

**Harwood Union MS/HS**  
**Youth Suicide Prevention and Intervention Protocols**  
**2014/2015**

**1. Role Clarification:**

Harwood Union MS/HS has protocols in place to clarify for school personnel their role in suicide prevention. The following school personnel will have copies of these protocols readily available to them: Superintendent, Principal, Assistant Principal, Director of Student Services, WWSU Facilities Director, Transportation Coordinator, Food Service Director, Building Administrative Assistants, School Health Coordinator/Nurse, School Counselors, Student Assistance Counselor, Campus Coordinators, and other school-based health center and mental health personnel who do provide direct service to the students and staff of Harwood Union MS/HS. All faculty/staff will be provided these protocols located in the faculty and staff handbooks. Copies will also be made available to the following crisis service providers Harwood Union MS/HS has agreements with: *Washington County Mental Health*. The School Health Coordinator (school nurse), Coordinated School Health Team, and Administrative Team will review the protocols on an annual basis at the beginning of each school year.

**2. Crisis Service Providers:**

The agreement with Harwood Union MS/HS's crisis service providers as noted above will be updated on an annual basis by school health coordinator or their designee. Agreements with crisis providers have the following components: accepting student referrals and conducting student risk assessments; educating the school community about youth suicide prevention; assisting school staff with response in a crisis and debriefing with school based Crisis Intervention Team members and other staff. In the event of a crisis or critical incident impacting the students and/or staff of this school, the Principal or their designee will contact Washington County Mental Health Screeners at (229-0591).

**3. Staff Education Component:**

The Harwood Union MS/HS school community shall be knowledgeable about suicide prevention. Staff Members will receive *Gatekeeper Training* to become aware of youth suicide prevention issues, to train others about suicide prevention, and to act as a resource in their school. The Administrative team and Student Support Team has received *Protocol Development*

*Training* (December 2010 and November 2013) to enable them to write and update procedures and agreements with other organizations about how to respond to suicidal gestures or acts. All administrators, teachers, administrative assistants and instructional support staff employed at Harwood Union MS/HS will receive annual training about the warning signs of youth suicide, how they should respond to youth who show warning signs, and the role of adults in disseminating the U Matter message to students. Other school personnel (co-curricular staff, custodians, food service and busing personnel) who may have contact with students will receive suicide prevention information. Training and resource materials to conduct such a session are available from the Vermont Youth Suicide Prevention program.

#### **4. Parent Outreach:**

Harwood Union MS/HS parents of students shall receive suicide prevention information & resource materials on an annual basis. Information may be disseminated to parents in the following ways: 1) Open House 2) Freshman Orientation 3) Newsletters 4) Special events such as Community Forums and 5) Harwood Union HS and MS websites where parents are present. Consult the U Matter U Can Help Suicide Prevention and Information Booklet (available from the Vermont Youth Suicide Prevention project at [UmatterUCanHelp.com](http://UmatterUCanHelp.com) or Center for Health and Learning (802-254-6590) for suicide prevention information and resource materials for parents.

**5. Student Outreach:** Suicide prevention education for students will be offered. The *Lifelines* curriculum will be taught with fidelity to 8th grade students. Only certified educators who have had U Matter *Lifelines* training will teach the curriculum. The Suicide Prevention curriculum is offered within Harwood Union MS/HS's comprehensive school health education program. High school students will receive suicide prevention education within the Personal Wellness Curriculum. Curriculum and instruction will ideally be delivered through co-teaching methods, utilizing health educators and the school counseling staff. Student education will only be done after protocols are established and school personnel are educated.

## **Harwood Union Middle and High School**

### **SUICIDE INTERVENTION PROTOCOLS**

PREFACE: The following protocols were compiled with the help of the Vermont Youth Suicide Prevention Program and a grant from the Garrett Lee Smith Memorial Youth Suicide Prevention act. Much of the information was adapted from work by the Maine Youth Suicide Prevention Program. For more information about protocols for schools, contact the Center for Health and

Learning 802.254.6590 or at UmatterUCanHelp.com.

This document includes the following levels of intervention:

- I. STUDENTS AT RISK OF SUICIDE
- II. MEDIUM TO HIGH RISK SITUATIONS
- III. SUICIDE ATTEMPTS ON CAMPUS
- IV. SUICIDE ATTEMPTS OFF CAMPUS
- V. A STUDENT'S RETURN TO SCHOOL FOLLOWING SUICIDAL BEHAVIOR
- VI. POSTVENTION

**Appendices:**

- A. Suicide Intervention Form
- B. Parent Contact Acknowledgement Form
- C. Transition for Students at Risk of Suicide
- D. A Student's Return to School: Issues and Options
- E. Media Guidelines for School Administrators
- F. Crisis Response Agreement
- G. Welcome Letter for New School Staff

Key Harwood Union Middle and High School personnel involved in suicide intervention:

<i>Administrators</i>	Amy Rex, Co-Principal Lisa Atwood, Co-Principal Michael Woods, Director of Student Services Seth Marineau , Director of Student Management
<i>School Nurse</i>	Linda King, RN and Nancy Van Dine, RN
<i>School Counselors</i>	Jane Dudley, Tara Cariano and Lisa Lemieux
<i>Student Support Specialists</i>	Eric Larose and Corey Richardson
<i>Student Assistance Counselor</i>	Mara Urban

