.
- d. Meet with staff to communicate next steps.
- e. Mobilize plan to monitor close friends and other vulnerable students.
- f. Review special considerations in managing the aftermath of a suicide to avoid copycat behavior.
- g. Serve as spokesperson to the media.

Monitor and assist other students considered at risk for suicide.

Write a letter providing information about the suicide to parents of other students (see sample in Appendix D) or schedule a parent meeting. Provide resources and youth suicide prevention information to parents. Also include what the school is doing to assist all students to cope with this tragedy.

Engage support of school nurse, counselors and any peer intervention or student assistance personnel, and community crisis mental health agency.

Permit students to leave school only with documented parental permission and carefully track attendance.

Initiate grief-counseling plan as determined by need and severity of the situation.

Keep an informal time and procedures log of response activities.

Make arrangements for school personnel to visit the family of the deceased.

Relay information about visiting hours and funeral to students, staff, and community as it becomes available.

Document activities and file in principal's office.

Debrief daily with school based crisis response team and staff during crisis period.

If questioned by media, the administrator states that law enforcement officials are investigating an untimely death (do not use student or staff names)

YOUTH SUICIDE PREVENTION, INTERVENTION & POSTVENTION GUIDELINES



Photograph by Jason Dessel (1998)

OREGON YOUTH SUICIDE PREVENTION

APPENDIX D

SAMPLE POSTVENTION LETTERS AND ANNOUNCEMENTS/ GUIDELINES FOR COMMUNICATING WITH PARENT(S) OF DECEASED

THIS APPENDIX INCLUDES SAMPLE ANNOUNCEMENTS AND LETTERS AS WELL AS GUIDELINES FOR COMMUNICATING WITH PARENT(S) OF THE DECEASED.

SEE SECTION V FOR POSTVENTION GUIDELINES.

Sample Announcements Delivered by Teachers or Crisis Team Members in classrooms.

The following information and sample announcements are taken from the book Managing Sudden Traumatic Loss in the Schools by Maureen M. Underwood, LCSW and Karen Dunne-Maxim, MS, RN (1997). This is an invaluable resource for school administrators. It is available from the University of Medicine and Dentistry of New Jersey, University of Behavioral Health Care, Piscataway, NJ 08845 – 1392. Telephone (908) 235-4109.

1. After the school crisis response team has been mobilized, it is critical for administration and/or crisis team members to prepare a statement about the death for release to faculty and students. The announcement should include the facts as they have been officially communicated to the school. Announcements should not overstate or assume facts not in evidence. If the official cause of death has not as yet been ruled suicide, avoid making that assumption. There are also many instances when family members insist that a death that may appear to be suicide was, in fact, accidental.
2. An announcement should be presented to faculty at a meeting called by the building administrator as soon as possible following the death. The building administrator and a member of the Crisis Team could facilitate the meeting. The goals of such a meeting are to inform the faculty, acknowledge their grief and loss, and to prepare them to respond to the needs of the students. Faculty will then read the announcement to their students in their home rooms so that students get the same information at the same time from someone they know.
3. The same announcements in this section are straightforward and are designed for use with faculty, students, and parents as appropriate. Directing your announcement to the appropriate grade level of the students is also important, especially in primary or middle schools. A written announcement could be sent home to parents with additional information about common student reactions to suicide and how to respond as well as suicide prevention information.

Day 1

Sample Announcement For When a Suicide has Occurred Morning, Day 1

“This morning we heard the extremely sad news that _____ took his/her life last night. I know we are all saddened by his/her death and send our condolences to his family and friends. Crisis stations will be located throughout the school today for students who wish to talk to a counselor. Information about the funeral will be provided when it is available, and students may attend with parent permission.”

Sample Announcement For a Suspicious Death Not Declared Suicide Morning, Day 1

“This morning we heard extremely sad news that _____ died last night from a gunshot wound. This is the only information we have officially received on the circumstances surrounding the event. I know we are all saddened by _____’s death and send our condolences to his family and friends. Crisis stations will be located (in the library, etc.) today for students who wish to talk to a counselor. Information about the funeral will be provided when it is available, students may attend with parental permission.”

Sample Announcement Primary or Middle School Morning, Day 1

“We want to take some time this morning to talk about something very sad. Name) _____, an eighth grader, died unexpectedly last night. At this point, we do not officially know the cause of (his/her) _____ death. Death is a difficult issue for anyone to deal with. Even if you didn’t know _____, you might still have some emotional reactions to hearing about this.

It is very important to be able to express our feelings about _____’s death, especially our loss and sadness. We want you to know that there are teachers and counselors available in the library all through the day to talk with you about your reaction to _____’s death. If you want to talk with somebody, you will be given a pass to go to the library where we have people who will help us through this difficult time.”

End of Day 1

4. At the end of the first day, another announcement to the whole school prior to dismissal can serve to join the whole school in their grieving in a simple, non-sensationalized way. In this case, it is appropriate for the building administrator to make an announcement similar to the following over the loud speaker:

“Today has been a sad day for all of us. We encourage you to talk about _____’s death with your friends, your family and whoever else gives you support. We will have special staff here for you tomorrow to help in dealing with our loss. Let us end the day by having the whole school offer a moment of silence for _____.”

Day 2

5. On the second day following the death, many schools have found it helpful to start the day with another homeroom announcement. This announcement can include additional verified information, re-emphasize the continuing availability of in-school resources and provide information to facilitate grief. Here’s a sample of how this announcement might be handled:

“We know that _____’s death has been declared a suicide. Even though we might try to understand the reasons for his/her doing this, we can never really know what was going on that made him/her take his/her life. One thing that’s important to remember is that there is never just one reason for a suicide. There are always many reasons or causes and we will never be able to figure them all out.

Today we begin the process of returning to a normal schedule in school. This may be hard for some of us to do. Counselors are still available in school to help us deal with our feelings. If you feel the need to speak to a counselor, either alone or with a friend, tell a teacher, the principal, or the school nurse, and they will help make the arrangements.

We also have information about the visitation and funeral. The visitation will be held tomorrow evening at the _____ Funeral Home from 7 to 9 pm. There will be a funeral Mass Friday morning at 10:00 am at _____ Church. In order to be excused from school to attend the funeral, you will need to be accompanied by a parent or relative, or have your parent’s permission to attend. We also encourage you to ask your parents to go with you to the funeral home.”

Sample Letter to be Mailed to all Parents Following a Suicide of a Student

Dear Parent,

I have very sad news to share with you. We learned last night that [John Smith, a senior in our high school], died by suicide. According to police reports, [he shot himself]. We have shared this information with all of the students in their first period class this morning. We hope that you will be able to talk with your son or daughter about the death.

