

Bend - La Pine Schools SUICIDE PREVENTION PROTOCOL

A Guide to Youth Suicide Prevention, Intervention and Postvention
For Bend-La Pine Schools
2020-2021

Purpose of Protocols and Procedures

The U.S. Surgeon General promotes the adoption of suicide prevention protocols by local school districts to protect school personnel and to increase the safety of at-risk youth and the entire school community. This document is intended to help school staff understand their role and to provide accessible tools.

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.

School Boards and school personnel may choose to implement additional supportive measures 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.

Quick Notes: What Schools Need To Know

School staff are frequently considered the first line of contact in reaching suicidal students.

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.

All school personnel need to know that protocols exist to refer at-risk students to trained professionals so that the burden of responsibility does not rest solely with the individual “on the scene.”

Research has shown talking about suicide or asking someone if they are feeling suicidal will not put the idea in their head or cause them to kill themselves.

School Personnel, parents/guardians, and students need to be confident that help is available if/when they raise concerns regarding suicidal behavior. Studies show that students often know, but do not tell adults, about suicidal peers because they do not know how they will respond or think they can't help. Regardless of how comprehensive suicide prevention and intervention may be in a community, not all suicidal behavior can be prevented.

Advanced planning is critical to providing an effective crisis response. Internal and external resources must be in place to address student issues and to normalize the learning environment for everyone.

Bend La Pine Suicide Prevention Trainings/Curricula/Resources

STAFF		
Prevention Effort	Description	Target Audience
ASIST	Applied Suicide Intervention Skills Training Suicide prevention protocol first responder training. Each build has two ASIST trained staff to respond.	School counselors/school psychs/student services
QPR	Question, Persuade, Refer 1.5 hour training where participants learn how to recognize the warning signs of a suicide crisis and how to question, persuade, and refer someone to help. All building staff are trained every 3 years	All building staff
Response	4-hour training that teaches staff best practices in recognizing and communicating amongst other staff in getting students help when suicide risk is suspected.	School Counselors/School Psychs/Building leadership teams – Annual Training
Connect	4-hour training designed to teach staff best practices in how schools can respond to a sudden death in order to prevent contagion and promote healing.	Building leadership teams
Youth Mental Health First Aide	8-hour training that trains participants in a 5-step model on how to support a young person experiencing a mental health challenge. Ideal for teachers, coaches, front office staff, school nurses, bus drivers, administrators, and more. Not ideal for professionally trained mental health staff as this is an introductory course.	Anyone who works for Bend – La Pine Schools

Students		
Prevention Effort	Description	Target Audience
Teaching Curricula aligned with Oregon Standards Based Health Instruction	6 th grade: Look, Listen, Link 7 th grade: Red Flags 8 th grade: SOS Middle School Version 9 th grade: RESPONSE 3 rd edition 10 th grade: SOS High School Version 11 th or 12 th grade: SOS Second ACT	Students

First Step App on iPads	Curated Clearinghouse for suicide prevention resources including: <ul style="list-style-type: none"> ● YouthLine — a free and confidential teen-to-teen help line. ● Safe Oregon – report a tip to law enforcement ● Free Counseling resource ● Links to local and national resources for suicide prevention and intervention, including crisis intervention information 	Students
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Parents		
Prevention Effort	Description	Target Audience
Bend – La Pine Schools website	Mental Health Resource Page Curated links to local and national resources for suicide prevention and intervention, including crisis intervention information.	Parents

Bend – La Pine Suicide Crisis Response Protocol

Deschutes Co Health Department: Jessica Jacks, Holly Harris, Cassidy Brewin

District Safety Director: Julianne Repman

District Communication Specialist: Alandra Johnson

Definition of a crisis: The definition of crisis response is a course of action for dealing with an emergency situation. Intervention is designed to restore a school and community to baseline functioning and to help prevent or mitigate damaging psychological results following a disaster or crisis situation. It is important that during the immediate hours and days following a crisis, students and staff are helped to return to previous emotional equilibrium. If left unchecked, some emotional responses may become

internalized and exhibit themselves in unusual behaviors. It is a team approach to assist in the healing process of students and staff following a traumatic event or incident.