## **I. Guidelines: Students at Risk of Suicide**

The risk of suicide is present when any student, teacher, or other school employee identifies a student as potentially suicidal because they have directly or indirectly expressed suicidal thoughts or demonstrated other clues or warning signs. The *U Matter U Can Help* Suicide Prevention and Information Booklet have a list of warning signs. The staff member is to take the following steps:

1. Take the threat of self-harm seriously.

2. If appropriate, talk with the student in a quiet, private setting to clarify the situation and provide appropriate support.
3. Take immediate action. Contact a member of the Crisis Intervention/Student Support Team and/or School Administrator to inform them of the situation.
4. A member of the Crisis Intervention Team and/or School Administrator trained in suicide prevention is contacted to meet with the student. At least two of the Crisis Intervention Team members will talk with the student and do a preliminary screening that includes specific inquiry as to a suicide plan. The trained staff person talks with the student and does a basic screening that includes specific inquiry about a possible suicide plan. (See Appendix A: Suicide Intervention Form)
5. Parents must always be notified when there appears to be any risk of self-harm, unless it is apparent that such notification will exacerbate the situation (see #8 below). The individual who notifies the parent should be an administrator or other person who has the experience and expertise or a special relationship with the student and parents. Resource information should be provided if needed. The same person should follow-up with the parents within a few days to determine what has been done and the next steps.
6. Washington County Mental Health (WCMC) screeners or student's individual therapists will be contacted to assess appropriate intervention services for student or family if deemed necessary, or if the student refuses to give any information. This call should result in obtaining consultation with a professional who has the skills, authority, and responsibility to formally assess the student for suicidal intention and determine the necessary level of care.
7. WCMC staff or individual therapists and Harwood staff will determine the logical next steps to keep the student safe (have parent take student to WCMH, call Emergency Services if needed)
8. Teachers, school counselors, social workers and other school officials are all mandated reporters for suspected child abuse and neglect under Vermont Law. In the event that a school staff member determines that a student under age 18 appears to be at risk of attempting suicide and the parent or guardian refuses to obtain services for their child, a report should be made to the Agency of Human Services, Department of Children and Families (at 800 649-5285) for neglect or failure to seek necessary mental health treatment, which may place the child at risk of serious harm. The Department of Children and Families will conduct an assessment to determine if abuse or neglect does exist and to engage the family voluntarily in meeting the treatment needs of the child. If the parents still will not seek treatment and the Agency of Human Services

believes that this places the child at risk of serious harm, a Court Order will be sought ordering the required treatment services.

9. Document actions taken and file in the Health Office. The School Nurse will enter the information into SNAP (Electronic Health Record). (See Appendix A: Suicide Intervention Form and the Crisis Intervention Team Suicide Prevention Leader Checklist)

10. Follow-up steps will be the responsibility of the Crisis Intervention Team leader (to be determined on a case-by-case basis) will include:

- o Completing a written report of incident (see below)
- o Referred to the student to the Support Team
- o Developing a plan for ongoing assistance which might include: coordination with outside counseling services, continued monitoring of the student's health and academic status, and family communication.
- o Ensuring that follow up dates are honored
- o Ensuring that all team members and other staff on a need to know basis are kept apprised of the Student's plan

## **II. Guidelines: Medium to High Risk Situations**

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

All staff members understand that they are to take suicidal behavior seriously every time.

1. Take immediate action. Contact a member of the Crisis Intervention Team and/or School Administrator to inform them of the situation.
2. The staff person talks with the student, staying calm and listening attentively. It is crucial to keep the student under continuous adult supervision until a member of the Crisis Intervention Team and/or Student Administrator arrives.
3. A member of the Crisis Intervention Team and/or School Administrator trained in suicide prevention is contacted to meet with the student. At least two of the Crisis Intervention Team

members will talk with the student and do a preliminary screening that includes specific inquiry as to a suicide plan. The trained staff person talks with the student and does a basic screening that includes specific inquiry about a possible suicide plan. (See Appendix A: Suicide Intervention Form)

4. If the student is in possession of lethal means, a member of the Administrative team, if not already involved, should be notified immediately to potentially activate “Secure the Building” procedure.

5. The administrator contacts the parents or guardians to:

- a) Notify them of the situation and request that they come to school.
- b) Provide them with a full report upon arrival at school.
- c) Discuss and advise them on steps to be taken.

6. Washington County Mental Health (WCMH) screeners will be contacted to assess appropriate intervention services for student or family. This call should result in obtaining consultation with a professional who has the skills, authority, and responsibility to formally assess the student for suicidal intention and determine the necessary level of care.