Suicide is a difficult death for most people to understand and accept because it raises many unanswerable questions. We can never really know why a person kills him/herself. There can be a variety of factors that lead to an individual's suicide death. Sometimes students, especially [John's] friends, may wonder if they could have prevented the death. Others may feel that it was somehow their fault. It's important that students have an opportunity to communicate about these concerns and receive help if they need it.

IF YOU HAVE A SUICIDE PREVENTION PROGRAM IMPLEMENTED IN YOUR HIGH SCHOOL, MENTION IT HERE. [Name of High School] takes suicide prevention very seriously. For the last XX years/months, we have used a national best practice program to reduce the risk of suicide, and have [educated students in our [9th] grade health classes and school staff to identify and refer students who reveal warning signs of suicide. We also send out a yearly parent mailing that includes warning signs and a strong recommendation to seek treatment. Unfortunately, it's impossible to prevent all suicides regardless of program quality. Sometimes warning signs and risk factors are missed, or the student at risk doesn't talk about it and is able to function without noticeable changes in behavior.

Usually, however, a person at risk of suicide will convey more than one of the following warning signs. If you observe any of the following in your son or daughter, please pursue treatment as soon as possible:

Warning Signs Defined:

Warning signs are the changes in a person's behaviors, feelings, and beliefs about oneself that indicate risk. Many signs are very similar to the signs of depression. Usually these signs last for a period of two weeks or longer, but some youths behave impulsively and may choose suicide as a solution to their problems very quickly.

Early Warning Signs Include:

- Difficulties in school
- Feeling sad, angry
- Eating and sleeping disturbances
- Restlessness, agitation, anxiety
- Feeling like a failure, self criticism
- Pessimism
- Difficulty Concentrating
- Preoccupation with death

Late Warning Signs Include:

- Actual talk of suicide, death
- Dropping out of usual activities
- Isolating from family and peers
- Refusing help, feeling “beyond help”
- Making a last will and testament
- Giving away favorite possessions
- Offering verbal clues about the wish to die – “I wish I could just disappear for good.”
- Displaying sudden improvement after a period of being very sad and withdrawn - this may mean that a decision has been made to escape all problems by ending one’s life

The following are protective factors against suicide:**Protective Factors:**

Protective Factors are the positive conditions, personal and social resources that promote resiliency and reduce the potential for youth suicide as well as other high-risk behaviors.

Protective Factors Include:

- Close family bonds
- Strong sense of self-worth
- A sense of personal control
- Good impulse control
- A reasonably stable environment
- Responsibilities/duties to others
- Best friends
- Opportunities to participate in projects/activities
- Lack of access to lethal means
- Pets

Please observe your son(s) or daughter(s) for warning signs, pursue treatment for depression, warning signs of suicide, and help protect against suicide by promoting protective factors.

Counselors, teachers and other staff have been and will continue to be available for the students, parents, and teachers to talk about thoughts, feelings and concerns. Please contact us at the school if you have questions or concerns.

Source: This letter was revised with permission of the publisher, The Dougy Center for Grieving Children, from the publication *When Death impacts Your School: A Guide for School Administrators*; Appendix B. Page 49.

Guidelines for Conversation with Parents/Guardians of Deceased

This is one of the most challenging conversations in an administrator's career. Experiencing the death of a son or daughter to suicide is extremely painful and the grief is complex. Communication with survivors requires the utmost care and compassion. Every conversation will be different. These guidelines provide tips on how to prepare for the call, some of the most common concerns of the surviving parent(s) or guardians, and goals of an administrator.

Before making this call, consider the following:

- Family members are often in shock, and find it difficult to make decisions. Try to keep decision-making at a minimum.
- Your goal during this conversation is to extend heartfelt condolences, relay survivor support information, convey the next steps on the school level, encourage the family to disclose the cause of death (only if the family does not want to disclose), determine the funeral arrangements, and coordinate the retrieval of personal effects.
- Access support group information for suicide survivors from the American Foundation for Suicide Prevention's website. The website maintains a list of support groups in the US: <http://www.afsp.org> (surviving suicide loss).
- Determine whether both parents still live in the home. If they do, try to determine, through those who know the family, whether the mother or father would be the most appropriate contact. If neither can talk, try to find a friend of the family or clergy member who would be willing to discuss the next steps for the school with the mother or father.
- As quickly as possible, prepare for an intensive inquiry into the circumstances leading up to a student's death. It is common for parents experiencing this loss to need answers. They may want to know if there was anything school staff or students knew regarding the student's behavior, state of mind, or school work that may have indicated the student was contemplating suicide. Parents may want to retrieve any personal items from lockers or papers from classes immediately.
- The parent(s) may not want to disclose the cause of death. Although the cause of death is public information in Oregon, federal FERPA and HIPPA laws take precedence, and if the parent(s) do not want to disclose, you must uphold their wishes. **However, not disclosing the cause of death as a suicide leads to confusion, rumors, speculation, decreases trust among staff and students, puts school supportive staff in the position of not discussing this openly with students, puts other students' parents in a position of not knowing how to support their sons and daughters, and increases the likelihood of contagion (additional suicides).**
- Prepare a statement (see samples on pgs. 49-50) in advance of the conversation to share with the family or family contact.

Making the Call

1. Express sincere condolences. Acknowledge that you can't imagine what the parents are going through.
2. Determine whether the person contacted can talk about the next steps for the school. If not, ask if there is another family member, friend or clergy member that can help him/her with this.
3. Once you locate the appropriate contact, tell him/her that you want to let the family know what is happening at the school level, so there won't be any surprises.
4. Tell him/her that one of the first steps at the school is to inform staff and students. Explain that students, especially those who knew (name of deceased), will have lots of questions regarding the death. Explain that the school will set up safe rooms where students and staff will have access to counselors to assist with their grief.
5. Tell the family member or contact that you are willing to serve as a liaison between the family, other parents and classmates to minimize the distress that these inquiries can have at this time. If the family is concerned about the media, and you are willing to serve as a liaison with them, offer to help.
6. Provide your direct contact information.
7. Ask about funeral arrangements. If they haven't been made, ask that the family consider holding the funeral after school hours, so that if classmates attend, they can get support from their families. If funeral arrangements have not been made, ask for a good time to call back.
9. Share your prepared statement including the funeral arrangements (if available).
10. **If the family/contact objects** to stating the cause of death. Explain from your own experience (or the experience of others) that it is best to disclose the cause of death. If the cause is suppressed, the school will not be able to adequately support school staff, students, and parents with their grief. Suppression will also increase confusion, speculation and rumors, and the likelihood for copycat suicides. For these reasons (and possibly for the reason that the cause of death is already widely known), say that you strongly recommend that the family allow you to disclose the cause of death so that the school can address this directly and immediately.
12. Let the parent/contact know that the next step is to send a letter home to parents that discloses the cause of death, explains what they are doing at the school, and provides information about warning signs for depression and suicidal ideation to prevent copycat suicides.
13. Ask the parent/contact when s/he wants to pick up personal items, and whether the parent/contact wants to empty the locker in private or have the items available for him/her to pick up.
14. Thank the family member and let him/her know that (name of deceased) will be greatly missed.