District Protocols: In the event of any crisis in which a near death, suicide, or sudden death (in which the cause of death is unavailable) event occurs that impacts students, staff or part of the school community, please follow these protocols:

- **Verification:** Verify and confirm the information and gather as many facts as possible. (Do not speculate or surmise, when communicating FACTS; only the basics, and attribute to credible sources; “Bend Police have verified, for example). Bend - La Pine Safety Director can assist with this. When verifying information, make sure to request what information can be released. See verification and information document.
- **Notification:** Notify Bend - La Pine Safety Director immediately. The BLS Safety Director will initiate a communication plan as deemed appropriate by the circumstances. The BLS safety director will work with each building to determine levels of need and create an appropriate response plan. Once a plan has been made, notification plans for the school impacted will be set as well. Points to consider:
 - Other schools impacted
 - Other neighborhood school districts
 - Community partners, such as law enforcement, Deschutes Co Health services, Juvenile services, Clergy leaders
 - Other community members, City and County leaders
- **Response:** The main goals of the Tri-County Crisis Response Team are:
 - Provide an organized, systematic and flexible response to the school(s) crisis
 - Have clear information systems, including a script for staff to reference with consistent messaging, which facilitate understanding of the event and delivery of support and resources while minimizing rumors especially with social media communications
 - Support students, staff and families with the grieving process (the crisis team leader can be the liaison between family and school if necessary)
 - Provide a healthy environment that can support not only those directly impacted by the current loss, but also those who are struggling because the event has triggered a past loss
 - Provide a supportive and safe environment for the expression and release of emotions
 - Identify individuals and groups that may be at risk and provide additional resources as needed
 - Refer to partnering services such as Deschutes County Crisis Response Team, Deschutes County Health Department
 - Notify the school support team of students who are considered at high risk or needing additional supports
 - Provide updated information to staff, students, families and the community

- Provide safe and effective messaging in the event of a suicide
 - Ensure appropriate closure around the death
 - Minimize emotional contagion via leadership, structure and support
 - Protect the work/school community from the impact of media presence while working closely with them to facilitate their needs for the dispersal of information
 - Facilitate debriefing sessions to school staff, and crisis response team
- **School environment:** Make sure students are safe and remain in school. Schools are better able to function with minimal disruption in the immediate aftermath of a crisis if they have sufficient structure in place to coordinate services when a crisis occurs. Although adjustments will need to be made to student activities, such as postponing exams or substituting instructional activities with supportive classroom discussions about the crisis event, it is best to continue school activities as much as possible. However, appropriateness of announcements and social events should be considered. Tri-County crisis response team members, as well as local school staff, will provide mental health triage and make appropriate referrals to other support and counseling services in the school and community.
 - **Communication:** BLS Safety Director and Communications Specialist will work with the school principal to prepare and disseminate information to staff, district leaders, staff, students, parents and the community. BLS Communications Specialist will handle all media requests for information. Promoting safe messaging will be the priority. Social media sites will be monitored.
 - **Memorials:** BLS District Safety Director and School Principal will address the content and timing of memorializing the event. Immediate issues, such as how to formally convey condolences to family survivors on behalf of the school, are appropriately addressed after receiving input from the school community.
 - Spontaneous memorials may be created by students. These memorials often are set up by a locker and/or school rock or such. Often memorials are set up at the site where the death occurred. The school's goals should be to balance the students' needs to grieve with the goal of limiting the risk of inadvertently glamorizing the death. **In all cases, memorializing will be considered equally** and the following items should be considered:
 - Location: Areas to avoid are generally locations such as cafeteria and entry ways - so that those who don't wish to participate don't have to. Often times lockers are the key area for such memorialization but should not be cordoned off which would merely draw excessive attention to it. Also consider students whose lockers are nearby, suggesting moving to a temporary locker elsewhere if needed. Preferably located close to the counselor office.
 - Emptiness of the deceased student's chair can be unsettling and evocative, after approximately 5 days (or after the funeral), at that point it is suggested to set up a new seating arrangement to create a new environment. Teachers should always explain in advance that the intention is to strike a balance between

compassionately honoring the student who has died while at the same time returning the focus back to the classroom curriculum.

