

**POLICY FOR DEALING WITH YOUTH SUICIDE PREVENTION
AND YOUTH SUICIDE ATTEMPTS**

CONNECTICUT STATE DEPARTMENT OF EDUCATION
CONNECTICUT TECHNICAL HIGH SCHOOL SYSTEM
MIDDLETOWN

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POLICY FOR DEALING WITH YOUTH SUICIDE PREVENTION AND YOUTH SUICIDE ATTEMPTS

PURPOSE

Mission Statement

The mission of the Connecticut Technical High School System is to provide a unique and rigorous high school learning environment that:

- ensures both student academic success, and trade/technology mastery and instills a zest for lifelong learning;
- prepares students for post-secondary education, including apprenticeships, and immediate productive employment; and
- responds to employers' and industries' current and emerging and changing global workforce needs and expectations through business/school partnerships.

PERTINENT LAW AND INFORMATION

Section 10-221 subsection (e) states that, not later than July 1, 1990, each local and regional board of education shall adopt a written policy and procedures for dealing with youth suicide prevention and youth suicide attempts. Each such board of education may establish a student assistance program to identify risk factors for youth suicide, procedures to intervene with such youth, referral services and training for teachers and other school professionals and students who provide assistance in the program.

Section 10-15 states that provisions of the General Statutes concerning education are applicable to the Vocational-Technical Schools.

POLICY

Suicide has become one of the leading causes of death among young people and therefore is of paramount concern to the Connecticut Technical High School System and the communities it serves. For those potentially suicidal youth who come to the attention of school personnel, workable procedures must be developed which enable educational staff to recognize youth in crises and provide appropriate intervention. However, suicide is a complex issue and while the school may be aware of a potentially suicidal youth, it cannot generally make clinical assessment of risk and provide in-depth counseling. Therefore, procedures must include referral to a community agency for assessment and counseling.

DESIGNATION OF AUTHORITY

The Superintendent of the Connecticut Technical High School System is authorized to develop procedures regarding this policy.

**PROCEDURES
FOR
DEALING WITH YOUTH SUICIDE PREVENTION
AND
YOUTH SUICIDE ATTEMPTS**

ADMINISTRATIVE PROCEDURES

The following administrative procedures are intended to guide actions regarding potential suicidal students who may come to the school's attention within different situational categories.

STUDENTS AT POTENTIAL RISK FOR SUICIDE Page 6

Actions to be taken by the school system with regard to students who are identified as having potential risk for suicide due to their life circumstances or conditions.

STUDENTS AT RISK FOR SUICIDE Page 7

Actions to be taken by the school system with regard to students who are identified as exhibiting commonly recognized warning signs of potential suicide.

STUDENTS WHO HAVE ATTEMPTED SUICIDE Page 14

Actions to be taken by the school system with regard to students who are identified as having made a suicide attempt.

SUICIDE/SUDDEN DEATH OF A STUDENT/STAFF MEMBER Page 17

Actions to be taken by the school system following a sudden death or suicide.

The Policy, associated guidelines, and a listing of Risk Factors, Warning Signs a Sudden Death Intervention Plan and other appendices are available for review by staff.

Note: These guideline rely on the Student Assistance Team (SAT) as a major facilitating agent. This team is the same one as called for by the Board Drug and Alcohol Abuse Policy and will be referred to as the SAT throughout the regulations which follow this policy.

ADMINISTRATIVE PROCEDURES

Special Issues In Using Procedures

COMMUNICATION

The building principal shall maintain communication with the Superintendent of Schools about all suicides or suicide attempts and shall call on the Central Office for advice on how to proceed if any situation warrants. In turn, the Superintendent will keep the Board up to date on suicide related issues as appropriate. All communications must be kept confidential as appropriate.

DOCUMENTATION

All actions taken by school personnel should be carefully documented by the principal. Such records should express facts, observable behaviors and actions. They should not be placed in the student's permanent file.

SPECIAL EDUCATION

In general, there should be no incompatibility between these procedures and those governing students in a special education classification. The team should work closely with pupil personnel staff and involve them whenever appropriate.

CONTAGION

Sometimes a suicide attempt or completed suicide will trigger other suicide attempts. There is no clear body of knowledge about how or why this occurs and what unique circumstances cause it. The best preventive measure against the contagion effect is to involve careful identification and monitoring of students who may be in a risk category, efforts to reduce glamorization of the suicide and carefully planned follow up intervention activities.

ANNIVERSARY DATES

The weeks, month or year anniversary of the death may trigger a delayed grief reaction of a suicide attempt modeled after the first. School personnel should be sensitive to this and intensify monitoring of students at these times.

SUPPORT FOR SUICIDE TEAM

While SAT members will probably be sensitive to each other's needs for support, it can also be helpful to have an outside professional available during and following crisis periods to "debrief" the team and offer support to individual members as needed.

SUICIDE AT SCHOOL

Follow suicide attempt procedures as outlined. Most experts agree it is better to keep students at school where adult support systems are available than to send them home where no adult supervisors might be available to them. Students should only be released to their parents or other responsible adults should they ask to leave school.