YOUTH SUICIDE PREVENTION, INTERVENTION & POSTVENTION GUIDELINES



Photograph by Jason Dessel (1998)

OREGON YOUTH SUICIDE PREVENTION

APPENDIX E

MEDIA GUIDELINES FOR REPORTING ON SUICIDE

Reporting on Suicides

Talking about suicide does not cause suicides

Certain forms of reporting these tragic events have been shown to help prevent suicides. Communicating news of suicide deaths and reporting on or recommending suicide intervention and prevention measures is a critical function, which only the media can fulfill. The presentation of facts about suicide and the language used to convey those facts within news coverage can diminish the atmosphere of rumor and, moreover, the possibility of increased suicidal behavior.

Suicide is a Tragedy. It will be reported

The mission of a news organization is to report information on events in the community. If a suicide is considered newsworthy, it will probably be reported. Efforts to prevent news coverage may not be effective; the goal should be to assist news professionals to report responsibly and accurately.

“Fine-tuning” such stories along the parameters outlined below can actually promote the safety of individuals at-risk:

Report in a non-sensationalized, non-romanticized, non-graphic fashion the news of a suicide or series of suicides. Establish a foundation that avoids placing blame on events, friends, and relatives, but acknowledges the grief process for the community.

Provide concise factual information that increases public awareness of risk factors, warning signs, and possible actions to help a suicidal person. In most cases, there are warning signs of an impending suicide. Yet, at the time of a suicide, those closest to the victim did not know about, or may not have seen, those warning signs. Finding and focusing on these warning signs can help to increase general public awareness of how to recognize and respond to help a suicidal person.

Describe what is being done to promote safety in the aftermath of a suicide. Local crisis intervention activities usually follow a suicide. Publicizing the significant efforts underway by schools and community organizations give options for help to community members affected by the tragedy.

List available community resources for individuals at-risk.

Information on available resources, including hotline number(s) and other local resources, can assist individuals at-risk, their friends and family members, learn where to get help with their concerns. **National Suicide Talkline, 1-800-273-TALK**, is an appropriate resource in any story related to suicide and can be included as a resource.

Periodically feature stories about people who have made it through difficult situations. Stories that present positive ways of coping with problems aid in the prevention of further suicide attempts. For vulnerable individuals, these stories can provide positive role models and alternative solutions to ending one’s life.

What research has shown about the Copycat Effect

Findings from numerous American and international studies during the last thirty years indicate the likelihood of copycat suicides are increased by certain types of reporting. The classic cases are the increase in the national suicide rate by 17% after Marilyn Monroe died by suicide and the international copycat suicides after Kurt Cobain's death.

The increase in suicidal behavior, especially among youth, following prominent news coverage of a suicide comes about because the coverage falls outside certain parameters. Research shows that problems occur even with regard to the use of seemingly harmless phrases like “successful suicides” and “failed attempts.” These tend to give the message that to kill oneself is a “success” and to try, but not die is a “failure.” Furthermore, publicizing graphic and repetitive representations of suicides (including the method used and how obtained), and glorifying the suicide victim appear to increase the actual numbers of suicide through the “copycat effect,” a well-researched form of behavior contagion.

The following reporting practices have been linked to increased suicidal behavior:

*Providing sensational coverage of suicide. **Graphic news coverage of a suicide can heighten a vulnerable person's preoccupation with suicide. Reports that employ dramatic photographs related to the suicide (e.g., photographs of the funeral, the deceased person's bedroom, and the site of the suicide), and detailed verbal imagery of the suicide scene become exacting models for other at-risk persons. Details about the method of suicide may also encourage imitation of the suicidal behavior among vulnerable persons.***

Glorifying or romanticizing suicide or persons who die by suicide. Reports that idealize or romanticize someone who dies by suicide may encourage others to identify with the person. Exaggerated community expressions of grief (e.g., large public eulogies, flying flags at half-mast, and erecting permanent public memorials) cause inflated reinforcement of the suicide. Such actions may contribute to suicide contagion by suggesting to susceptible persons that society is honoring the suicidal behavior of the deceased person, rather than mourning the person's death.

Focusing only on the suicide victim's positive characteristics. While statements praising the deceased as “a great kid” or “someone with a bright future” are important, acknowledgement that the deceased was experiencing problems or struggles can help give a more accurate picture of the individual's situation. When the deceased person's problems are not acknowledged, suicidal behavior may be attractive to other at-risk persons, especially those who rarely receive positive reinforcement.

Presenting simple explanations for suicide. Suicide is seldom the result of a single event. Rather, it is the rare act of a troubled person struggling with complex circumstances. During the period immediately after a death by suicide, grieving family members and friends are stunned and may find a loved one's death by suicide unexplainable. They may deny that there were warning signs or may place blame on one person or event. Presentation of suicide as a way of coping with personal problems (e.g., the break-up of a relationship or retaliation against parental discipline) may suggest suicide as a possible coping mechanism to other at-risk persons.

Engaging in repetitive or prominent reporting of suicide. Excessive coverage of a suicide tends to promote and maintain a preoccupation with suicide among at-risk persons, especially young people. Front-page coverage of a suicide and use of the word 'suicide' in a headline has been shown to increase copycat suicidal behaviors.

“No Comment” is not productive

Refusing to speak with the media will not prevent coverage of a suicide. Use a media request for information as an opportunity to influence the contents of the story. Always provide information on state and local resources for suicide prevention and crisis intervention and other available services.

Sources: MMWR, Vol. 43/No. RR-6, “Suicide Contagion and the Reporting of Suicide: Recommendations from a National Workshop,” AFSP Media Guidelines, and *The Copycat Effect* (Loren Coleman, Simon and Schuster, 2004).

For more comprehensive media guidelines, visit The American Association of Suicidology website at <http://www.suicidology.org>

YOUTH SUICIDE PREVENTION, INTERVENTION & POSTVENTION GUIDELINES



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OREGON YOUTH SUICIDE PREVENTION

APPENDIX F

OTHER ISSUES & OPTIONS
SURROUNDING A STUDENT'S RETURN TO SCHOOL
FOLLOWING A MENTAL HEALTH-RELATED ABSENCE

OTHER ISSUES AND OPTIONS SURROUNDING A STUDENT’S RETURN TO SCHOOL FOLLOWING A MENTAL HEALTH-RELATED ABSENCE

A number of issues are likely to surface and will need to be considered on a case-by-case basis and addressed at the re-entry planning session. It is very likely that some of the school staff, the family, the mental health professional and the student will express concerns. Some of the more common issues are listed below:

1. **Issue:** Social and Peer Relations

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.
- Place the student in a school-based support group, peer helpers program, or buddy system.
- Arrange for a transfer to another school if indicated.
- Be sensitive to the need for confidentiality and how to restrict gossip.

