

CAPE HENLOPEN SCHOOL DISTRICT

Suicide Prevention, Intervention and Postvention

12/18/2017

SUICIDE PREVENTION

Cape Henlopen School District Suicide Prevention Plan

The Cape Henlopen District is aware that suicide among adolescents is a growing national concern. Because of this fact, the Cape Henlopen School District requires that a plan for suicide prevention be documented and implemented.

The Cape Henlopen School District recognizes that adolescent students undergo stresses of development and personal growth. Adolescence is a time of discovery and of profound searching and identity formation. Some adolescents find this struggle harder than others. Some feel unequal to the challenge. Some students contemplate suicide as an alternative to the loss of control over their lives. To use suicide as a solution is a tragedy.

Implementation:

A. Prevention: The Cape Henlopen School District will:

1. Promote faculty awareness of depression and the warning signs of suicidal behavior.
2. Provide information about youth suicide to parents.
3. Promote the Suicide Prevention Program for students as an integral part of the curriculum.
4. Examine strategies and alternatives to alleviate school-related stress for students.

B. Intervention: The establishment of a uniform protocol by the District to respond to a potentially suicidal student.

C. Postvention: The establishment of a uniform plan of response to disseminate facts and to allow for structured expression of grieving within the daily activity of the school. (This uniform plan will also be implemented in the event of any sudden death of a student or staff person.)

District Plan Implementation

A district level suicide prevention coordinator shall be designated by the Superintendent. The suicide prevention coordinator will be responsible for planning and coordinating implementation of this plan.

Each school principal shall designate a school suicide prevention coordinator to act as a point of contact in each school for issues relating to suicide prevention and policy implementation. All staff members shall report students they believe to be at elevated risk for suicide to the school suicide prevention coordinator. Each school will establish a committee that is responsible for coordinating the suicide prevention program within that school.

The District prohibits retaliation against a school district school

employee, a school district or charter school volunteer, or student for reporting the warning signs of suicide.

Program Phases and Components

The District's suicide prevention program includes three phases – prevention, intervention, and postvention – with appropriate implementation components for each phase.

1. The prevention phase consists of:
 - a. An instructional component to enhance coping skills and provide information to students about possible risk factors and resources for help in both the seventh and the ninth grade health education classes.
 - b. A staff awareness component to provide training of school staffs in suicidal risk factors, resources for help, and the important part they can play in youth suicide prevention. (PDMS)
 - c. A parent awareness component in which parents are provided information concerning suicide warning signs and resources for help.
2. The intervention phase consists of establishing a process for identifying students-at-risk and providing direct intervention and referral services for them and their parents. (Anonymous Suicide Prevention Form), (Risks Assesment)
3. The postvention phase consists of activities, services and appropriate training for reducing post-crisis trauma in students, parents, and staff in the event of a completed suicide.

PREVENTION PHASE

A. Student Instructional Components

1. Life Lines suicide prevention curriculum has been developed for use in middle and senior high school health education classes.
2. The curriculum has been designated:
 - a. To increase student awareness and acceptance of themselves and to promote the development of healthy problem-solving skills.
 - b. To help students better understand suicidal feelings and ideas and to teach them how to cope with these feelings.
 - c. To teach students how to help others who are feeling suicidal by responding appropriately and using the resources available within the school and community.
3. The curriculum has been planned to be integrated into the seventh grade health education course and the ninth grade health education course and is to

be taught in all such classes.

4. The teacher's guides for the curriculum contain lesson plans and accompanying teaching materials including background information for the teacher, instructional strategies, transparency masters, tests, and supplementary activities.
5. Appropriate staff development is made available to health education teachers in preparation for teaching the curriculum. The sensitive and complex nature of the lessons about suicide prevention makes such training essential.
6. Anonymous bullying and suicide prevention box in each school.

V. INTERVENTION PHASE

- A. The intervention phase of the suicide prevention program establishes a process for identifying students-at-risk and providing direct, crisis counseling and referral services for them and their parents.
- B. Intervention services in the suicide prevention program, as in other crisis situations, will be provided by the school psychologist or social workers.
- C. A process has been developed to provide intervention services for students who are at risk for suicide or self-destructive behavior(s). Although it is recognized that each case may be a little different, the typical steps in the process and the forms to be used are summarized as follows:
 1. A member of the school staff, a parent, the student, or another student refers a student-at-risk to a member of the school counselor, Psychologist or social worker.
 2. The counselor gathers student risk information by identifying and assessing current stressors, significant background information, the presence of warning signs and the specifics of the suicidal plan ("Intake Interview" form optional).
 3. The counselor collaborates with a site administrator and another crisis team member and develops appropriate intervention procedures for this referral.
 4. The counselor contacts parent or consults emergency card for appropriate third party, and conducts interview and gathers relevant assessment

information.