7. WCMH staff and Harwood staff will determine the logical next steps to keep the student safe (have parent take student to WCMH, call Emergency Services if needed)

8. If the parent or guardian refuses to obtain services for a child up to age 18, and the child is believed to be in danger of self-harm, a report should be made to Agency of Human Services, Department of Children and Families (at 800 649-5285) for neglect — failure to seek necessary mental health treatment which may place the child at risk of serious harm. Agency of Human Services, Department of Children and Families (at 800 649-5285) will conduct an assessment to determine if abuse or neglect does exist and to engage the family voluntarily in meeting the treatment needs of the child. If the parents still refuse to seek treatment and Agency of Human Services, Department of Children and Families (at 800 649-5285) believes that this places the child at risk of serious harm or at immediate risk of serious harm; a Court Order will be sought requiring the services.

**9. NO STUDENT IN THIS SITUATION SHOULD BE SENT HOME ALONE.**

10. In the event that the situation requires transportation to a hospital emergency department, emergency medical services, crisis services, or law enforcement should be contacted to assess the situation and expedite the transition to the hospital.

11. Document actions taken and file in the Health Office. The School Nurse will enter the information into SNAP (Electronic Health Record). (Suicide Intervention Form and the Crisis Intervention Team Suicide Prevention Leader Checklist)

12. Debrief with all staff members who assisted with the intervention.

13. Follow-up steps will be the responsibility of the Crisis Intervention Team leader (to be determined on a case-by-case basis) will include:

1. Completing a written report of incident (see below)
2. Referred to the student to the Support Team
3. Developing a plan will be developed for ongoing assistance which might include: coordination with outside counseling services, continued monitoring of the student's health and academic status, and family communication.
4. Ensuring that follow up dates are honored
5. Ensuring that all team members and other staff on a need to know basis are kept apprised of the Student's plan

### **III. Guidelines: Suicide Attempts on Campus**

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

#### **Procedures for Assisting a Student who is Suicidal:**

1. If the student is in possession of lethal means, a member of the Administrative team, if not already involved, should be notified immediately to potentially activate "Secure the Building" procedure.
2. If there is no weapon present, or once the weapon has safely be removed, immediately provide first aid if needed. Contact the School Nurse for first aid assistance.
3. Keep the student safe and under close supervision. Never leave the student alone. Designate one or more staff members to stay with and support the individual in crisis while help is being sought.
4. The School Administrator who will immediately communicate with designated individuals such as Crisis Intervention Team, emergency medical professionals, community crisis service

providers, law enforcement and the superintendent of schools.

5. Notify the student's parent or guardian of what has occurred and arrange to meet them wherever appropriate.
6. Consult with crisis service agency staff, Washington County Mental Health as necessary to assess the student's mental state and to obtain a recommendation for needed treatment.
7. If the youth does not require emergency treatment or hospitalization and the immediate crisis is under control, release the student to the parent or guardian with arrangements for needed medical treatment and mental health counseling.
8. If the situation requires transportation to a hospital emergency room, then emergency medical services, crisis services, or law enforcement should be contacted to assess the situation and expedite the transition to the hospital.
9. Explain that a designated school professional will follow-up with the parent or guardian and the student regarding arrangements for medical and mental health services.
10. Document actions taken and file in the Health Office. The School Nurse will enter the information into SNAP (Electronic Health Record). ([Suicide Intervention Form and the Crisis Intervention Team Suicide Prevention Leader Checklist](#))
11. Follow-up steps will be the responsibility of the Crisis Intervention Team leader (to be determined on a case-by-case basis) will include:
  - o Completing a written report of incident (see below)
  - o Referred to the student to the Support Team
  - o Developing a plan will be developed for ongoing assistance which might include: coordination with outside counseling services, continued monitoring of the student's health and academic status, and family communication.
  - o Ensuring that follow up dates are honored
  - o Ensuring that all team members and other staff on a need to know basis are kept apprised of the Student's plan
12. Establish a plan for periodic contact with the student while they are away from school.
13. If the student is unable to attend school for an extended period of time, make arrangements for class work to be completed at home.
14. Other school policies that apply to a student's extended absence should be followed.



### **Procedures for Assisting Other Students during a Crisis:**

1. It is best to keep students in current classrooms and provide a supportive presence until the emergency situation is under control. Experienced or trained staff may be able to help students in the following ways:
  - Engage them in discussion of how to support each other.
  - Encourage them to express their feelings.
  - Discuss feelings of responsibility or guilt.
  - Talk about fears for personal safety for self and others.
  - Together, list resources for students to get help and support if needed.
2. The Superintendent alerts principals at schools attended by siblings of the affected student. Those administrators will notify counselors, nurses, and others in a position to help siblings and other students who might be affected in their school.
3. Mobilize the Crisis Intervention Team, with support from Washington County Mental Health, to help staff address the reactions of other students. When other students know about a suicide attempt, steps must be taken to avoid copycat behavior among vulnerable at-risk students. (**Note:** *At-risk students may be friends and relatives of the student and other students who may not know the individual, but who themselves are troubled.*)

### **Suggested Responses:**

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

## **IV. Guidelines: Suicide Attempts Off Campus**

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

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

## **V. Guidelines: A Student's Return to School Following Suicidal Behavior**

Students who have made a suicide attempt are at increased risk to attempt to harm themselves again. Appropriate handling of the re-entry process following a suicide attempt is an important part of suicide prevention. School personnel can help returning students by directly involving them in planning for their return to school. This involvement helps the student to regain some sense of control.