2. **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 in the school re-entry planning meeting.

3. **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.

4. **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 monitor and dispense all medication taken by the student at school.

5. **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.
- Refer the family to an outside community agency for family counseling services
- Include information about those with a sliding fee scale.

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 discipline administrator.
- Request daily attendance report from attendance office.
- Make home visits or regularly scheduled parent conferences to review attendance and discipline record.
- Arrange for counseling for 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. Ask the student about his/her natural contact at school. The school liaison should be someone with whom the student has an established relationship.
- Maintain contact with the therapist and parents.
- Ask the student to check in with the school counselor daily/weekly.

- Utilize established support systems, Student Assistance Teams, support groups, friends, clubs and organizations.
- Schedule follow-up sessions with the school psychologist or home school coordinator.
- 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 complicated grief and most of the on-going support considerations mentioned in #7 would also apply.

YOUTH SUICIDE PREVENTION, INTERVENTION & POSTVENTION GUIDELINES



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OREGON YOUTH SUICIDE PREVENTION

APPENDIX G

DOCUMENTATION/MAINTENANCE OF FILES;
SAMPLE FORMS AND LETTERS (INTERVENTION)

DOCUMENTATION / MAINTENANCE OF FILES

Each School District determines how the documentation of suicidal behavior is to be maintained. Some suggestions and sample forms are included in this section.

1. School administrators and designated others shall maintain secure files containing forms documenting actions taken within an individual student records.
2. Dissemination of information about at-risk students is governed by the provisions of the United States Family Education Rights and Privacy Act of 1974, Public Law 93-380, as amended by Public Law 93-586, the Education for All Handicapped Children Act, Public Law 94-142, and 20 – A M.R.S.A. §§ 6001 – 6001-B.
3. A former educational agency shall transfer all requested student education records relating to the particular student to a new educational agency no later than 10 days after receipt of a request (ORS 339.260).
4. According to Division 21 School Governance and Student Conduct Oregon Administrative Rules, an educational agency or institution shall give a parent or eligible student, on request, an opportunity for a hearing to challenge the content of the student's education records on the grounds that the information contained in the education records is inaccurate, misleading, or in violation of the privacy or other rights of the student (OAR 581-021-0380).
5. All written copies of reports shall be sent sealed, confidential to be opened by addressee only.
6. All parent correspondence should be mailed with return receipt requested.

SAMPLE

AUTHORIZATION FOR RELEASE AND EXCHANGE OF MENTAL HEALTH RECORDS AND INFORMATION

I authorize the exchange of information and records between _____ and the agency or individual listed below. This information will be used to plan services for:

(Student's name)

(Date of Birth)

AUTHORIZED AGENCY OR INDIVIDUAL

INFORMATION TO BE EXCHANGED CONSISTING OF: (Initial all that apply)

_____ All mental health treatment information including comprehensive assessments and discharge summaries, treatment plan, case notes and attendance.

_____ Medication management information and updates (residential programs only).

_____ Other _____

_____ Exclusions: _____

If we are requesting this Authorization from you for our own use and disclosure or to allow another health care provider or health plan to disclose information to us:

- (1) We cannot condition our provision of services or treatment to you on the receipt of this signed authorization;
- (2) You may inspect a copy of the protected health information to be used or disclosed;
- (3) You may refuse to sign this Authorization; and
- (4) We must provide you with a copy of the signed authorization

You have the right to revoke this Authorization at any time, provided that you do so in writing and except to the extent that we have already used or disclosed the information in reliance on this Authorization.

Unless revoked earlier or otherwise indicated, this Authorization will expire 180 days from the date from the date of signing.

I understand that this release authorizes a free exchange of information and records between designated individuals and agencies in order to give the most complete and thorough services available to my child. It does not authorize release to any other person or agency except those indicated.

I release the agency disclosing this information from any and all liability with respect to the release of this information. My signature below provides the authority to release such information.

Printed Name

Client Signature

Date

Printed Name of Parent

Parent/Guardian Signature

Date

Printed Name of Parent

Parent/Guardian Signature

Date

To receiving agency: Any disclosure made pursuant to this release is bound by Part 2 of Title 42 of the Code of Federal Regulations and ORS 179.495 governing confidentiality of alcohol and drug records. Re-disclosure is prohibited without client's written consent.

This is a sample form to use as a “report of suicide risk” and to document school personnel’s interactions to prevent a youth suicide.

Report of Suicide Risk

School District	Name of School			Date	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Grade	Parent Notification Time	Date	Response
Staff Members Involved:					
Description of Problem:					
Recommendations to parents/guardian:					
Results of follow up contact:					
Signature					

This is a sample form that verifies that the parent/guardian has been informed and advised of a student's behavior that was not directly life threatening but of concern enough for parental contact. If the meeting is in person, the parent/guardian can sign it, but if the contact is by telephone, mail the form and have the parent/guardians(s) sign it and return it within a specified time frame.

School _____

Parent Contact Acknowledgment Form

This is to verify that I have spoken with school staff member,

_____ on _____(date),

concerning my child's suicidal ideations. I have been advised to seek the services of a mental health agency or therapist immediately.

I understand a follow up check by this staff person _____

will be made with my child, the treating agency, and me within two weeks of this date.

Parental Signature

_____ **Date** _____

Faculty Member

_____ **Date** _____

This is a sample form, copies of which would accompany any “Report of Suicide Risk” and be mailed, with return receipt requested, to the parent the day after the face-to-face meeting to remind them of the seriousness of the situation.

School _____

Parental Confirmation of Contact

Dear _____:

This is to confirm our conversation of _____ regarding
your child _____.

It is hoped you will seriously consider our recommendation(s).

(list recommendations)

As agreed, I will follow up with you on actions taken within two weeks. Please note that a lack of parental follow-up may be reported as child neglect.

Please feel free to contact me regarding any further concerns.

Signed: _____

Date: _____

This is a sample of a form that could be used as a “risk/referral” form to be filed with the school system. A copy of this form should be shared with the parent as a summary of the steps taken and/or adapted to include a parent’s signature to verify contact and discussion.