- It is recommended that schools discourage requests to create and distribute t-shirts, buttons that bear image of the deceased, this includes numbers on helmets or on jerseys.
 - Cross cultural considerations should be accepted and responders need to accommodate requests to the best of their ability.
 - Students may hold spontaneous gatherings or candlelight service. Schools should discourage these gatherings unless they are well supervised by staff and crisis team members. This would be a great role for any community clergy members who are part of the crisis team.
 - Timing: Schools can leave such memorials in place until after the funeral or memorial service, up to approximately 5 school days. Items should then be removed and offered to the family after the Crisis Team has read all items for appropriateness and to consider students at risk.
 - Avoid flying the flag at half-staff.
- **Permanent Memorials and Scholarships:** Some families and/or communities wish to establish a permanent memorial, sometimes physical, such as planting a tree or installing a bench or plaque; sometimes commemorative, such as a scholarship. It is highly recommended that all memorials be established off school grounds. As difficult as this can be, schools can plan an important role in channeling the energy and passion of the students and greater community in a positive direction, balancing the need to grieve with the impact that the proposed activity will likely have on students, particularly those who were closest to the student or staff member who died.
 - **Safe memorialization ideas:**
 - Holding a day of community service or creating a school-based community service program in honor of the deceased (great suggestion for athletic teams or other extracurricular groups)
 - Putting together a team to participate in an awareness or fundraising event sponsored by one of the national mental health or suicide prevention organizations; i.e., out of the darkness walks, or holding a local fundraising event to support a local crisis hotline or other suicide prevention program
 - Sponsoring a mental health awareness day
 - Purchasing books on mental health for the school or local library
 - **Funerals and Memorial Services:** Encourage services to occur at a location outside of the school if possible. Encourage services to occur at a time when parents/guardians can accompany youth. Do not close school for a memorial service and it is encouraged to have additional counselors or crisis team members attend if possible.

- **School Newspapers and Yearbooks:** The guiding principle is that all deaths should be treated the same way. So if there is a history of dedicating the yearbook (or a page of the yearbooks) to students who have died, that policy is equally applicable to a student who has died by suicide, provided that the final decisions are made by a school administrator.
 - Coverage of the student's death in a school newspaper may be seen as a kind of memorial; also articles can be used to educate students about suicide warnings signs and available resources. All articles should be reviewed by a school administrator with the considerations of safe messaging practices. (see safe messaging document)

- **Events:** The student's family or classmates may wish to dedicate an event (such as a dance, performance, concert, or sporting event) to the deceased. The recommendation is that all deaths should be treated the same way. It is also highly recommended to not use the aftermath of a completed suicide as a time to promote suicide prevention. Having speakers present to students about suicide actually puts high risk students at a higher risk of acting on their own suicidal thoughts.

- **Graduation:** Many times parents of deceased children would like an empty chair for their child placed amongst the graduation class, or a portrait placed, or a jersey, or some kind of tribute. The recommendation is to include the name of the deceased in the graduation program, along with the dates of his/her life. During the opening remarks by the administrator, a brief statement can be made acknowledging students who have died. Again, all deaths should be treated the same way. Empty chairs and portraits and tributes should not be part of the graduation ceremony. If it is customary to hang student collages during a celebratory event it is acceptable to hang one of a deceased student as long as no reference to suicide or cause of death.

Suicide Postvention:

- **Postvention** of a suicide is to assure that focus on promoting healing and reducing risk is a priority. It is about engaging and building capacity for key service providers who will be involved in a response to a completed suicide. Individuals who know someone who has died by suicide are statistically at higher risk for dying by suicide. Providing individuals and communities with timely and appropriate postvention activities and interventions not only offers support to help survivors of suicide of loss grieve and promote community healing but can also serve as a vehicle to reduce the risk for further suicide incidents. The District will activate a long term postvention plan that will include key service providers.

- **Notification:** Once information has been verified, notification to community partners will take place immediately. (See [Deschutes County Postvention plan](#))

- **Protocols:** BLS Safety Director will coordinate a meeting that includes community partners and key service providers as soon as possible to activate the postvention plan.

- District safety director will coordinate a debriefing session that will include all agencies that supported services immediately after the suicide.
- District will practice safe postvention protocols listed below
- **Postvention plan will include:**
 - Understanding the risk of contagion and promoting strategies for reducing this risk.
 - Understanding warning signs in persons who may be at risk after a suicide death help audiences understand best practices for effective suicide response.
 - Helping the survivors of suicide loss deal with the loss and grief in an appropriate way.
 - Addressing cultural factors that involve the survivors and students at high risk.
 - Engaging with community partners to provide additional supports to students and families.
 - Provide communication of a suicide in a safe and effective response after a suicide.
 - Provide communication points that are appropriate and safe.
 - Coordinate community meetings if deemed appropriate to educate community members about risk and warning signs.
 - Coordinate community gatherings as a resource and opportunity for education, healing and concerted effort to strengthen protective factors and reduce risk factors.
 - Coordinate with community partners such as clergy leaders to offer immediate support to the family, especially if restoration services are needed for the home.
 - Be sensitive to staff and response team's need to grieve and need for assistance.
 - Recognize the impact lasts for months and years.