5. If parent is AVAILABLE and COOPERATIVE and the student is considered to be at HIGH RISK, counselor:
 - a. Provides parent(s) with copy of brochure developed for parents of referred students. There is a brochure for parents of elementary students and another for parents of secondary students.
 - b. Provides parent(s) with community referral resources specific to where the referred student resides and based on health insurance status
 - c. Contacts agency, provides pertinent referral information and follows up to insure arrival at the agency. If necessary, assist parent in getting to the agency.
 - d. Obtains parent signature on regular "Parent Authorization for release of Information" form.
 - e. Develops local school support strategies with parent(s) and crisis team members.
6. If at HIGH RISK: parent is UNAVAILABLE and the student is considered to be in crisis mode:
 - a. Some Department of Mental Health agencies have local Psychiatric Mobile Response Teams available to assist in transporting a suicidal child.
 - b. Local law enforcement agency may be able to offer assistance with transportation.
7. IF parent is UNCOOPERATIVE:
 - a. Some parents may be slow or reluctant to follow through on getting services for their child. Give parents appropriate opportunity and encouragement to follow through before collaborating with crisis team members on when to proceed to the next step.
 1. Contact local law enforcement agency (police or sheriff) or the Department of Children and Family Services (DCFS).
 2. Report the incident as child neglect/endangerment if parents are contacted but will not cooperate.
 3. Document all actions.

8. If the referred student is considered to be at MINIMAL OR MODERATE RISK, the counselor:
 - a. Provides parents with copy of brochure developed for parents of referred students.
 - b. Discusses possible local school support strategies and/or community referral resources with parents(s) as appropriate.

VI. POSTVENTION PHASE

- A. Actions to be taken by the school staff in the event of a completed suicide or attempted suicide.
- B. The school site crisis team will assist the principal to:
 1. Contact the District Suicide Prevention Coordinator.
 2. Evaluate the extent and degree of psychological trauma and its impact on the school population and the community.
 3. Initiate the school's plan of action.
 4. Determine if and when District crisis team assistance is needed. Call appropriate District office for such assistance.
 5. Provide appropriate services.
 6. Participate in an evaluation of outcomes.
 7. Family contacts (siblings at other schools)
- C. Some additional suggested guidelines for management of the aftermath of a suicide at a school are:
 1. Principal meets with staff to determine and/or disseminate known facts relating to the incident and to discuss the action plan. Depending on the timing of the event, a telephone tree-type chain call to the faculty may be necessary to inform them of the tragedy and request attendance at a special faculty meeting.
 2. In order to dispel rumors, students should be given all known facts. However, concerns and wishes of family members should be taken into consideration. It may be necessary to emphasize that no one or no one event is to blame for this suicide. Suicide is very complex and can't be simplified by blaming individuals, drugs, music and/or the school.

3. Research indicates contagion may be a factor in youth suicide. Do not establish memorials or dedications to a deceased student who has completed suicide. Appropriate activities can include donations to the family, charity, contributing to suicide prevention efforts or establishing support programs at school.

D. Some suggested guidelines for student interventions include:

1. Provide opportunities to discuss feelings of loss and their good and bad memories of the victim without fear of penalty.
2. Encourage students to express their reactions in whatever setting is comfortable for them: in classroom discussions, in small groups or individually.
3. Permit expression of their grief in a variety of ways, such as talking about it, creative writing, drawing, and music. Emphasize that grief is a normal reaction to loss.
4. Variety of feelings of guilt and responsibility should be addressed during classroom discussions.
5. Allow participation in discussion about depression, the finality of death and suicide.
6. Inform students that they may speak privately with any member of the school site crisis team or other appropriate staff persons. They should be apprised of where and how help might be obtained.
7. Identify and monitor students who were close to the victim and other students who may have strong emotional reactions in response to the suicide, or who may be at risk for suicide themselves due to other stressors in their lives.
8. Encourage reaching out to one another and escorting any friend who is experiencing difficulty to a school site crisis team member or other appropriate staff person.
9. Encourage student discussion of their feelings and concerns with their parents.

E. Indicators of student need for additional support and/or referral.

1. Crying is a normal reaction. However, if a student is unable to control crying, he or she may be in need of additional services and or

counseling.

2. Students who are exhibiting visible signs of emotion may be responding appropriately, depending on the degree of closeness to the deceased. Among students who were closer to the victim, some numbness of feeling is appropriate initially. It is the emotionally over-controlled student who requires attention; for example, the student who was very close to the victim but who is exhibiting no visible emotional reaction to the loss.
3. Anger is also a normal response. However, if most students in a class are displaying sadness while one student is exhibiting anger, this may indicate a need for further assistance for that student.
4. Students who experienced a loss over the past six months to a year or who have experienced a traumatic event or have witnessed acts of violence may evidence emotional reactions in response to this current stressor.
5. Individuals with exceptional needs may have strong reactions to a suicide and may require assistance.

VII. DISTRICT SUICIDE PREVENTION

- A. The District's Suicide Prevention Unit has been established to provide overall coordination of the Youth Suicide Prevention Program.
- B. The responsibilities of the unit include:
 1. Coordinating and facilitating program implementation in all District Schools. Principals required to identify teams.
 2. Providing training to Local District and school site crisis teams and Student Health and Human Services personnel in policies and procedures of the Youth Suicide Prevention Program.
 3. Providing presentations to school staff, students and parents in the Prevention component of the Youth Suicide Prevention Program. (PDMS)
 4. Providing immediate and direct consultation and technical resource assistance to school site crisis team members and other District staff intervening with at risk students and staff.
 5. Providing consultation and/or on-site assistance to all District schools and offices in the aftermath of a suicide completion or high profile

attempt.