Confidentiality is extremely important in protecting the student and enabling school personnel to be helpful. Although necessary for effective assistance, it is often difficult to get information on the student's condition. If possible, obtain a signed release from the parent or guardian to communicate with the student's therapist. Meeting with parents before their child returns to school is integral to making decisions about the supports that the student will need.

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

1. Prior to the student's return, a meeting between a designated liaison such as the school counselor, school nurse, special education case-worker, or an administrator who is trusted by the student and the parent or guardian should be scheduled to discuss possible arrangements for services and to create an individualized re-entry plan.
2. This liaison person is responsible to:
  - a) Review and file written documents as part of the student's confidential guidance or health record.
  - b) Serve as case manager for the student. Understand what precipitated the suicide attempt and be alert to what might precipitate another attempt. Be familiar with the practical aspects of the case such as medications, full vs. partial study load recommendations, etc.
  - c) Help the student through re-admission procedures, monitor the re-entry, and serve as a contact for other staff members who need to be alert to re-occurring warning signs.
  - d) Serve as a link with the parent or guardian, and with the written permission of the parent or guardian, serve as the school liaison with any external medical or mental health services providers supporting the student.
3. Classroom teachers need to know whether the student is on a full or partial study load and be updated on the student's progress in general. *They do not need clinical information or a detailed history.*
4. Discussion of the case among school personnel directly involved in supporting the student should be specifically related to the student's treatment and support needs. Discussion of the student among other staff should be *strictly* on a "need to know" basis. *That is, information directly related to what staff has to know in order to work with the student.*
5. Discussion of any specific case in classroom settings should be avoided entirely since such discussion would constitute a violation of the student's right to confidentiality and would serve no useful purpose to the student or their peers.
6. It is appropriate for school personnel to recommend to students that they discuss their concerns or reactions with an appropriate administrator or other designated school personnel. The focus of these discussions should not be on the suicidal individual, but on building help-seeking skills and resources for others who might be depressed or suicidal.

Any number of issues are likely to surface and will need to be considered on a case-by case basis

and addressed at the re-entry planning session. It is very likely that some of the school staff, the family, the mental health professional, and the student will express concerns regarding the transition process. For examples of specific issues, see Appendix D: A Student's Return to School: Issues and Options.

## **VI. Guidelines: Postvention**

### **General Recommendations**

Any death of a student is a tragic event and protocols should be in place to address the needs of the family, other students, staff, and the wider community. When that death is a suicide, there are additional considerations. Effective planning for the aftermath of a death by suicide is a very important strategy which may help prevent another suicide. Managing the school environment after a suicide presents significant challenges to school personnel. These components of postvention following a death by suicide are recommended to help school personnel maintain control of the school environment and assist students who might be at risk.

**Advanced planning** of postvention activities following a suicide is best designed with input from school personnel and community crisis services staff to meet the following goals:

- To support students, faculty, staff and parents as they grieve.
- To provide a safe environment for students to express their feelings of grief, loss, anger, guilt, betrayal etc.
- To prevent a copy-cat response from other vulnerable students.
- To return the school environment to its normal routine as quickly as possible following crisis intervention and grief work. This is as important for after-school activities as it is during class time.

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

It is critical to give these messages:

- Expressing grief reactions is important and appropriate.
- Feelings such as guilt, anger, and responsibility are normal.
- There must be no secrets when suicide is a possibility and if any student is worried about

themselves or anyone else, *tell an adult*.

- Explain available crisis and grief services.
- Announce funeral arrangements as information becomes available.
- Thank the school community for being supportive of each other.
- Explain your wish to protect the family and the school from media attention and outline the school procedure for working with the media. (See Appendix E: Media Guidelines for School Administrators)

**Suicide Prevention Education** for staff and students is generally not appropriate in the immediate aftermath of a suicide. It is necessary for staff and students to have time to grieve before being asked to focus on prevention.

**Self-care** is especially important for staff that deals with a suicide crisis. Typically, school personnel concentrate on doing what is necessary for the student population, leaving little energy for themselves. Colleagues from neighboring districts, community crisis service agencies, and grief support agencies are often very helpful. Enlist trained, qualified outside help for debriefing and provide grief support to staff as well as students.

**Staff Debriefing** in the aftermath of a student suicide is essential. Every crisis presents unique circumstances and the school must adapt as necessary. It is likely to involve three to five days of intense work before there is any semblance of “normalcy.” Each crisis also presents an opportunity to be better prepared for the next crisis. It is important for the crisis response team to debrief about the management of the event.

- Take the time to recognize what went well.
- Identify what challenged the team.
- Plan any modifications needed to improve the response in the future.

## **Guidelines for Postvention Procedures**

### **A. Responsibilities of the School Principal or Administrative Sponsor**

1. Convene the school-based crisis response team.
2. Contact the family of the deceased to express condolences.
3. Inform the school superintendent and administrators of schools where siblings are enrolled.
4. Schedule the time and place for after school debriefing sessions for school personnel to provide for emotional support and to review next steps.
5. Provide information about the death and funeral arrangements to parents of other students. They should also be provided with information about warning signs of suicide, supportive services available to students at school, other community resources, crisis line telephone numbers and helpful responses to students’ questions about suicide.