ADMINISTRATIVE PROCEDURES

Students At Potential Risk For Suicide

IDENTIFICATION

Students who may be at potential risk for suicide include students whose life conditions and/or behaviors are among those listed in Appendix A. Since prediction of potential suicide is extremely difficult, the list may not be all inclusive and staff are encouraged to be sensitive to other factors which they believe might put a student at risk for suicide even if they do not appear on this list.

STAFF ACTIONS

Staff who have identified an “at risk” student are expected to bring this student’s name to the attention of the school principal or designee as soon as possible.

ADMINISTRATIVE ACTIONS

Depending on the circumstances, the principal and/or designee may select one, or some combination of the following options:

- monitor student
- contact student
- contact student’s teacher for further information
- contact student’s parent(s)
- refer student to in-school resources
- refer student/family to out-of-school resources
- other options as warranted by the circumstances

FOLLOW-UP STAFF

Staff will be asked to monitor students who have been identified as “at risk” and should notify the principal or his/her designee if the student exhibits a more intensified pattern of distress or decline in academic/behavioral functioning.

“At risk” students should also be monitored more closely following a suicide attempt or completion in the school community. All communication between staff and the principal or his/her designee regarding “at risk” students shall be treated confidentially.

FOLLOW-UP ADMINISTRATIVE

Following a suicide attempt or completion in the community, the SAT will monitor “at risk” students more intensively, and if circumstances warrant, will contact the students and/or their families to offer assistance.

If an “at risk” student is exhibiting a pattern of decline following another’s suicide attempt or completion, procedures for “high risk” students should be followed. All communication between staff and the principal or his/her designee regarding “at risk” students shall be treated confidentially.

ADMINISTRATIVE PROCEDURES

Students At Risk For Suicide

IDENTIFICATION

Students at risk include those who are exhibiting the commonly recognized warning signs of suicide as listed in Appendix B. Staff are encouraged to be sensitive to other signs they believe may indicate a student is feeling suicidal.

In order to facilitate such identification, the Vocational Technical School System will provide training to all staff and include as part of the health curriculum the warning signs of suicide. Furthermore, special initiatives will be undertaken to inform parents of these warning signs. The school will encourage students to recognize and refer students about whom they are concerned.

After School Hours Awareness

STAFF ACTIONS

If a staff member has become aware of a potentially suicidal student during after school hours, he/she should try to estimate the level of suicide risk by talking to the student and take the following actions.

Note: If the staff person is not able to assess the level of risk he/she should contact the principal or designee who will make a judgment about contacting the local crisis center and following existing guidelines.

1. Imminent Risk of Suicide. Contact the local police, give them information about the situation and the student's whereabouts. If the circumstances are very serious, stay on the phone or in contact with the student until someone can be enlisted to summon help. A contact should be made as soon as possible with the building principal who will act in accordance with existing guidelines.
2. No Imminent Risk of Suicide. Contact the principal or designee who will consult with the local crisis center and will act in accordance with existing guidelines.

ADMINISTRATIVE ACTIONS

When a staff member notifies the principal or designee about a potentially suicidal student outside of school hours, the principal or designee will:

1. Obtain whatever information the staff member is able to provide including student's name and location.
2. Contact the student's parents and encourage them to contact the local crisis center for an evaluation of the student's risk for suicide. If the parents are unavailable the principal or designee will contact the local crisis center to determine the best course of action and will cooperate with the center in taking such action.

All guidelines for in-school referral will be followed as appropriate.

During School Hours Awareness

STAFF ACTIONS

School staff who have identified a student who exhibits the signs as noted in Appendix B or who have other reason to believe the student is at risk for suicide must immediately bring that student's name to the attention of the principal or his/her designee. This must be done even if the student has confided in the staff person and asked the staff person to keep their discussion confidential. (In such cases, the staff person would explain that he/she cannot keep confidentiality in these circumstances). All communications among staff persons, however, would be treated with the utmost confidentiality as appropriate under the circumstances consistent with effectuating their obligations under this policy.

ADMINISTRATIVE ACTIONS

1. Depending on the seriousness of the situation, the principal or designee will confer with the SAT.
2. The SAT will gather background information prior to contacting the student unless there appears to be imminent risk of self harm. (If imminent risk, proceed to Step 3). This background check should be done on the same day as the referral and might include:
 - a. further discussion with the person who made the referral.
 - b. contact with other staff members to get data on recent student performance.
3. The SAT will, at the earliest possible moment following the collection of information, make contact with the student for the purpose of obtaining information about the seriousness of the situation.
4. Based on the results of this interview and other available information, the principal or designee will take action according to the risk level of the situation.

ACTIONS ACCORDING TO RISK LEVEL

HIGH RISK IDENTIFICATION

The student has the intent to kill him/herself, a specific plan for how he/she will do it and immediate access to the method; in addition, he/she exhibits feelings of aloneness, hopelessness, helplessness and the inability to tolerate any more pain.