6. Collaborating with community agencies.
7. Maintaining all forms, brochures, curricula and bulletins and responding to requests for materials within as well as outside the District.

General Provisions

Confidentiality: In the case of the threatening situations, students and staff members involved must understand that confidential information will only be released to parties designated by the Superintendent of Schools to assist individuals in suicide prevention. All reports on individual cases shall be kept in a confidential file by the Building Principal.

Staff members under no circumstances shall release information regarding an alleged student suicidal behavior, or actual suicides, to the media. The Superintendent of Schools or a designee is the sole person who shall communicate with the media with respect to such matters.

The Building Principal or a designee shall keep the Superintendent informed on an ongoing basis about procedures following suicidal behavior.

Immunity. — A Cape Henlopen school district employee, school volunteer, or student is individually immune from a cause of action for damages arising from reporting warning signs of suicide to the appropriate person using the procedures specified in the school district's or charter school's suicide prevention policy, but there is no such immunity if the act of reporting constituted gross negligence or reckless, willful, or intentional conduct.

Definition of Terms

Suicide Ideation: Thoughts of killing oneself in however vague terms, i.e., "I don't want to go on any more", "They would be better off without me", "If he breaks up with me, I'll kill myself."

Suicide Gesture: Any self-destructive behavior that does not threaten a youth's immediate safety. Since gestures over time can escalate into attempts, it is vital that all such gestures be taken seriously.

Suicide Attempt: Any self-destructive behavior that threatens the youth's immediate safety.

Suicide Behavior: Includes suicide ideation, gesture, incident, or attempt.

Stabilization: Refers to the support necessary to ensure the immediate safety of the youth.

Emergency Services: Will include, but will not be limited to, those provided by the school medical staff, school psychologist, social worker, guidance counselor, and

community resources such as local emergency rooms.

Assessment Procedure

Any youth suspected by a member of the staff to be presenting a possible suicidal behavior will be referred to the Principal or a designee. Referrals may be made verbally or via the Suicide Incident Report (see attached).

The Principal will refer such youth to the School Assessment Team. If intervention is deemed necessary, the parent/guardian shall be informed, and the Assessment Team Administrator shall take appropriate actions to prevent suicidal behaviors.

When any youth is referred to the Assessment Team, the Assessment Administrator shall document such referral. The documentation shall consist of initiating a Suicide Incident Report (in the event that the report has been verbal), or continuing an existing Suicide Incident Report. A copy of the Suicide Incident Report shall be forwarded to the Principal for filing in a confidential file other than the student's cumulative folder.

Intervention Services

After the Assessment Team completes the assessment, the following procedures will apply:

1. In the case of suicide ideation and gestures, but not attempt:

The Assessment Team will provide appropriate counseling services, utilizing community based referrals, as needed.

2. In case of a suicide attempt:

The Assessment Team shall address the immediate needs of the suicidal youth by mobilizing emergency services. These emergency services may include: emergency medical treatment, on-site crisis-intervention, and/or emergency psychiatric services.

If, in the opinion of the Assessment Team, the suicide attempt is related to abuse or neglect and the student is under eighteen years of age, the team will alert the Principal, who shall act in accordance with 5460, Child Abuse and Maltreatment.

It shall be the responsibility of the Principal or designee to arrange for follow-up services such as reintegration of the youth at school and support services for the staff and student body.

Upon return to the school, the student shall be accompanied by a parent/guardian and shall report to the Principal. The Principal shall determine the appropriate educational program for the student. The Assessment Team may act as a consultant, providing expertise, assistance and guidance to address the long-term needs of the youth.

3. In the event of an actual suicide:

The procedures below are to assist school personnel in implementing appropriate activities for dealing with suicides or similar crises. It is important, however, to retain a measure of flexibility in all urgent situations, as events differ slightly and could require individual decisions made by the Assessment Teams.

DAY 1

First Hour

1. verify death;
2. protect privacy of family;
3. notify Superintendent;
4. convene School Assessment Team;
5. contact other Building Assessment Teams;
6. notify staff of death;
7. direct media to Superintendent or designee; and
8. announce the death to students and staff.

Second Hour

1. provide rooms for students to meet in small groups with counselors;
2. notify teachers of faculty meeting; and
3. identify students about whom faculty are concerned.

End of Day Announcements

It is suggested that a follow-up announcement be made regarding:

1. morning staff meeting; and
2. providing the deceased student's parents have made known their wishes, direct students to media and other sources for funeral details, if this had not been discussed earlier in the day.

DAY 2

1. morning staff meeting;
2. counselors still available for both staff and students; and
3. afternoon staff meeting.

DAY 3

1. morning staff meeting;

2. counselors still available for both staff and students;
3. afternoon staff meeting; and
4. reassurance group parent meeting.

DAY 4

1. morning staff meeting;
2. counselors still available for both staff and students; and
3. afternoon staff meeting.