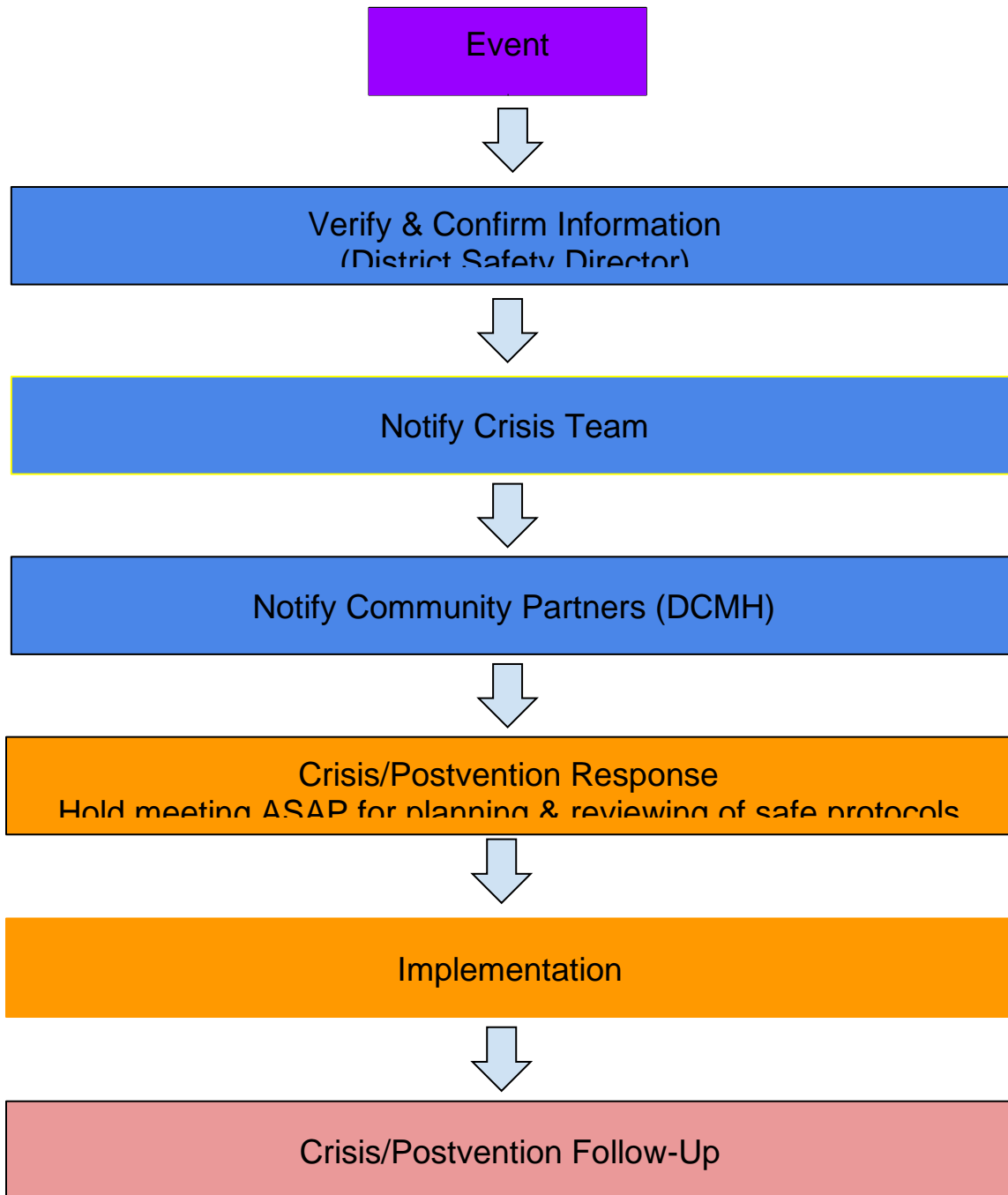
Postvention Implementation Plan:

Bend - La Pine Schools Safety Director will provide leadership in the community for a safe and effective response after a youth suicide involving a Bend - La Pine student or staff member, in addition to leading the response for the school district.