HIGH RISK PROCEDURES

1. The principal or designee will ask the student to sign an agreement not to harm him/herself without prior contact with the designated local crisis center.
2. The principal or designee will not leave the student alone but will stay with the student to offer support. In addition, he/she will explain to the student that he/she will contact his/her parent(s) because of deep concern for him/her.
3. The principal or designee, will arrange for someone to:
 - a) Contact the student's parent(s) to inform them of the situation and to request that they come to the school immediately. If the parent(s) cannot be contacted or if they refuse to come to school and the team determines that a medical emergency exists, an appropriate team member will follow normal procedures for such emergencies i.e. 911-police.
 - b) Obtain further information from the parent(s) concerning the student's mental health history including therapy and previous suicide attempts. If the student is currently being seen by a mental health professional, the administrator will ask for parental permission to speak with that professional.
 - c) Call together SAT members for action.
4. An appropriate team member will contact the student's therapist and may also elect to contact an outside trained helping professional (psychiatrist, crisis worker, etc.) for further consultation.
5. Appropriate team members will meet parent(s) upon their arrival at school. They will escort the parent(s) to a meeting with principal, the person who interviewed the student and, if appropriate, the outside consultant. The following points should be covered in the meeting:
 - a) The utmost seriousness of the situation.
 - b) The need for an immediate suicide risk evaluation at a medical or mental health facility. If possible this appointment should be scheduled during the meeting.
 - c) The need for continued monitoring of the student at home if he/she is released following the evaluation.
 - d) The need to "suicide-proof" their home especially in removing the method the student had described in his/her plan.
 - e) The need to obtain follow-up mental health counseling (explain that the school will be maintaining contact with the parent(s) to coordinate in-school support with out-of-school care.)
 - f) A request for parent(s) to sign a release of information form for communication between the school and the facility to which the student will be taken, the student's therapist and other individuals as appropriate.
 - g) Information about resources the parent(s) can contact in case of an emergency.

6. Following the meeting, parent(s) should accompany their child to the designated facility. If appropriate, a team member may also accompany them.
7. If the parent(s) refuses to come to school, if they come but refuse to cooperate and/or if their response could be harmful to their child, the principal should explain that the school will file a medical neglect report with the Department of Children and Youth Services. Finally, the school will follow medical emergency procedures if circumstances warrant.

HIGH RISK FOLLOW-UP

1. The following day a team member will contact the family to discuss their plans to provide professional help and support to the student and the team will meet to develop a plan of action for in-school support of the student. Lack of follow through by parent(s) necessitates a second outreach.
2. If the student is in school the following day, the team members who interviewed him/her the previous day will meet with him/her to offer continuing support.
3. The SAT will continue to monitor the student and will meet periodically to review the case. Follow-up monitoring should include:
 - a) frequent contact with student
 - b) frequent contact with student's therapist
 - c) contact with parent(s) as appropriate
 - d) contact with staff and student's friends as appropriate
 - e) consider program changes

MID-LEVEL RISK IDENTIFICATION

The student has some intent to kill himself/herself and has thought about how he/she would do it. He/she had access to the method he/she has described but has not put everything in place. Although the student may exhibit feelings of hopelessness, helplessness and unbearable pain, he/she shows some willingness to accept help.

MID-LEVEL RISK PROCEDURES

1. The principal or designee will ask the student to sign an agreement not to harm himself/herself without prior contact with the designated local crisis center.
2. The principal or designee will work with the student to create the SAT connection from whom he/she is willing and able to receive support and will offer to speak with those people on the student's behalf.
3. The principal or designee will explain to the student that he/she is required to contact the student's parent(s) in order to arrange for professional help and to develop an appropriate support system.
4. Following the meeting with the student on the same day the principal or designee will:
 - a) contact the student's parent(s) to inform them of the situation and to request a meeting later that day.

- b) convene the team to plan a course of action
 - c) obtain further information from the parent(s) concerning the student's mental health history including therapy and previous suicidal attempts or suicide threats. If the student is currently being seen by a mental health professional, the administrator will ask for parental permission to speak with that professional.
5. A team member will contact the student's therapist (if applicable) and may also elect to contact an outside trained helping professional for further consultation.
 6. When the parent(s) arrive for the meeting, the principal and the person who interviewed the student will meet with them. The following points should be covered in the meeting:
 - a) The utmost seriousness of the situation.
 - b) The need for a suicidal risk evaluation at a medical or mental health facility as soon as possible. If possible, this appointment should be scheduled during the meeting.
 - c) The need for continued monitoring of the student at home over the coming weeks.
 - d) The need to "suicide-proof" their home, especially in removing the method the student had described in his/her plan.
 - e) The need to obtain follow-up mental health counseling (explain that the school will be maintaining contact with the parent(s) to coordinate in-school support with out-of-school care).
 - f) Information about resources the parent(s) can contact in case of an emergency.
 - g) A request for parent(s) to sign a release of information form for communication between the school and the facility to which the student will be taken, the therapist and other individuals as appropriate.
 7. If the parent(s) refuses to come to school, or if they come but refuse to cooperate and/or if their response could be harmful to their child, the principal should explain that the school will file a medical neglect report with DCF. Finally, the school will follow medical emergency procedures if the circumstances warrant.

MID-LEVEL RISK FOLLOW-UP

1. The following day a team member will contact the family to discuss their plans to provide professional help and support to the student and the team will meet to develop a plan of action for in-school support of the student.
2. If the student is in school the following day, the team member who interviewed him/her the previous day will meet with him/her to offer continuing support.
3. The team will continue to monitor the student and will meet periodically to review the case. Follow-up monitoring should include:
 - a) frequent contact with student.
 - b) frequent contact with student's therapist.
 - c) contact with parent(s) as appropriate.
 - d) contact with staff and student's friends as appropriate.
 - e) consideration of program changes.