**Student Record of Actions Taken
Confidential**

Student Name:	Name of School:	Grade	<input type="checkbox"/> Male <input type="checkbox"/> Female
<p>Who Initiated the referral?</p> <p><input type="checkbox"/> Friend/Student _____ <input type="checkbox"/> Parent _____ <input type="checkbox"/> Teacher _____</p> <p><input type="checkbox"/> Other School Personnel _____ <input type="checkbox"/> Administrator _____</p> <p><input type="checkbox"/> Self Referral _____ <input type="checkbox"/> Other _____</p>			
Reason for Referral			
<p>Category of Suicidal Behavior (Check one:)</p> <p><input type="checkbox"/> Suicide Attempt Having taken action with intent to die</p> <p><input type="checkbox"/> Suicide Threat Saying or doing something that indicates self-destructive desires.</p> <p><input type="checkbox"/> Suicide Ideation Having thoughts about killing oneself</p>			
Action Taken (Check those that apply)			
<input type="checkbox"/> Student seen by school personnel _____			Name/Agency
<input type="checkbox"/> Student referred to agency _____			
<input type="checkbox"/> Student referred to private professional _____			
<input type="checkbox"/> Student transported to a hospital/other _____			
<input type="checkbox"/> Student referred to Crisis Services _____			
<p>Form Completed by _____ Date _____ Position _____</p> <p>Copies to be filed with: _____</p>			

YOUTH SUICIDE PREVENTION, INTERVENTION & POSTVENTION GUIDELINES



Photograph by Jason Dessel (1998)

OREGON YOUTH SUICIDE PREVENTION

APPENDIX H

CRISIS RESPONSE SERVICES

MENTAL HEALTH CRISIS SERVICES AVAILABLE TO SCHOOLS IN OREGON

Available Services:

- **Telephone consultation** - to help determine if an assessment is indicated.
- **Assessments** - to determine if a student is at risk of harm to self or others.
- **Stabilization** - short-term, solution focused counseling for up to 30 days as a result of crisis evaluation.
- **Crisis Stabilization Residential Services** – are available short term in some Oregon cities.

How To Access Services:

- For assessment, contact a school-based counselor, nurse practitioner or mental health specialist trained to provide suicide assessments.
- If one is not available, call the local crisis services provider.
- If a local service provider isn't available, call the national crisis hotline **1-800-273-TALK** -- 24 hours/day, 365 days/year. Be prepared or prepare others to be put on hold (briefly).
- Speak with a crisis worker or crisis supervisor to determine if a face-to-face assessment is appropriate or for consultation.

What To Expect:

- Crisis services will respond as immediately as possible.
- Parents must be notified and agree to an assessment of their minor child. In an emergency situation, an assessment process can be started. Crisis workers cannot make a recommendation for needed services without parent or guardian consent unless the situation is determined to be an emergency. Implementation of the clinician's recommendation requires parental consent. *If the youth is 14 years or older, the youth can sign for his/her own treatment in Oregon.*
- Crisis worker will do an assessment at the school, at the agency office, at the nearest hospital emergency department or other suitable location. Workers cannot assess a student in an unsafe environment. If the individual is aggressive, hostile, or in possession of lethal weapons, police assistance would be obtained to assure the safety of the individual and the worker.
- Student, parents and other informed individuals will be consulted together and separately. Crisis workers cannot discuss an assessment unless a *Release of Information* has been signed by the parent/guardian, except in an emergency.
- Authorities (such as DHS) may be notified if necessary.
- Referrals to other community support services such as case management, medication management and residential services will be made as appropriate.
- Crisis services are not designed to prescribe medications; advise on medication management; involuntarily commit a minor or respond to a purely disciplinary situation.

Developed by Tri-County Mental Health Services & the Department of Behavioral & Developmental Services

SAMPLE AGREEMENT BETWEEN CRISIS RESPONSE SERVICES AND SCHOOL

School Request for Crisis Response Services

(School Name) _____ has developed an internal crisis intervention team which is positioned to respond to immediate crisis affecting their school system. Referrals to the (Name) Crisis Response Program may be made for safety concerns (suicidal/homicidal ideation), emergent psychological symptoms, stabilization of an acute crisis, and to assist students/families in connecting with appropriate resources. The (School) Crisis Team expects that face-to-face contacts with Crisis Response Program occur at either the (Name) Hospital or Crisis Response Program office sites. However in unusual situations other arrangements can be made as indicated. As per the (School Name) Protocol, referrals should be made through either the Principal or the Guidance Office, however, situations may arise for which this is not possible and other referral sources may become involved.

When any school personnel has cause to suspect that a student is at risk of harm to self or others the building principal or the guidance counselor will be informed, a (School Name) suicide protocol assessment completed, and appropriate referrals made. If it is determined that the student is in imminent danger of self-harm, the Crisis Response Program will be contacted to discuss the situation. The student will then be transported to either (Name) Hospital ER or to the Crisis Office, where a Crisis Response Program Worker will coordinate assessment and intervention efforts. (See School Protocol for Students Exhibiting Imminent Risk of Harm to Self and Others”). The student’s parents are to be informed of this event, and if possible, will be on-site during the Crisis Assessment. Following the assessment the Crisis Response Program will develop a plan based on the student/families needs or situation. The Crisis Response Program will make every effort to obtain a release and inform (School Name) of the outcome of the crisis contact, and share other pertinent information.

Crisis Response Collaboration with (School Name)

At times ___ Crisis Response Services may be involved with (School Name) students who are not referred through the school. When it appears that involvement of the school is indicated, or may be helpful to the student, every effort will be made to obtain a release in order to share information. Students will also be encouraged to make contact with the guidance counselor. In situations involving safety risks, pertinent information may be shared without a release. When indicated, Crisis Response Program staff is available to attend meetings to discuss specific student situations.

Training

Crisis Response Program staff will attend periodic meetings as requested in preparation for potential major catastrophes, or for joint debriefing if necessary. Other joint training opportunities will be explored and encouraged in order to enhance communication and to increase understanding of respective roles.

A Maine Crisis Response Program Manager developed this agreement with a School Guidance Department.

YOUTH SUICIDE PREVENTION, INTERVENTION & POSTVENTION GUIDELINES



Photograph by Jason Dessel (1998)

OREGON YOUTH SUICIDE PREVENTION

APPENDIX I

GLOSSARY OF TERMS

GLOSSARY OF COMMONLY USED TERMS

Ambivalence – Conflicting feelings or thoughts; uncertainty or indecisiveness as to what course to follow.

Bereavement – Global term encompassing both the feelings of grief and the process of mourning in reaction a death.

Bipolar Disorder – A mood disorder characterized by manic episodes and major depressive episodes.

Community Referral – A recommendation to obtain additional services to be provided by hospitals, mental health agencies, organizations, consultants, and/or mental health professionals in the local area.

Conduct Disorder – A repetitive and persistent behavior pattern during which the basic rights of others or major age-appropriate norms or rules are ignored and often violated. A diagnosis of conduct disorder is likely if the behaviors continue for a period of 6 months or longer.

Continuum – A whole characterized as a collection, sequence, or progression of elements varying by degrees.

Copycat Behavior or “Contagion” – A process by which exposure to suicidal behavior of other person(s) influences another to attempt or complete suicide. This behavior may imitate or mimic another suicide by method, timing (such as on an anniversary of another suicide), or in other ways. Numerous studies have shown an increase in suicides, particularly among youth, following prominent or repetitive media coverage of a suicide that gives specific details of the suicide, such as giving a detailed description of the methods used.