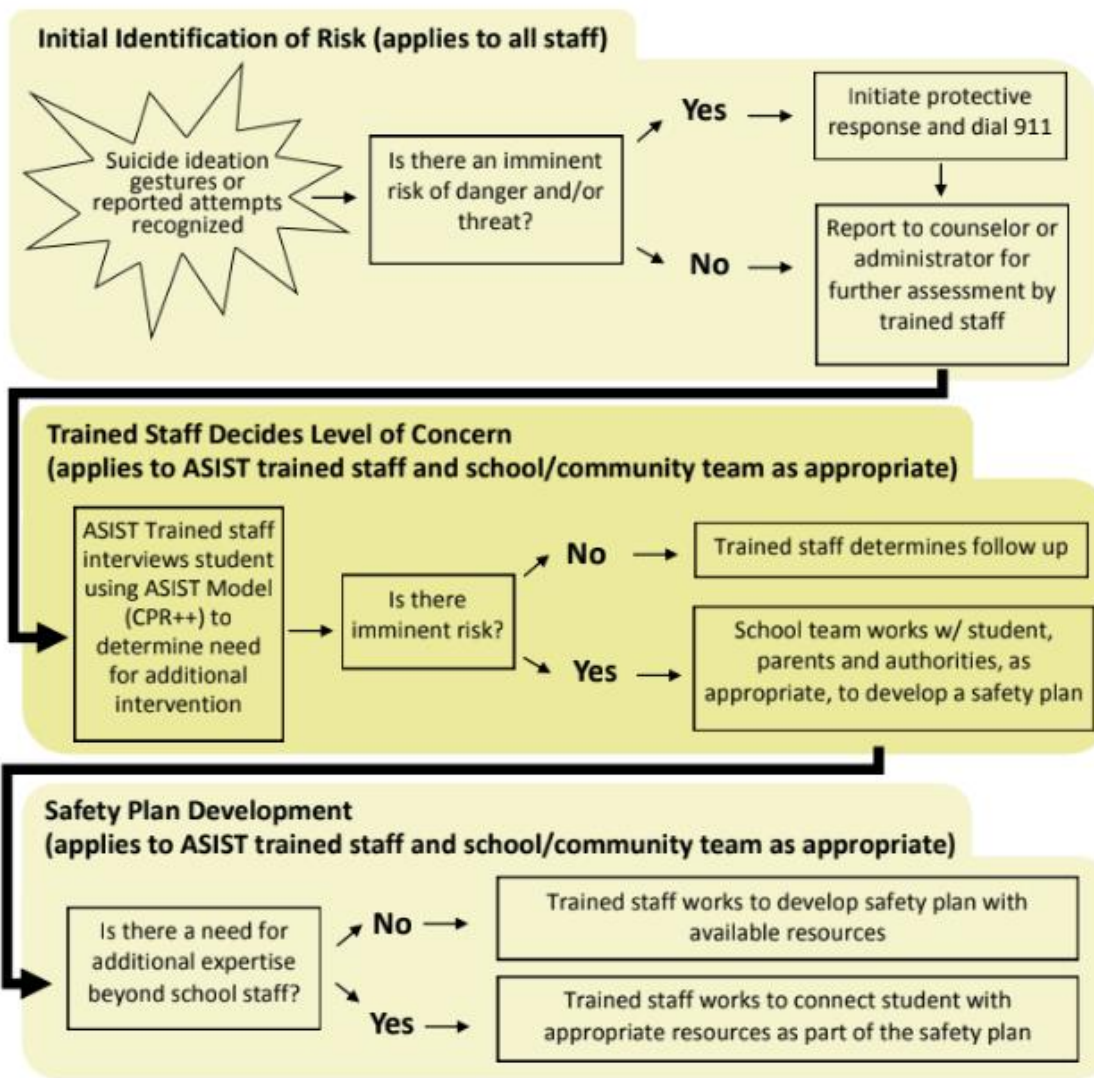
BLS Safety Director will implement the following:

- Notify key members identified on flow chart.
- Send out or designate all communications listed on the flow chart.
- Coordinate a briefing meeting with key partners to discuss crisis response plan and needed supports such as:
 - Added therapists at school where crisis had major impacts
 - Communication to partners that work with youth reviewing warning signs of kids at risk
 - Coordinating informational meetings for parents
 - Debriefing with school staff and first responders
 - Understanding cultural factors centered around death
 - Coordinating supports for the family