MID-LOW LEVEL RISK IDENTIFICATION

The student has some intent to kill himself/herself but has only a vague plan or no plan of how to do it with very low access to a possible method. Although they express feelings of hopelessness, they are able to describe how things could change in order to be better.

MID-LOW LEVEL RISK PROCEDURES

Procedures to be followed are the same as for mid-level risk.

LOW-LEVEL RISK IDENTIFICATION

The student has not seriously considered suicide and has no plan or method. He/she is experiencing feelings of intense pain but is willing to work to help change things.

LOW-LEVEL RISK PROCEDURES

1. The principal or designee will stress the availability of helping resources within the school including the SAT and its function.
2. The principal or designee will confer with other core SAT members. A plan of action to help the student and make a decision regarding parent contact will be determined.
 - a) If it is deemed not appropriate to contact parent(s) at this time, the principal or designee will continue to meet frequently with the student to offer support and help and encourage parent involvement.
 - b) The principal or designee will contact the student's parent(s) if appropriate and discuss possible sources of professional help.
 - c) The principal or designee will ask the parent(s) to sign a release form for sharing of information between the school and therapist, and will maintain frequent contact with the family.
 - d) If the student's condition deteriorates, immediate parent contact will be made.

LOW-LEVEL RISK FOLLOW-UP

1. Staff will be asked to monitor students who have been identified as "high risk" and should notify the principal or his/her designee if the student exhibits a more intensified pattern of distress or decline in academic/behavioral functioning.
2. "High Risk" students should also be monitored more closely following a suicide attempt or completion in the school community. All communication between staff and the principal or his/her designee regarding high risk students shall be treated confidentially.

STUDENTS WHO HAVE ATTEMPTED SUICIDE

Out of School Attempt

STAFF ACTIONS

The staff member who receives information concerning an attempted suicide will immediately contact the school principal who will try to verify the information.

ADMINISTRATIVE ACTIONS

The principal will call a meeting of the SAT as soon as possible the following day in order to develop a plan of action and to delegate responsibilities. Actions should include:

1. Contact the student's family for the purpose of verifying information, offering support and possible referrals and sharing information about the importance of careful monitoring of their child and "suicide proofing" the home.

Parent(s) will be required to meet with designated SAT members prior to the students re-entry to school. If the student is hospitalized, the parent(s) will be asked to sign release forms for sharing of information between the school and the hospital.

In addition, the school will make arrangements for a SAT member to meet with the student in the hospital when it is appropriate. (This will reduce the sense of shame and alienation the student may feel and ease his/her re-entry into school).

2. Implement the plan to monitor and support "at risk" and "high risk" students. If circumstances warrant, contact their parent(s). If possible, an emergency staff meeting will be held prior to opening of school during school hours, i.e. use emergency snow line phone tree, SAT members notify staff.
3. Notification of staff. If the attempt is public knowledge, teachers should be informed. If knowledge of the attempted suicide is widespread and causing visible distress among the majority of students, staff may be asked to follow "Procedures for Talking To Students About Suicide/Sudden Death". Staff who are uncomfortable doing this will be assisted by a SAT member. An after school meeting may be held to identify other "at risk" and "high risk" students and discuss concerns. If an attempt is not public, staff should be informed on a "need to know" basis.
4. During school hours contact friends of the student who has attempted suicide and support them. Such contacts should be conducted as confidentially as possible and these students should be encouraged to discuss their feelings with the team members or other qualified adults.
5. If appropriate, contact principal of the sibling's school to share information about the attempt. Sibling's school should not be contacted, however, without prior consent from the parent, except in emergency situations.

FOLLOW-UP STAFF

1. Staff will monitor “at risk” and “high risk” students more closely following another student’s suicide attempt and provide feedback to SAT members.

FOLLOW-UP ADMINISTRATIVE

1. Meet with parent(s) to plan for the student’s transition back to school; strongly encourage family to follow through on counseling referral and to sign releases for sharing of information.
2. Continue to monitor other “at risk” and “high risk” students as needed.
3. Assign a team member to meet with returning student and provide ongoing support upon his/her return to school.
4. Maintain contact with student’s family and therapist.

In-School Attempt

STAFF ACTIONS

The staff person who becomes aware of the attempt will immediately inform the principal and nurse.

ADMINISTRATION ACTIONS

1. The principal and nurse will follow school medical emergency procedures to get immediate medical help for the student.
2. Contact parent(s) in accordance with medical emergency procedures.
3. Continue with the school day as normally as possible.
4. Convene emergency meeting of SAT to develop a plan and to delegate responsibilities.
5. If students and/or staff have witnessed the attempt, take the following actions:
 - a. Have someone cover staff member(s) classes while designated team members meet with them to discuss their feelings; if they feel able to return to class encourage them to do so but discourage them from talking about the attempt with students.
 - b. Meet with students who have witnessed the attempt in small groups; offer individual support to those who need it. If students feel able to return to class, encourage them to do so but discourage them from talking to other students about the attempt. Students should only be permitted to leave school in the company of their parent(s) or other responsible adult.
 - c. Meet with students who are close friends of the attempter to inform them and offer support.
 - d. If knowledge of the attempt is widespread throughout the school, teachers may be asked to follow “Procedures For Talking To Students About Suicide/Sudden Death”. Staff who are uncomfortable doing this will be assisted by a SAT member.