Crisis Intervention – The type of response to an individual who is at moderate or high risk for suicide. Intervention includes the response and medical or psychiatric emergency services for the individual.

Crisis Team – A group of individuals trained and assembled for the purpose of responding to the needs of others during and after a crisis event/situation.

Debriefing – A facilitated session to provide staff intervening in a crisis with an opportunity to discuss and process crisis related events. The purpose of debriefing is to provide support, recognition, and information.

Gatekeeper – This is the term used to define the role of individuals who are routinely in direct contact with a specific target audience who are trained to know basic suicide prevention steps.

Lethal Means of Suicide – Most dangerous methods of taking one’s life, such as the use of firearms, cutting tools, or medications.

Lethality – The degree of danger that a person will probably kill himself or herself is defined as lethality.

Lethal Means Restriction – This term is used to indicate the interruption of and/or prevention of access to deadly methods of suicide. Removing lethal means is a *means restriction*.

Mandatory Reporting – Many, not all, people who work with children and families are required by law to make reports of suspected child abuse and neglect to the Department of Human Services.

Murder-Suicide – When one individual murders one or more persons and then takes his/her own life by suicide.

Postvention – A sequence of planned support and interventions carried out with survivors in the aftermath of a suicide.

Prevention – A coordinated and comprehensive set of specific interventions strategically linked to target populations at risk for the development of specific disorders and dysfunction.

Protective Factors – The positive conditions, personal and social resources that promote resiliency, protect and buffer the individual, and reduce the potential for high-risk behaviors, including suicide are captured in the phrase “protective factors.”

Re-entry – The process of returning to the school environment following an extended period of absence is re-entry.

Risk Factors – Stressful events, situations, and/or conditions that may increase one’s likelihood of attempting or completing suicide.

Stigma – Stigma is commonly defined as the use of stereotypes and labels when defining someone. Stigmatization of people with mental disorders is manifested by bias, distrust, stereotyping, fear, embarrassment, anger, and/or avoidance. Stigma leads the (public) to avoid people with mental disorders. It reduces access to resources and leads to low self-esteem, isolation, and hopelessness.

Suicide – Suicide is defined as death from injury, poisoning, or suffocation where there is evidence (either explicit or implicit) the injury was self-inflicted and the decedent intended to kill him/herself. (Note: The term “completed suicide” can be used interchangeably with the term “suicide”.) Never use the term “successful” suicide. Suicide completion is not a success.

Suicide Attempt – Any fatal or non-fatal intentional self-inflicted injury.

Suicidal Behavior – Threats of self-injury, gestures, attempts, and completions are all suicidal behaviors.

Suicide by Cop – “Victim precipitated” suicide is also referred as “suicide by cop.”

Suicide Clusters – A series of consecutive suicides in the same geographic area, among a demographically similar group of individuals is termed a suicide cluster.

Suicidal Ideation – Thoughts about completing suicide are clinically referred to as “suicidal ideation.”

Suicide Pact – An agreement to complete suicide by two or more individuals.

Suicide Threat - A verbal statement indicating that suicide is being considered.

Suicide Survivor – An individual experiencing the traumatic effects of losing a loved one to suicide.

YOUTH SUICIDE PREVENTION, INTERVENTION & POSTVENTION GUIDELINES



Photograph by Jason Dessel (1998)

OREGON YOUTH SUICIDE PREVENTION

APPENDIX J

SAMPLE HANDOUTS

The Problem of Youth Suicide

Suicide

Suicide and attempted suicide among youth are leading causes of death and injury in the U.S. In fact, more teens and young adults die from suicide than from cancer, heart disease, AIDS, birth defects, stroke, pneumonia and influenza, and chronic lung disease combined.

More people die from suicide than homicide in Oregon. Approximately 60 Oregon youths die by suicide each year, making it the second leading cause of death among those aged 10-24. In 2001, the suicide rate among Oregonians in that age group was 7.15 per 100,000. From 1999-2000, this state's suicide rate for 10 - 24 year olds was 35% higher than the national average.

Even greater numbers of youth are treated in Oregon's emergency rooms for attempts they survive. Over 750 suicide attempts are reported each year (under age 18. my addition). In the 2002 Oregon Healthy Teens Survey, 14% of the state's youth reported seriously considering suicide.

- Oregon's 1997 suicide rate among youth aged 10 to 24 was 17th highest in the nation
- Oregon's suicide rate among youth aged 15 to 19 increased from 2.8 per 100,000 during 1959-1961 to 13.4 per 100,000 during 1995-1997
- In 1998, the emergency room suicide attempt registry reported 761 attempts among youth under 18
- In 1998, 373 Oregonians aged 10 to 24 were hospitalized for suicide attempts

Suicidal thoughts & attempts are more likely to be known to a teenager's peers than to adults. It is estimated that only one-fourth of teens who know of a suicidal friend report this to an adult, partly due to the importance of maintaining a confidence, and partly due to their concerns about adults' responses (Kalafat, J. & Elias, M.)

Since teens can be the 'rescuers of choice' of fellow teens, they need to know how to respond effectively. If they are not prepared, they can be overwhelmed, afraid of embarrassing themselves or their friend, or they may overreact, joke about, or minimize the problem (Ryerson, D., & Kalafat, J.)

These data provide a shocking wake-up call to communities that have not yet recognized youth suicide as one of Oregon's silent epidemics. The Department of Human Services, as part of its mission to help people become independent, healthy, and safe, seeks to end that silence with a call to action. Review the [The Oregon Plan for Youth Suicide Prevention](#).

Sources of Information

Oregon Department Of Human Services, Suicide Information & Education Centre

AM I NORMAL? REACTIONS TO OVERWHELMING STRESSFUL EVENTS

Most people have some reaction to a traumatic event such as: 1. the death or near death of a friend, classmate, or someone you know; 2. being physically or sexually abused; 3. other overwhelming situations. These experiences may affect your ability to function and take care of yourself. Everyone's reaction is different and based on personal experiences. It may take a while to have a reaction, and sometimes you may not feel a reaction at all. People often don't realize they are reacting. Sometimes feelings are triggered by having something similar happen at a later time.

Reactions to death or near death can be:

- Thoughts
- Physical reactions
- Emotional reactions
- Changes in behavior
- Increased risk taking

Common Reactions to Overwhelming Events are:

Feeling stressed	Fatigue	Feeling Anxious
Nightmares	Sadness	Trouble Concentrating
Apprehension	Anger	Increase in Risk-Taking
Change in Appetite	Sleep Problems	Increase in use of Alcohol or Drugs
Withdrawal	Headaches	Feeling Overwhelmed
Irritability	Feeling Numb	Re-enacting the event over and over in your mind

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 this is hard
- Support a friend – this is remarkably healing
- Listen to music you think is positive

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
- When you feel like the reactions are running your life
- If you are feeling overwhelmed or out of control
- When you are not taking care of yourself

Where Can I Get help?