6. For safety purposes, permit students to leave school premises only with parental permission and documentation. Implement an enhanced system to carefully track student attendance.
7. Act as spokesperson to the media. Direct the entire staff to refer all media requests to this individual. When speaking to the media focus on the positive steps of the school's postvention plan to help students through the immediate crisis period. Offer the warning signs of suicide and several resources where parents and students can turn for help. Provide a written copy of all statements made to the media. (See Appendix E: Media Guidelines for School Administrators)

### **B. Responsibilities of the School Based Suicide Crisis Response Team**

Once activated by the School Administrator, the Crisis Intervention Team begins to manage the emotional fallout within the school community and to decrease the potential for copycat behavior. Tasks include:

1. Contact law enforcement to verify the facts of the case.
2. Meet with school staff as soon as possible to communicate next steps.
  - Mobilize the plan for communicating the news to students and parents.
  - Prepare school personnel for student body reactions.
  - Allow time for staff to ask questions and express feelings.
  - Clarify the pre-arranged steps that will be taken to support school personnel, students, and parents (grief counseling, debriefing etc.)
  - Review the process for students leaving school grounds and tracking student attendance.
  - Consider the possibility of copycat behavior and ask staff to identify concerns they may have about individual students, clarify how to monitor at-risk students.
  - Announce how the school will interact with media representatives. Remind staff not to talk with press or spread rumors and that all inquiries must be directed to a designated media spokesperson (See Appendix E: Media Guidelines for School Administrators).
  - Consider the feelings that may be brought on by a suicide death such as guilt, anger, responsibility, fear for personal safety and well-being. Remind staff of available resources for help in dealing with these feelings.
3. Call the Washington County Mental Health, other school counselors, and clergy to arrange for crisis intervention and debriefing assistance as outlined in postvention planning.
4. Announce the death to students through a prearranged system. The announcement should be as honest and direct as possible, and include the facts as they have been officially communicated to the school. Do not overstate or assume facts for which there is not yet evidence. *Death by suicide*

*should NOT be announced in a large assembly or over a loudspeaker.* It is best if there is a system of Advisor or Homeroom announcements in which all students are given the same information at the same time by teachers they know and trust, allowing time for initial reactions and discussion.

5. Parents or guardians should also be notified as soon as possible so that they will be prepared and available to provide support to each student. Resources and information on youth suicide prevention should be provided at the same time.
6. Relay information about visiting hours and funeral arrangements to students, faculty, staff, and community members in a sensitive manner. Announce arrangements for support resources at the same time.
7. Mobilize the postvention strategy to monitor and assist other students who are considered at-risk for suicide. Follow-up should be conducted with individual students, especially those who were close to the student who died, and also those who may not have known that person, but who may be described as vulnerable. Follow-up with these individuals and their families should be maintained for as long as necessary, remembering that special events, transitions and anniversaries are particularly difficult times. School staff should be especially sensitive to students who are particularly affected by the death. Peer groups, teams, and clubs of which the student was a part, will need to talk about their issues. Attention to these students during the postvention period may help prevent future suicidal behavior.
8. Conduct daily debriefing with faculty and staff during the crisis and postvention periods.
9. Document activities as dictated by school protocols. Each crisis presents an opportunity to improve the process for handling the next crisis, so documentation is important.

### **How Suicide Postvention Activities Help Prevent Copycat Suicide**

**Grief counseling.** This may be the first experience with death for some students. Students and staff need opportunities to express their grief within safe, comfortable settings individually or in small groups, in classroom discussions with their teacher, counselor, crisis facilitator, and grief worker. Strong feelings will be expressed and will need to be validated. Grieving is an important part of healing and provides an opportunity to learn how to cope with loss. However, when suicide is the cause of death, there is a fine line between encouraging students to express their feelings and giving the death so much attention that it may make the idea of suicide attractive to

other vulnerable students. It is a delicate balance that requires a thoughtful approach.

**Grief process after suicide.** Individuals who lose a family member or close friend to suicide face some unique challenges that may complicate their grieving process. An intense search for the reasons for the death is normal but may lead to scapegoating or blaming others for the death. This may put the person being blamed at risk for suicide. It is important to remind people that there is never one reason for someone to choose suicide nor is there ever only one opportunity to intervene to stop someone from killing themselves. Holding oneself responsible for the whole of the person's decision is unreasonable. Feelings of personal guilt, rejection, and desertion are also common in the aftermath of a traumatic death. Effective handling of the grief process is directly related to the ability of the school community to return to normalcy. Special events and anniversaries of the death may be especially significant and difficult for those close to the person who died by suicide.

**Funeral Arrangements.** Schools that have had experience with suicide report that often the day of the funeral is critical in terms of crisis management. Ask the family, when possible, to hold the funeral service after school hours to allow those attending in the evening to be supported by their families and each other. If that is not possible, students should be allowed to attend the funeral during school hours, with parental permission. Announce Harwood Union Middle and High School arrangements regarding the absence from school for attending funerals. If possible, avoid use of the school as the funeral site because some youth will associate the room in which the service is held with the death forever.