Suicide Intervention and Postvention Flow Chart



Bend - La Pine Schools Suicide Risk Screening Protocol



Recommended Resources

For emergencies:

- 911
- Local emergency rooms
- Deschutes County Crisis Line (541) 322-7500

To speak with a counselor or schedule an appointment:

- Deschutes County Behavioral Health (541) 322-7500
- St. Charles Behavioral Health Services (541) 706-2768

Other resources:

- National Suicide Prevention Lifeline, 800-273-TALK, www.suicidepreventionlifeline.org
- www.deschutes.org/suicideprevention
- Youth focused - www.reachout.com
- Tri-County crisis response team—(541) 325-9911

Student Name: _____ Student # _____ Date: _____ School:

Staff Name: _____ Parent: _____ Date of Contact: _____ Grade:

Suicide Risk Screening (Adapted from Columbia-Suicide Severity Rating Scale)

Suicide Ideation Definitions and Prompts

Ask Questions that are underlined	Past Month	
	YES	NO
<p>1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or with to fall asleep and not wake up. <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/commit suicide, <i>"I've thought about killing myself"</i> without general thoughts of ways to kill oneself/associated methods, intent, or plan. <u>Have you actually had any thoughts of killing yourself?</u></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If YES to 2, ask remaining questions. If NO to 2, go directly to question 6.</p>		
<p>3) Suicidal Thoughts with Method (without Specific Plan or Intent to ACT): Person endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. <i>"I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it....and I would never go through with it."</i> <u>Have you been thinking about how you might kill yourself?</u></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If YES, ask: <u>Do you have access to planned method?</u></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having <u>some intent to act on such thoughts</u>, as opposed to <i>"I have the thoughts but I definitely will not do anything about them."</i> <u>Have you had these thoughts and had some intention of acting on them?</u></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>5) Suicide intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. <u>Have you thought about a plan or details of how to kill yourself? Do you intend to carry out this plan?</u></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If YES, ask: <u>Have you planned a time?</u></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If YES, ask: <u>Will you be alone or isolated at any time in the next 24 hours?</u></p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>6) Suicide Behavior Question: <u>Have you ever done, started to do, or prepared to do anything to end your life?</u> Examples: collected pills, obtained a gun, given away valuables, written or will write a suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <u>How long ago did you do any of these?</u></p>	<input type="checkbox"/>	<input type="checkbox"/>

Over a year ago? Between 3 months and a year ago? Within the last 3 months?		
7) Future Oriented: Ask about short term and long-term goals (e.g., college, career, etc.) <i>Do you think about your future?</i>	<input type="checkbox"/>	<input type="checkbox"/>

If risk is present, complete safety plan with student: Continued on next page

Any additional information from parent/guardian regarding student's warning signs (family issues, written statements, changes in sleep/appetite, mental health issues, substance use, prior suicide attempts etc.):

Action taken:

*As part of the screening process, review this student's discipline incidents, looking for additional school safety records.

Safety Plan

Step 1: Identify warning signs or triggers to look for (e.g., thoughts, images, moods, feelings) that might precede suicidal urges:

Step 2: Identify coping strategies that I can use on my own to help comfort me and take my mind off my problems when I start feeling suicidal or having suicidal thoughts (see list on back page for ideas):

Step 3: Identify places I can go that will distract me and make me feel better:

Step 4: Create a list of reasons why my life is worth living (e.g., parents, friends, significant others, siblings, pets, faith, etc.)

Step 5: Identify people who care about me and who I can ask for help:

Step 6: Professionals or agencies who I can contact during a crisis:

- Clinician:
- School Counselor/Counseling Intern:
- School Psychologist:
- Skills Support Specialist/Social Work Intern:
- School Resource Officer:
- Suicide Prevention Lifeline: 1-800-273-TALK (8255)
www.suicidepreventionlifeline.org
- Deschutes County Behavioral Health Crisis Line: 541-322-7500 Ext. 9
- National Hopeline Network: 1-800-SUICIDE (1-800-784-2433) www.hopeline.com

- Oregon Youth Line: 1-877-968-8491 Text teen2teen to 839863 or visit OregonYouthLine.org
- 911

Step 7: Make my environment safe by removing items that could be used to harm myself and ask others in my household to help me with this.