6. Conduct an after-school staff meeting to review the day's event, identify students who may be in need of extra support and implement a plan to monitor and support those students whose own risk may be increased as a result of the suicide attempt.

FOLLOW-UP STAFF

1. Staff will be expected to continue with the school day as normally as possible.
2. Staff will encourage students who seem distressed to seek help from the SAT.
3. Staff will monitor "at risk" and "high risk" students more carefully.

FOLLOW-UP ADMINISTRATIVE

1. Continue to monitor "at risk" and "high risk" students and friends of the attempter.
2. Meet with parent(s) prior to student's return to school regarding transition program. Strongly encourage them to follow through on counseling referrals and to "suicide proof" their home; sign release forms for sharing of information between school and therapist; determine any modifications to educational program; and if extended hospitalization occurs a second transitional meeting is recommended.
3. Assign SAT member to meet with returning student and provide ongoing support upon his/her return to school.
4. SAT maintains periodic contact with family and therapist.

SPECIAL ISSUES

SCHOOL KNOWLEDGE VS. FAMILY PRIVACY

The team should use its judgment in balancing the need of some school staff to know what has happened vs. the family's desire and right to keep the attempt as private as possible.

FAILURE TO REFER

Family does not follow through on referral for counseling. The principal should make every attempt to encourage parent(s) to follow through on a referral for counseling. If the family refuses to obtain such help following a suicide attempt by their child, the school will explain that the school principal will be required to file a medical neglect report with DCF. In addition, the school principal will consult with the facility which treated the student to determine the best course of action in the interim.

COMPLETED SUICIDE OR SUDDEN DEATH OF A STUDENT

Day of Suicide/Death

STAFF ACTIONS

The staff person who receives the information will immediately notify the school principal who will immediately notify the school principal who will verify the information.

ADMINISTRATIVE ACTIONS

Notification of School Personnel

1. *Out of School Hours Death*

- a. Upon verification, the principal will notify the Superintendent, the SAT coordinator and other appropriate administrators (principals of siblings' schools, special services personnel, etc.).
- b. The principal will consult with the SAT coordinator and together they will contact other SAT members and staff as appropriate.

2. *In School Hours Death*

- a. Follow administrative and staff actions as above
- b. Convene emergency meeting of SAT. The team will meet immediately to develop a plan and delegate responsibilities. This should include:
 - prepare a written statement of the facts
 - plan for contact with friends of student
 - plan who will be available for small group support
 - identify and plan to support teachers who are uncomfortable telling students
 - plan how to deal with media
 - decide whether to involve outside consultants if needed and appropriate
 - decided who else should be notified (parents of friends, colleagues, etc.)
 - decide who will collect student's personal belongings
 - decide who will contact family
 - monitor and support other "at risk" and "high risk" students
 - plan staff meeting
 - other tasks as identified by members
- c. Since most staff will be occupied, they should be notified of the basic facts (what, when, who) in writing and advised to follow designated procedures as outlined on the notification document.

Notification of Students

1. *Out-of-School Hours*

- a. Team members should contact close friends as soon as possible as they arrive at school, notify them and stress the availability of support.
- b. All other students should be notified from a statement prepared by the SAT to be read during homeroom period.

2. *In-School Hours*

- a. As the staff is being informed, those students who were closest to the person who has died should be informed in small groups by a team member or other support staff. In addition, the following guidelines should be observed.
 - If the student is already in a “risk” category and/or if the student is extremely upset and indicates he/she may be suicidal, a preliminary assessment of suicidal risk should be done.
 - Stress the availability of support the student can go to in and out of school.
 - Give student the option of returning to class, or continuing to meet with support personnel.
 - Students should be allowed to leave school only if accompanied by a parent or other responsible adult.
- b. The classroom teacher, a SAT member or other support staff will inform students of the basic facts of the death from a prepared statement and stress the availability of immediate and ongoing support as specified in “Procedures For Talking With Students About Suicide/Sudden Death.”

STAFF MEETINGS

1. If a general staff meeting is held prior to informing students of the death, the meeting should focus on reviewing the Procedures For Talking With Students About Suicide/Sudden Death. Staff should be made aware of those students who are “at risk” or “high risk” or other students who may not voluntarily seek help and should be referred.
2. If the general staff meeting is held after students are informed, the meeting should focus on reviewing the day’s events and identifying students as above.
3. In either case, great sensitivity should be taken in responding to staff member needs. Staff will be experiencing all the feelings associated with the death and the availability of support for them should also be stressed. They should especially be encouraged to meet with a support staff person if they are experiencing guilt related to unobserved warning signs from the student or related to actions they may have taken with the student (discipline, grades, etc.)

SAT MEETINGS

1. Review day’s events
2. Modify previous plans as needed

3. Develop support plan for students who are in risk categories
4. Take care of business related to student as appropriate
 - a. Delete names from lists, mailing lists
 - b. Notify colleges to which the student has applied, if appropriate
 - c. Other

Day Following Suicide/Death

STAFF ACTIONS

Staff should try to resume a normal class routine while being sensitive to encouraging distressed students to utilize the support services which are available.