- Parent, Friend (who is not overwhelmed), or Relative: _____
- Others (who would you put in?): _____
- School Guidance Counselor or nurse: _____
- Pastor or another adult you trust: _____
- Counseling Services: _____
- **National Crisis Hotline: 1-800-273-TALK (prepare to be put on hold)**

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 suicide and suggested responses.

- **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.”*
Suggested Response: Acknowledge the shock, anticipate the reaction to come, 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/boy/girlfriend. *“Why did you let this happen?” “It is all your fault that this happened!”*
Suggested Response: 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...”*
Suggested Response: 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?”*
Suggested Response: 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).”*
Suggested Response: 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.
Suggested Response: 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 grieving process.

- **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 much better. They can remember their friend without extreme pain.

Suggested Response: 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.

How to Support Grieving Youth

Avoid:

- Arguing over trivial matters
- Giving a lot of advice
- Making moralistic statements about the person who died
- Minimizing the loss
- Discouraging or time-limiting the grieving process
- Assigning new responsibilities right away

Do:

- 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, buying a bouquet, writing a letter)
- Believe in healing and growth

**Suggestions That May Help Enlist Parental Cooperation
With School Staff
(offered by Gatekeepers who have worked with parents of suicidal
youth)**

1. Invite the parents' perspective. State what you have noticed in their child's behavior (rather than the results of your assessment) and ask how that fits with what they have observed.
2. Advise parents to remove lethal means from the home while the child is possibly suicidal, just as you would advise taking car keys from a youth who had been drinking. Document the fact that you had this conversation in your notes. Consider having the parent sign a form acknowledging the conversation.
3. Comment on how scary this behavior is and how it complicates the life of everyone who cares about this young person.
4. Acknowledge the parents' emotional state, including anger, if present.
5. Ask, "What would it take to help you understand the seriousness of the situation?" (Develop a form for them to sign that outlines that you have discussed suicide as an issue for their child and steps to be taken.)
6. Acknowledge that no one can do this alone – appreciate their presence.
7. Listen for myths of suicide that may be blocking the parent from taking action.
8. Explore reluctance to accept a mental health referral, address those issues, explain what to expect.
9. Align yourself with the parent if possible... explore how and where youth get this idea... without in any way minimizing the behavior.
10. Other:

Supporting Parents Through Their Child's 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 state 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 get 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
- Recognized 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 Gatekeepers 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?”*
- *“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?”*

Suggestions That May Help Enlist Parental Cooperation (offered by Gatekeepers who have worked with parents of suicidal youth)

11. Invite the parents' perspective. State what you have noticed in their child's behavior (rather than the results of your assessment) and ask how that fits with what they have observed.
12. Advise parents to remove lethal means from the home while the child is possibly suicidal, just as you would advise taking car keys from a youth who had been drinking. Document the fact that you had this conversation in your notes. Consider having the parent sign a form acknowledging the conversation.
13. Comment on how scary this behavior is and how it complicates the life of everyone who cares about this young person.
14. Acknowledge the parents' emotional state, including anger, if present.
15. Ask, "What would it take to help you understand the seriousness of the situation?" (Develop a form for them to sign that outlines that you have discussed suicide as an issue for their child and steps to be taken.)
16. Acknowledge that no one can do this alone – appreciate their presence.
17. Listen for myths of suicide that may be blocking the parent from taking action.
18. Explore reluctance to accept a mental health referral, address those issues, explain what to expect.
19. Align yourself with the parent if possible... explore how and where youth get this idea... without in any way minimizing the behavior.

Five Minutes Can Save a Life

A Three Step Intervention to Use with Parents of Suicidal Adolescents

This is a very important Gatekeeper intervention. It is as sensible as taking the car keys away from an intoxicated individual. It may very well mean the difference between life and death for an adolescent.

1. **Inform the parents that their adolescent is at risk for suicide and why you think so.** For example, if you are working with an adolescent who is known to have made one attempt, it is important to inform the parent or caretaker that “Adolescents who have made a suicide attempt are at-risk for another attempt. One attempt is a very strong risk factor for another.”
2. **Tell parents or caretakers that they can reduce the risk of suicide by removing firearms from the house.** Research shows that the risk of suicide doubles if a firearm is in the house, even if the firearm is locked up. It is extremely important to help parents or caretakers understand the importance of removing access to firearms and other lethal means. Over ½ of Oregon’s youth suicides are committed with a firearm. This is important information for all parents, even if they do not own a firearm. Access to lethal means may be readily available at the home of other family members, friends, or neighbors. Every effort must be made to remove all access to lethal means.
3. **Educate parents about different ways to dispose of, or at the very least, limit access to a firearm.** Officers from local police departments, sheriff’s offices, or state police barracks are willing to discuss removing, storing, or disposing of firearms.

For More Information:

- If you are concerned about a loved one or friend who may be in crisis, call the National Crisis Hotline at 1-800-273-TALK (Be prepared to be put on hold).
- To learn more about Oregon’s Youth Suicide Prevention Program or to get materials on youth suicide prevention, call Donna Noonan, Youth Suicide Prevention Coordinator for the state of Oregon at 971.673.1023

PARENT HANDOUT

HOW TO HELP SUPPORT GRIEVING YOUTH AFTER THE SUICIDE OF A FRIEND OR FAMILY MEMBER

Grieving is a natural reaction to a death or other significant loss. Grief over the loss of a loved one is a process that is incorporated into the lives of survivors, forever changing their lives.

The suicide of a friend or classmate can cause a special form of grief for children and teens. Children and teens will need your help - provide them with information, understanding and comfort.

The grief reaction to suicide typically includes expression of shock, disbelief, denial, anger, guilt and shame.

Different children express their reactions to a crisis differently. Children and teens may show anger, get upset easily, want to talk, or withdraw to make sense of it themselves. Younger children may be more open about their feelings than older children and teens.

It's important to listen to children and teens. Encourage them to talk about their feelings and concerns. Listening helps promote their healing and growth. Reassure them they were not to blame. Encourage them to remember the person who died and be clear that it is OK to talk about them and have special memories. Your attention demonstrates respect.

When talking to children about suicide, be clear that suicide is *never* a solution to any problem.

Follow normal household routines as much as is possible. This can provide a sense of comfort and safety to a grieving child.

Understand that memorials can be very comforting (i.e. writing a poem, song or letter; attending a service; making a scrapbook; buying a bouquet.)

Avoid minimizing the loss, making moralistic statements about the person who died, setting time limits on your child's grieving process and giving lots of advice.

Pay attention to changes in your child's behavior being especially attentive to suicide warning signs.