Coping Strategies

Practice deep breathing	Arrange not to be alone
Do a puzzle	Eat healthy
Squeeze an ice cube or stress ball	Pray
Make your bed	Keep up with a 12-step program
Play a computer or video game	Ask how someone's day was
Turn on all the lights	Write down things you are thankful for
Throw rocks into the woods	Say one affirmation each day
Suck on a peppermint or chew gum	Garden
Drink tea, hot chocolate, or warm milk	Write a letter
Rearrange your bedroom	Journal
Go for a walk	Cook your favorite meal
Read a book/go to a library	Call a friend/family member
Write something	Go window shopping
Bake something	Do a craft or art project
Take a warm bath	Paint a picture
Take a hot or cool shower	Draw
Give yourself a manicure or pedicure	Light candles
Play cards	Listen to music
Wash your face	Volunteer somewhere
Do something nice for someone else	Sing/play a musical instrument
Clean/organize/do laundry	Dance
Make a gift for a loved one	Watch tv or a funny movie
Visit someone in your support system	Smile at or compliment someone
Play with a pet or visit an animal shelter	Sew, knit, or crochet
Look at photos	Spend time outside/in the sun with eyes closed
Look at recipes to try	Meditate/do yoga
Memorize something	Count backwards from 500
Go for a drive with someone	Stretch
Take a day trip	Exercise
Buy something you've been wanting	Take a nap
Go to a support group	Do something you enjoy

Student Re-Entry Plan (If Applicable)

Student: _____

Date:

Primary School Contact:

Secondary School Contact:

What will the student's schedule look like upon returning to school?

Will accommodations need to be made for missed work?

Additional accommodations:

Suicide Risk Assessment Summary Sheet Resource

	<i>Risk present, but lower</i>	<i>Medium Risk</i>	<i>Higher Risk</i>
1. Current Suicide Plan A. Details B. How prepared C. How soon D. How (Lethality of method) E. Chance of intervention	<input type="checkbox"/> Vague <input type="checkbox"/> Means not available <input type="checkbox"/> No specific time <input type="checkbox"/> Pills, slash wrists <input type="checkbox"/> Others present most of the time	<input type="checkbox"/> Some specifics <input type="checkbox"/> Has means close by <input type="checkbox"/> Within a few days or hours <input type="checkbox"/> Drugs/alcohol, car wreck <input type="checkbox"/> Others available if called upon	<input type="checkbox"/> Well thought out <input type="checkbox"/> Has means in hand <input type="checkbox"/> Immediately <input type="checkbox"/> Gun, hanging, jumping <input type="checkbox"/> No one nearby, isolated
2. Pain	<input type="checkbox"/> Pain is bearable <input type="checkbox"/> Wants pain to stop, but not desperate <input type="checkbox"/> Identifies ways to stop the pain	<input type="checkbox"/> Pain is almost unbearable <input type="checkbox"/> Becoming desperate for relief <input type="checkbox"/> Limited ways to cope with pain	<input type="checkbox"/> Pain is unbearable <input type="checkbox"/> Desperate for relief from pain <input type="checkbox"/> Will do anything to stop the pain
3. Resources	<input type="checkbox"/> Help available: student acknowledges that significant others are concerned and available to help	<input type="checkbox"/> Family and friends available, but are not perceived by the student to be willing to help	<input type="checkbox"/> Family and friends are not available and/or are hostile, injurious, exhausted
4. Prior Suicidal Behavior of: A. Self B. Significant other	<input type="checkbox"/> No prior suicidal behavior <input type="checkbox"/> No significant others have engaged in suicidal behavior	<input type="checkbox"/> One previous low lethality attempt; history of threats <input type="checkbox"/> Significant others have recently attempted suicidal behavior	<input type="checkbox"/> One of high lethality, or multiple attempts of moderate lethality <input type="checkbox"/> Significant others have recently committed suicide
5. Mental Health A. Coping Behaviors B. Depression C. Medical status D. Other Psychopathology	<input type="checkbox"/> History of mental illness, but not currently considered mentally ill <input type="checkbox"/> Daily activities continue as usual with little change <input type="checkbox"/> Mild, feels slightly down <input type="checkbox"/> No significant medical problems <input type="checkbox"/> Stable relationships, personality, and school performance	<input type="checkbox"/> Mentally ill, but currently receiving treatment <input type="checkbox"/> Some daily activities disrupted; disturbance in eating, sleeping, and schoolwork <input type="checkbox"/> Moderate; some moodiness, sadness, irritability, loneliness, and decrease of energy <input type="checkbox"/> Acute, but short-term, or psychosomatic illness <input type="checkbox"/> Recent acting-out behavior and substance abuse; acute suicidal behavior in stable personality	<input type="checkbox"/> Mentally ill and not currently receiving treatment <input type="checkbox"/> Gross disturbances in daily functioning <input type="checkbox"/> Overwhelmed with hopelessness, sadness and feelings of helplessness <input type="checkbox"/> Chronic debilitating or acute, catastrophic illness <input type="checkbox"/> Suicidal behavior in unstable personality; emotional disturbance; repeated difficulty with peers, family and teacher
6. Stress	<input type="checkbox"/> No significant stress	<input type="checkbox"/> Moderate reaction to loss and environmental changes	<input type="checkbox"/> Severe reaction to loss or environmental changes
Total Checks:			