ADMINISTRATIVE ACTIONS

1. Return to normal as much as possible but continue to provide highly visible support. This support might consist of:
 - a. Small group discussions in visible places (library, cafeteria)
 - b. Availability of counselors in private rooms for one-to-one support
 - c. Use of gym to “work off” feelings
 - d. Participation in an action oriented group which is focused on how to prevent further deaths
2. An administrator and SAT member(s) should visit the family to:
 - a. Offer condolences and support
 - b. Return personal possessions
 - c. Determine funeral arrangements and family wishes regarding student/staff attendance at funeral.
 - d. Offer other assistance as needed and appropriate
3. Meetings of SAT should take place as needed during the day, and after school to review the day and continue planning.

Second And Subsequent Days Following Death

STAFF ACTIONS

Continue to monitor “at risk” and “high risk” students and refer students to designated support centers as needed.

ADMINISTRATIVE ACTIONS

1. Announce funeral arrangements
 - a. A delegation should be selected to officially represent the school and to be supportive to students who attend.
 - b. Staff should be allowed to attend as appropriate.

- c. Students should be allowed to attend, preferably with their parent(s), or at the very least, with written parental permission.
2. Continue to monitor and support students - this may need to be intensified on the one week and one month anniversary of the death.
3. Maintain frequent contact with staff to facilitate identification of students who may need extra support.

PROCEDURES FOR TALKING TO STUDENTS ABOUT SUICIDE/SUDDEN DEATH

1. Prepare students for the serious and tragic nature of the information you are about to share with them. Say that it is expected this news will upset many of them and that both you and other staff are there to help them get through this.
2. Announce the facts of the situation and what actions are being taken as a result (i.e. all classes are being informed, counseling centers are being set up etc.).
3. Allow students to react; pay special attention to the following:
 - a. Dispel any rumors or unconfirmed information.
 - b. Stress that we each react differently to tragedies and must respect one another's feelings and ways of reacting.
 - c. Point out that grief, sadness, anger, guilt, fear and disbelief are all normal reactions to such news.
4. Convey a sense of acceptance for all the feelings expressed, avoid judgmental or value statements about anyone's feelings.
5. Note that some people's feelings will be stronger than others and that individual help is available.
6. If student's reactions seem particularly intense or you feel unable to respond to them adequately, strongly encourage them to seek assistance from one of the designated counseling centers. Offer to accompany them to the center after class. Refer to Student Assistance Team.
7. If students have questions you are unable to answer or if you are feeling uncomfortable in the discussion, summon a SAT member to assist you.
8. Encourage students to be supportive of one another but stress the importance of seeking help or encouraging their friends to seek help from adults if their feelings seem more intense or persistent than "normal".
9. Reassure students that they are not responsible for what happened - discourage guilt and unrealistic "hindsight regrets". Instead, focus discussion on how they might use what they now know to avoid similar tragedies in the future.
10. Stress that the feelings students now have are temporary and will diminish with time; display your own sense of assurance that things will get better.
11. In cases of suicide, avoid glamorizing the death or dead person. Stress that his was a tragic and unnecessary event.
12. In cases of suicide, avoid focusing on the details or circumstances that led up to the person's death; stress that suicide is a permanent solution to a temporary problem and focus discussion on how the person might have gotten help to avoid this tragic ending. Stress that suicide is not a normal reaction to life's setbacks.

13. Allow students who do not want to participate in the discussion to study quietly in the room or seek assistance from one of the counseling centers. Don't assume that the lack of a visible reaction means the student has no reaction.
14. Allow as much time as student's seem to need for the discussion. Try to move discussion toward how students can help one another express sympathy for the family and help to prevent (in the case of suicide) similar tragedies.
15. Students who wish to memorialize the dead person in some way should be referred to a SAT member.
16. End the class by reminding students of the counseling and support services that are available.

APPENDIX A

Suicide Risk Factors

The following life crises, behaviors and circumstances have been identified by experts as potential risk factors for suicide. No one can say with certainty which specific life conditions and personality traits may combine to result in suicide. Nor can we say why one person commits suicide and another with similar circumstances does not.

Staff should become familiar with these risk factors and make referrals to the principal or his/her designee when they are observed.

FAMILY FACTORS

- Suicide of a family member (especially of a parent or sibling).
- Loss of a parent through death or divorce.
- Family alcoholism or other drug dependency.
- Absence of meaningful relationships and attachment within the family.
- Destructive, violent parent-child interactions.
- Physical, emotional or sexual abuse.
- Chronically depressed, mentally ill or suicidal parent.
- Highly rigid and perfectionist standards set for child.
- Frequent (though not necessarily intended) communications that the child is unwanted or expendable.
- Periods of unusual family stress due to factors such as illness, unemployment, disabilities, etc.

ENVIRONMENTAL FACTORS

- Suicide of someone the youth has known or identified with.
- Frequent mobility, especially during early to late adolescence.
- Religious conflicts where youth feels caught in the middle.
- Incarceration for a criminal offense, especially if youth was intoxicated when placed in jail.
- Loss of any significant relationship.
- Chronic high levels of stress in life.
- Loss of identity or status or repeated failures to achieve desired status.
- Social isolation and failure to develop peer attachments.
- Fears that one has contracted or been exposed to AIDS.
- Accumulating failures or rejections.