YOUTH SUICIDE PREVENTION, INTERVENTION & POSTVENTION GUIDELINES



Photograph by Jason Dessel (1998)

OREGON YOUTH SUICIDE PREVENTION

APPENDIX K

OREGON RESOURCES/NATIONAL REFERENCES

Oregon Resources

Donna Noonan, MPH
Youth Suicide Prevention Coordinator
Injury Prevention and Epidemiology

Oregon Public Health Division, DHS
800 NE Oregon St., Suite 772
Portland, OR 97232
v. 971.673.1023 - Monday through Friday 9 – 5
f. 971.673.0990
TTY 1 (503) 731-4031
donna.noonan@state.or.us
Web address: <http://oregon.gov/DHS/ph/ipe/ysp/>

Information Contact For: State-wide youth suicide prevention program activities, Oregon Data, Youth Suicide Prevention Listserv (see next page), and gatekeeper training including QPR (see next page) and ASIST (see next page).

Jill Hollingsworth, MA
Looking Glass Youth and Family Services
Prevention Specialist
Master ASIST Trainer

2485 Roosevelt Blvd.
Eugene, OR 97402
v. 541.607.7322
c. 541.337.9001
f. 541.607.0625
jill.hollingsworth@lookingglass.us
Web address: <http://oregon.gov/DHS/ph/ipe/ysp/response.shtml>

Information Contact For: RESPONSE (See Appendix A), and ASIST (see next page).

Gary McConahay, PhD
ASIST (International Gatekeeper Training – Oregon Contact)
Oregon Regional Behavioral Services

1175 E. Main Street, Suite 1B
Medford, OR 97504
v. 541-858-8170
c. 541-218-3200
f. 541-858-8167

Information Contact For: ASIST and SAFE:TALK (See next page).

Joan Schweizer Hoff
Director of Program Services
The Dougy Center for Grieving Children

3909 SE 52nd Ave.
Portland, OR 97206
v. 503.775-5683
Toll Free: 866.775.5683
Email: help@dougy.org
<http://www.dougy.org>

Information Contact For: Postvention, Training, and Support Groups.

Oregon Gatekeeper Trainings

Gatekeeper training is designed to increase the ability to recognize warning signs, clues, risk and protective factors for suicidal behavior; to respond to a suicidal person with specific intervention skills and to increase personal confidence and ability to reach out to suicidal people, their family members and friends.

ASIST

ASIST was developed by LivingWorks Education, Inc., a public service not-for-profit organization based in Calgary, Alberta, Canada. Over 180,000 people in Canada, the United States, Australia, and Norway have taken the *ASIST* Workshop, and it is recognized as the best attended, most thoroughly researched gatekeeper training in the world.

The *ASIST* Workshop uses a minimum of two trainers with a maximum of 15 participants for each trainer. Predicated on principles of adult learning, it employs the use of large and small group discussion, award winning audio-visuals, workbooks, mini-lectures, and role-plays. It has a standardized format of four Modules spread over two days.

The Modules explore caregivers' attitudes toward suicide as they relate to the caregivers ability to recognize and intervene in times of suicide risk, teach participants how to recognize when a person may be at risk of suicide and how to assess the degree of immediate risk, introduce a proven "CPR-type" model and allow participants time to practice precisely what to say to a young person at risk of suicide to keep that person alive until the next level of help can be contacted.

SAFE:TALK

Complementing [ASIST](#), safeTALK helps to create suicide-safer communities. safeTALK is a 2.5–3.5 hour training for everyone in the community designed to ensure that persons with thoughts of suicide are connected to helpers who are prepared to provide first aid interventions. safeTALK is designed to be used in organizations and communities where there are already ASIST-trained caregivers. **Suicide alert helpers are part of a suicide-safer community.**

QPR (Question, Persuade and Refer)

Another “gatekeeper” training, QPR offers a variety of training opportunities and materials to improve suicide risk detection, assessment and management skills. QPR offers suicide risk management inventories and protocols available for those working with adults of all ages, and those working with children and adolescents. For more information about QPR and a list of Oregon trainers, visit <http://www.qprinstitute.com>

RESPONSE In-Service Training

RESPONSE In-Service Training, designed specifically for school staff, is one component of this comprehensive program. More information is in Appendix A..

Other Oregon Resources

Youth Suicide Prevention Listserv

YSPNetwork is intended to encourage discussion, networking, problem solving, and resource sharing among and across the many disciplines of people who are interested in preventing youth suicide.

To join and/or to get more information, go to:

<http://listsmart.osl.state.or.us/mailman/listinfo/yspnetwork> and follow the instructions to sign up.

Oregon Youth Suicide Prevention Program

Web address: <http://oregon.gov/DHS/ph/ipe/ysp/>

The Dougy Center for Grieving Children

<http://www.dougy.org>

Links (active as of November 2007)

LIST OF COUNTY-SPECIFIC 24-HOUR CRISIS LINES:

<http://oregon.gov/DHS/ph/ipe/ysp/cntymap.shtml>

LINKS TO OREGON MENTAL HEALTH FACILITIES AND SERVICES:

<http://mentalhealth.samhsa.gov/databases/kdata.aspx?state=OR>

LINK TO OREGON SUICIDE SURVIVOR SUPPORT GROUP INFORMATION:

<http://www.afsp.org> (surviving suicide loss)

NATIONAL RESOURCES

American Association of Suicidology (AAS)

(202) 237-2280

<http://www.suicidology.org>

American Academy of Child & Adolescent Psychiatry

(202) 966-7300

<http://www.aacap.org>

American Academy of Pediatrics

(202) 347-8600

<http://www.aap.org>

American Foundation for Suicide Prevention

Toll-free: 1-888-333-AFSP

<http://www.afsp.org/>

Center for School Mental Health Assistance

(888) 706-0980

<http://csmha.umaryland.edu>

Center for Mental Health Services Knowledge Exchange Network

(800) 789-2647

<http://www.mentalhealth.org>

Centering Corporation – Your Grief Resource Center

(402) 553-1200

<http://www.centering.org>

Dougy Center for Grieving Children

866.775.5683

<http://www.dougy.org>

Griefwork Center, Inc.

(732) 422-0400

<http://www.griefworkcenter.com>

Health Education Consultants

(913) 831-1393

LivingWorks Education, Inc.

(403) 209-0242 (Canada)

<http://www.livingworks.net>

National Center for Injury Prevention & Control

(800) 311-3435

<http://www.cdc.gov>

National Strategy for Suicide Prevention

(800) 789-2647

<http://www.mentalhealth.org>

QPR Institute

(888) 726-7926

<http://www.qprinstitute.com>

Suicide Prevention Resource Center

(877) 438-7772

<http://www.sprc.org>

Yellow Ribbon Ask-4 Help Cards

(303) 429-3530

<http://www.yellowribbon.org>