Staff Instructions When Dealing with a Student Returning to School After Suicide Ideation/Attempt

The return to school requires individualized attention and planning. It is important that faculty and staff, who have direct contact with the student, should be part of his/her safety plan that monitors continuing risk.

STAFF GUIDELINES:

1. Welcome the student's return to school as you would other student returning from an extended absence.
2. Let the student know you are glad they are back, "Good to see you".
3. Keep the reason for the student's absence CONFIDENTIAL.
4. Please respect the student's wishes for the way in which the absence is discussed. If the attempt is common knowledge, help the student prepare for questions from peers, faculty and/or staff. If no one is aware, help the student create a short response to explain the absence. Being prepared helps reduce anxiety and helps the student feel more in control.
5. Discuss missed classwork and homework and make arrangements for completion. Adjust expectations if needed. If possible, provide alternative assignments instead of having the student try to make up all the missed work.
6. Keep an eye on the student's academic performance as well as her social/emotional interactions. If you see that he/she is isolating or being shunned by peers or is falling further behind in assignments, please follow up with the student's school contact person and/or the parent(s).
7. Pay close attention to further absences, lateness and requests to be excused during classes. If you are concerned, please alert the appropriate staff at school.
8. Encourage the student to use the school counselor for additional support.
9. Please monitor student's behavior and report concerns to the designated school contact person.

About this Guide

In 2009, Deschutes County received a Garrett Lee Smith Memorial Act Youth Suicide Prevention Grant award from the Oregon Health Authority. The funding required the Deschutes County Children & Families Commission and Health Services to work in partnership with the community and four high schools to implement a comprehensive approach to suicide prevention in schools and to bring awareness to the community. This guide is the result of that partnership and can be applied to any school district seeking to proactively address suicide. Information for this guide was derived from resources that uphold evidence based approaches. For more information please contact the Deschutes County Prevention Coordinator at 541-330-4632.

Acknowledgments

Several partners have made this guide possible. Considerable time was spent by staff from the following organizations. Their time, commitment, passion and administrative support are of honorable mention.

Deschutes County Suicide Prevention Program
Bend-La Pine School District
Citizen Community Advisors
Oregon Public Health Division
Redmond School District
Sisters School District

Research Sources

Information for this guide were derived from the following sources:

After A Suicide: A Toolkit for Schools. American Foundation for Suicide Prevention/Suicide Prevention Resource Center Workgroup, 2011.

King, Keith A., 15 "Prevalent Myths about Adolescent Suicide," Journal of School Health April 1999: Vol. 69, No. 4: 159.

Rudd, MD, Berman AL, Joiner, TE, Jr., Nock MK, Silverman, MM, Mandrusiak, M, et al. (2006). Warning signs for suicide: Theory, research, and clinical applications. Suicide and Life-Threatening Behavior, 36(3), 255-262.

Suicide Prevention, Intervention and Postvention Policies and Procedures. Developed by Washington County Suicide Prevention Effort, August 2010.

www.oregon.gov/DHS/ph/ipe

www.surgeongeneral.gov

Resources

[After a Suicide Toolkit, 2nd Edition:](#)

This second edition of *After a Suicide: A Toolkit for Schools* was written in 2018 by the American Foundation for Suicide Prevention (AFSP) and the Suicide Prevention Resource Center (SPRC), Education Development Center (EDC).

[Recommended Local Mental Health Resources](#)

[Bend - La Pine Schools Student Mental Health Resources](#)