BEHAVIORAL FACTORS

- Past history of suicide gestures or attempts.
- Running away - especially if running from abusive or alcoholic family.
- Alcohol and other drug abuse.
- Eating disorders.
- School failure or chronic underachievement.

- Chronic or unexpected disciplinary crises at home or school.
- Aggression and rage that shows up in violent outburst or behavior (often how boys show depression).
- Fascination with death, violence, Satanism.
- Legal problems.
- Self-risking behaviors such as reckless driving, overt sexual promiscuity or potentially harmful risk-taking.

PERSONAL FACTORS

- Frequent periods of feeling down.
- Frequent feelings of powerlessness.
- Learning disabled.
- Gifted.
- Poor impulse control, especially involving aggression or risk taking.
- Unwillingness to seek or accept help for problems.
- Desire for revenge or to punish another.
- Confusion/conflict over sexual identity.
- Alienation from traditional social institutions and values.
- Compulsively perfectionistic; highly self-critical.
- Seems to lack inner resources and skills to solve problems, deal with frustration.
- Poor social skills; low sense of self esteem.
- Desires to be re-united with someone who is dead.
- Highly defensive and avoidance reactions to problems
- Strong feelings of shame or guilt that persist over time.
- Unresolved feelings of grief.
- Tendency to develop “tunnel vision” about problems.
- Perceives that he/she can only get attention in negative ways.

PSYCHIATRIC FACTORS

- Affective disorder diagnoses.
- Conduct disorder diagnoses.
- Depression diagnoses.
- Substance abuse diagnoses.

SUPPLEMENTAL INFORMATION FOR APPENDIX A

The following supplement is designed to provide more in-depth information concerning some of the more important risk factors for suicide as listed in Appendix A.

1. *Previous Suicide Attempts* - even if these attempts were not deemed to be very serious and even if they occurred in the past and were not followed by therapy or counseling, they indicate increased risk for further attempts.
2. *Sexuality Conflicts* - Gay and lesbian youths have a higher incidence of suicide than heterosexual youths; this is true even if the young person has not outwardly defined him/herself as homosexual but is still struggling with sexual identity issues.

3. *Exposure to Aids* - The knowledge that one's sexual partner has contracted or been exposed to AIDS may result in a higher risk for suicide even if this person has not taken the AIDS test but believes him/herself to be in danger of contracting it.
4. *Low Self Esteem and Social Skills* - Students who are continually being rejected by others (or have that perception) may become self-rejecting, self-hating and self-harming.
5. *Serious Risk-Taking* - A disregard for one's personal safety whether expressed through unnecessary risks taken in athletics or recreational activities or through daredevil driving while drunk may indicate an ambiguity about wanting to live.
6. *Alcohol/Drug Abuse* - Many troubled students initially use alcohol/drugs to "medicate" their pain only to discover that over time this use increases their depression and problems. 50-80% of suicidal teens are alcohol/drug involved.
7. *Sexual, Physical, Emotional Abuse* - The self-blame, quiet, shame and self-hatred experienced as a result of abuse, as well as the "loss" of the parent as a trusted adult increases risk for suicide even if the abuse occurred years earlier.
8. *Suicide of a Family Member* - especially a parent, increases risk for the child even if the suicide has been kept a "secret" and especially if no counseling was ever provided to survivors.
9. *Teens with Chronic Serious Problems* - within their families, their schoolwork, their peer relationships or their community may respond by acting negatively getting into even more difficulty with their parent, the law or school officials leading to the perception that there is "no way out".
10. *Learning Disabled or Gifted Students* - who experience feelings of alienation and being different from their peers may become increasingly discouraged and hopeless about things ever getting better.
11. *Family Alcoholism* - may result in feelings of guilt, shame, isolation and inability to control one's life or meet parental expectations; this is especially aggravated by the "code of silence" children learn leading to feelings of hopelessness, helplessness and alienation.
12. *Compulsive Achievers* - or perfectionists who are chronically unable to meet their own or parental standards or who interpret lower achievement levels as failure may become so self-rejecting and self-loathing as to become self-harming.
13. *Running Away* - Suicide screenings of runaway young people have shown that over 50% of them have thought about suicide as an answer to their problems. There is also a high correlation between running away and family abuse and alcoholism.
14. *School Problems-Academic or Behavioral* - Many young people experience school as a place where they feel like a failure. A negative cycle may develop in which the young person does poorly at school because of low self esteem, lower ability levels or preoccupation with personal or family problems; the school problems put more pressure on the young person adding to already present feelings of worthlessness and hopelessness which in turn result in further school problems, etc.