**Keep the School Open.** Follow regular school routines to the extent it is possible. While the school must be sensitive to the students affected by the death, they must also consider the needs of those not closely affected. The way to avoid undue anxiety is to undertake all activity in a straightforward manner, letting students, parents, and faculty know that this situation is being handled.

**Inappropriate Memorial Activities:** Avoid memorial services being held within the school building, flying the flag at half-staff, large student assemblies, dedications of sports or other events, special plaques, permanent markers, or anything that glamorizes or glorifies the suicide. Such activities provide an invitation to other vulnerable youth to consider suicide. Grieving families and students may insist that their deceased loved one be honored. These energies are best channeled into constructive projects that help the living. Advance planning for responding to any student death will help school personnel stay with school procedure rather than being driven by intense emotion in a time of crisis. Only the President or Governor has the legal authority to mandate flying a flag at half-staff.

**Appropriate Memorial Activities:** Encourage donations to the bereaved family, favorite



charities, suicide prevention efforts; youth support programs at school, or the support of community-based (as opposed to school-based) efforts by the family to commemorate their loved one. It is strongly recommended that all schools, rather than give students who die by suicide less attention (or more attention) than other deaths, provide guidelines for appropriate commemorative activities designed to honor any member of the school community who dies for any reason in a fair and equitable way. This eliminates the possibility that popular people or certain types of death will garner far more attention than others.

Appendix A

***Confidential***

Harwood Union Middle and High School  
SUICIDE INTERVENTION FORM

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Person Making Referral: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

Lethality Assessment: These signs, seen even only once, represent a very high likelihood of suicide.

- |   |                              |
|---|------------------------------|
| _____ Has a plan for suicide means                      | _____ Has access to lethal   |
| _____ Previous attempt or threat behavior               | _____ History of anti-social |
| _____ Giving away of personal possessions impulsiveness | _____ History of             |
| _____ Family crisis                                     | _____ Has a close friend or  |
| _____ History of depression/mental illness              | family who attempted or      |
| _____ Sense of hopelessness                             | committed suicide            |
| _____ Death themes throughout spoken,                   | _____ Cutting, scratching,   |

written, and art work

\_\_\_\_\_ Sudden positive behavior change following a period of depression

\_\_\_\_\_ Recent loss through death/suicide

other self-destructive behaviors

\_\_\_\_\_ Anniversary of a significant loss

\_\_\_\_\_ other (explain)

*Provide encouragement for the student...  
They are not alone, there is hope, help is available.  
Other people need them and care about them.*

Support System (list individuals & phone numbers, if appropriate):

Intervention:

\_\_\_\_\_ Parental notification

\_\_\_\_\_ Consultation with another Crisis Intervention Team member or colleague:

\_\_\_\_\_ Consultation with other school personnel (list below): \_\_\_\_\_

\_\_\_\_\_ Mental health worker contacted ( \_\_\_\_\_ Mental Health, Phone: \_\_\_\_\_ )

\_\_\_\_\_ Referral to other outside services: \_\_\_\_\_

Case Managers: 1) \_\_\_\_\_

2) \_\_\_\_\_

Follow-Up:

Date: \_\_\_\_\_

Is the student receiving counseling?

What support services are in place?

Summarize student's progress since last meeting:

Appendix B

**Harwood Union Middle and High School  
Parent Contact Acknowledgment Form**

This is to verify that I have spoken with school staff member,  
\_\_\_\_\_ (name) on \_\_\_\_\_ (date),

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

I understand a follow-up check by this staff person will be made with my child, the treating agency, and me within two weeks of this date.

**Parent Signature**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Faculty Member Signature**

\_\_\_\_\_ **Date:** \_\_\_\_\_

Appendix C

**Transition for Students at Risk of Suicide**

Case Manager(s) \_\_\_\_\_

1. \_\_\_\_\_ will seek out support staff when feeling angry, overwhelmed or hopeless.

Support Staff \_\_\_\_\_  
\_\_\_\_\_

2. If this student is expressing suicidal thoughts, threats or gestures they will be brought to the guidance office or nurse for assessment. Their parent or guardian and Washington County Mental Health Services will be notified.

3. Mother \_\_\_\_\_ W: \_\_\_\_\_ H: \_\_\_\_\_  
Father \_\_\_\_\_ W: \_\_\_\_\_ H: \_\_\_\_\_

4. Mental health contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Vermont Crisis Line: 2-1-1

5. Medications: \_\_\_\_\_  
\_\_\_\_\_

Side effects: \_\_\_\_\_

Medication forms completed per school policy if dispensed at school: \_\_\_\_\_

6. The student will check in with \_\_\_\_\_ daily. If the student does not check in, the support person will find them and make sure they are alright.

7. Obtain consent for exchange of information to allow for communications between professionals involved with student.

8. Maintain supportive contact with the student's family and between the family and school.

### **Expected Student Outcomes**

The student will ...