15. *Loss* - Of any kind whether due to death, divorce, failure to achieve a goal, breaking up with a girlfriend or boyfriend, moving, going off to college, etc., often results in feelings of grief, embarrassment, isolation, alienation, insecurity and aloneness. Without an adequate support system these feelings may become overwhelming for the young person.
16. *Fascination with Death, Violence, Satanism* - is often expressed through music, clothing, posters in their rooms and behavior. This fascination may indicate that the young person is preoccupied with thoughts of death and self-harm. If such a fascination becomes a preoccupation, that is the young person's life begins to change significantly, the potential for suicide must be seriously considered.
17. *Psychiatric Disorders* - Certain psychiatric diagnoses, specifically clinical depression, conduct disorders and certain affective disorders have been identified by the National Institute of Mental Health researchers as risk factors for suicide.

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APPENDIX B

Warning Signs

It is important to note that adolescence is often a time of change and mood swings. When considering possible warning signs of suicide, you should look for the pattern (several related signs), the duration (2 or more weeks of a given pattern), the intensity and the presence of a particular crisis event. You should measure these against what is perceived to be normal for a given adolescent.

Perhaps, most importantly, you should trust your instincts. When in doubt, seek help. Any young person exhibiting some combination of these signs is probably in need of some type of help.

Many of the risk factors listed in Appendix A are, in hindsight, seen as early warning signs for suicide following a suicide death. Observation of the following signals of severe emotional distress or overt suicide warning signs, especially when combined with two or more risk factors from Appendix A must be reported to the principal or hi/her designee as soon as possible.

EARLY WARNING SIGNS

Difficulty coping with any of the risk factors in Appendix A.
Sudden or unexpected changes in school behavior such as:

- attendance
- declining academic performance
- changed peer relationships
- sudden failure to complete work
- loss of interest; inability to concentrate
- disciplinary crisis, especially involving violence or aggression
- communicating about death, suicide through writing, artwork, class discussion
- Increased frequency and/or quantity of alcohol and other drug use
- Sudden changes in appearance-especially neglect of appearance
- Gradual withdrawal from friends, schools, family; loss of interest in activities
- Sudden or increasingly negative changes in personality and attitude depression (may be expressed as sadness or angry acting out)
- Sleep disturbances-(inability to sleep or sleeping to “escape”)
- Eating disturbances (loss of appetite, sudden weight gain or loss, eating disorders)
- Restlessness and agitation (especially if perceived as uncontrollable)
- Over-reaction to criticism; overly self critical
- Overwhelming feelings of failure, worthlessness
- Failure or inability to derive pleasure from one’s life, friends, activities
- Exaggerated or long term apathy and disinterest
- Inability to recover from a loss; ongoing and overwhelming feelings of grief
- Excessive frequency and intensity of mood swings (especially if perceived as uncontrollable)
- Persistent nightmare
- Frequent expressions of hostility, anger, rage (especially if perceived as uncontrollable)

- Delusions or hallucinations; loss of touch with reality

LATE WARNING SIGNS

Threatening to commit suicide, openly talking about death, not being around, not being wanted or needed

- Dropping out of activities; increasing isolation and withdrawal
- Feelings of helplessness, inability to change or control one's life
- Feelings of extreme humiliation, loss of status
- Radical personality or behavioral change
- Sudden or increasingly dangerous risk taking behavior
- Increasing feelings of isolation, despair; perception that no-one can help
- Increasing loss of control over behavior
- Making final arrangements; giving things away, putting one's life in order
- Sudden and inexplicable improvement in behavior, appearance

PRECIPITATING EVENTS

Often one event will seem to trigger a suicide or suicide attempt. The most common of these seem to be:

- Loss of a close relationship through death/divorce
- Breaking up with boyfriend/girlfriend
- Suicide of a friend, family member or someone youth has known or identified with
- Unexpected loss of status with peers or failure to achieve such status
- Serious fight with parents or close peer
- Being arrested for a crime (especially if incarcerated)
- Sudden or unexpected failure or setback
- Recent traumatic event such as moving, a car accident, a major loss or disciplinary crisis facing the future seems impossible
- Anniversary of someone else's suicide or death
- Fear of a major change in life status such as graduation, moving
- Actual major life change such as going to college, staying behind while friends go to college

PROCEDURES FOR FACULTY MEETING

1. Distribute written statement of facts; dispel any rumors or misinformation.
2. Inform faculty of what actions have been taken up to now; i.e., confirmation of facts, contact with family, notification of key personnel, SAT crisis meeting, funeral arrangements, etc.
3. Announce administrator and SAT roles and contact persons for responding to outside requests for information from police, media, parents etc.
4. Allow staff to react, ask questions and express feelings. Staff should be encouraged to discuss feelings; point out that understanding their own feelings will make it easier for them to deal with student feelings.
5. Point out availability of support services for staff as well as students'; review who will be available, when and where.
6. Review plan to inform students and guidelines For Staff Discussion; stress availability of SAT members to assist and support staff who are uncomfortable leading class discussion.
7. Discuss need to monitor possible and known "at risk" and "high risk" students more carefully. Review Appendix A and B and staff responsibilities as outlined in suicide procedures.
8. Review plan for school day; announce after-school faculty meeting schedule during crisis period.
9. In subsequent faculty meetings:
 - a. support staff and encourage discussion of their feelings
 - b. identify any problems that have arisen and problem-solve
 - c. identify "at risk" and "high risk" students; develop a plan for monitoring and supporting them
 - d. remind and discuss
10. Time table for talking to students return to normal as soon as possible. However, depends on class i.e. students class may need more time.