- **Feel heard, understood, accepted and supported.**
- **Experience a lessening of intensity of emotional distress.**
- **Feel there are many options and that they have control.**
- **Avoid future suicide attempts or death.**
- **Obtain counseling along with their family.**
- **Identify and expand their support systems within the school and community.**

- **Have access to competent, preplanned, appropriate, and collaborative interventions during a time of crisis.**

Appendix D

## **A STUDENT'S RETURN TO SCHOOL: ISSUES AND OPTIONS**

**Issue:** Social and Peer Relations

**Options:**

- Schedule a meeting with friends prior to re-entry to discuss their feelings regarding their friend, how to relate, and when to be concerned.
- Place the student in a school-based support group, peer helpers program, or buddy system.
- Arrange for a transfer to another school if indicated.
- Be sensitive to the need for confidentiality and how to restrict gossip.

**Issue:** Transition from the hospital setting

**Options:**

- Visit the student in the hospital or home to begin the re-entry process with permission from the parent or guardian.
- Request permission to attend the treatment planning meetings and the hospital discharge conference.
- Arrange for the student to work on some school assignments while in the hospital.
- Include the therapist in the school re-entry planning meeting.

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

**Options:**

- Arrange tutoring from peers or teachers.
- Modify the schedule and adjust the course load and to relieve stress.
- Allow make-up work to be adjusted and extended without penalty.
- Monitor the student's progress.

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

**Options:**

- Schedule a family conference with designated school personnel or home-school coordinator to

address their concerns.

- Include parents in the re-entry planning meeting.
- Refer the family to an outside community agency for family counseling services.

**Issue:** Behavior and attendance problems

**Options:**

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

**Issue:** Medication

**Options:**

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

**Issue:** On-going support

**Options:**

- Assign a school liaison to meet regularly at established times.
- Maintain contact with the therapist and parents.
- Ask the student to check in with the school counselor daily or weekly.
- Utilize established support systems, Student Assistance Teams, support groups, friends, clubs, and organizations.
- Schedule follow-up sessions with the school psychologist or home-school coordinator.
- Provide information to families on community resources that are available when school is not in session.

Appendix E

## **MEDIA GUIDELINES FOR SCHOOL ADMINISTRATORS**

### **There is Scientific Basis for Concern**

Research has demonstrated potentially harmful effects of some types of news coverage about suicide on vulnerable individuals in the community. There is evidence of an increase in suicidal behavior, especially among youth, following prominent news coverage of a suicide. This behavior may result in multiple suicide attempts or deaths. This is referred to as suicide copycat behavior. It is very important to address this concern with representatives of the media and to describe how responsible reporting can help reduce the risk of copycat suicides.

Media reports should neither sensationalize nor normalize suicide. Reporting should be concise and factual to minimize the likelihood of copycat behavior. Reports of suicide should not be graphic in the details of the method. Never use the phrase “a successful suicide” which links death and being successful. Conversely, to say someone “committed suicide” implies criminality or wrong doing. Use the term “suicide death” or “death by suicide” instead. Media accounts can actually serve as a preventive tool if the reporting ends with published hotline phone numbers and nearby counseling resources. Exploration of these themes is given below.

### **Suicide is a Tragedy, It will be Reported**

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

### **“No comment” is Not Productive**

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

### **Responsible News Coverage May Help Prevent Suicide**

It is not news coverage, but certain types of coverage, which promote copycat suicides. Explain the potential for copycat suicides associated with certain types of reports and suggest ways to minimize this risk. Encourage news reporters to provide information that increases public awareness of risk factors, warning signs, and possible actions to help a suicidal person. Emphasize the importance of listing available community resources for individuals at-risk and describing what is being done to promote safety for vulnerable individuals in the aftermath of a suicide. Provide relevant hotline numbers and ask that they be published. Encourage news stories that portray individuals who have found positive ways of coping with their difficult situations.

## **Aspects of News Coverage that May Promote Copycat Suicides**

Although scientific research in this area is not complete, preliminary findings indicate that the likelihood of copycat suicides may be increased by the following actions:

### **Presenting Simplistic Explanations for Suicide**

Suicide is never the result of a single factor or event; it usually results from the complex interaction of many factors. Although a final precipitating event may have occurred, it is unlikely that it was the sole cause of the suicide. Most persons who decide to kill themselves have had a history of problems that may not have been reported during the aftermath of the suicide. A detailed description is not necessary, but acknowledgment of the complexity of suicidal behavior is recommended.

### **Engaging in Repetitive, Prominent or Excessive Reporting of Suicide**

Repetitive or prominent coverage of a suicide tends to promote and maintain a preoccupation with suicide among at-risk persons. This preoccupation has been linked to copycat suicides.

### **Providing Sensational Coverage of Suicide**

Sensational news coverage of a suicide also heightens the general public's preoccupation with suicide. This reaction is associated with the development of suicide copycat behaviors. Providing the morbid details of suicide increases sensationalism. Reporting the story prominently and using dramatic photographs related to the suicide (e.g., photographs of the funeral, the deceased person's bedroom, or the site of the suicide) also increase the risk of copycat suicides.

### **Reporting "How-To" Descriptions of Suicide**

Describing technical details about the method of suicide is not recommended. For example, reporting that a person died from carbon monoxide poisoning may not be harmful; however, providing graphic details of the mechanism and procedures used during the suicide may promote imitation of the suicidal behavior by other at-risk persons.

### **Presenting Suicide as a Tool for Accomplishing Certain Ends**

Suicide is usually the rare act of a troubled person. Presenting suicide as a way of coping with personal problems (e.g., the break-up of a relationship or retaliation against discipline) may suggest to at-risk persons that suicide is a reasonable solution.

### **Glorifying Suicide or Persons Who Kill Themselves**

Reports of community expressions of grief (e.g., public eulogies, flying flags at half-staff, and erecting permanent public memorials) should not be overemphasized. Such actions may contribute to copycat suicide by suggesting to susceptible persons that society is honoring the



suicidal behavior of the deceased person, rather than mourning the person's death.

### **Focusing Only on the Positive Characteristics of the Person Who Died by Suicide**

Empathy for family and friends often leads to a focus on reporting only the positive aspects of the life of a person who has died by suicide. As a result, statements praising the deceased person are often repeated in the news. Family members, friends or teachers may be quoted as saying the deceased person "was a great kid" or "had a bright future." However, when these statements are not accompanied by acknowledgement that the person had problems, suicide may appear attractive to other at-risk persons, especially those who rarely receive positive reinforcement.

### **For More Information**

For resources, information, school or community based trainings, or U Matter, contact the Vermont Youth Suicide Prevention Coalition, Center for Health and Learning at 802.254.6590 or visit [www.UMatterUCanHelp.com](http://www.UMatterUCanHelp.com).

Adapted from the Main Youth Suicide Prevention Program. Funding administered through the Center of Mental Health Services of the Substance Abuse and Mental Health Services Administration (SAMHSA), as part of the Garrett Lee Smith Memorial Act funding.

This material was developed in part under grant number SM058383 from the Substance Abuse and Mental Health Services Administration (SAMHSA), US Department of Health and Human Services (HSS). The views, policies and opinions expressed are those of the authors and do not necessarily reflect those of SAMHSA or HSS.

Appendix F

## **Crisis Response Agreement**

### **Harwood Union Middle and High School and Washington County Mental Health**

In the event of a crisis or critical incident impacting the students or staff of Harwood Union Middle and High School, a member of the District Crisis Response Team or other authorized school personnel will contact \_\_\_\_\_ Mental Health Center at phone \_\_\_\_\_. The nature of the crisis will be explained and the name and number of a contact person will be given. \_\_\_\_\_ Mental Health Center will respond with crisis intervention and assessment services, crisis stabilization, and other services based on each incident through collaboration between the District Crisis Response Team and \_\_\_\_\_ Mental Health Center.

When any school personnel has cause to suspect that a student is at risk of harm to themselves or others, an administrator, guidance counselor, or school nurse will be informed, a risk assessment will be completed, and the appropriate referral will be made. If it is determined that the student is in imminent danger of self harm, \_\_\_\_\_ Mental Health Center will be contacted to discuss the situation as will the student's parents. Access to \_\_\_\_\_ Mental Health Center services will consist of the following options:

- Parent or guardian transports their child to \_\_\_\_\_ Mental Health Center.
- \_\_\_\_\_ Mental Health Center worker meets the student at the respective school for assessment and intervention services.
- Individual needing services is transported by local ambulance services to \_\_\_\_\_ Hospital, where they will meet with a \_\_\_\_\_ Mental Health Center worker and other appropriate health care providers.

Following the assessment, \_\_\_\_\_ Mental Health Center will develop a plan based on the student's and family's needs or situation. \_\_\_\_\_ Mental Health Center and the school will make efforts to obtain a release of information from parents so that appropriate school personnel will be informed of the outcome of the crisis contract, and share other pertinent information as necessary.

Signatures:

\_\_\_\_\_  
Manager of Mobile Crisis  
\_\_\_\_\_  
Mental Health Center  
Date:

\_\_\_\_\_  
Superintendent of Schools  
\_\_\_\_\_  
Supervisory Union  
Date:

\_\_\_\_\_  
Crisis Response  
Team Coordinator  
School Liaison  
Harwood Union Middle and High School  
School  
Date:

\_\_\_\_\_  
Suicide Prevention  
  
Harwood Union Middle and High

Appendix G

**Welcome Letter for New School Staff**

Dear \_\_\_\_\_:

Welcome to Harwood Union Middle and High School! As part of your introduction to our school program, I'd like to give you some information that just may prove to be invaluable to you in your role here. Please read through the attached information booklet, published by the **Vermont Youth Suicide Prevention Coalition** titled *U Matter U Can Help*. It is a terrific resource regarding suicide prevention, awareness, and intervention. Suicide is a sensitive topic, yet as educators, we need to know the basics of suicide intervention: recognizing the warning signs, showing we care, getting help, and reinforcing the message that everyone is important. Each of us has a place in the big picture and yours may be in helping one of our students in a time of crisis. You will find detailed procedures for how to handle suicidal behavior in our Crisis Response Plan.

Additionally, you will be asked to participate in some basic suicide prevention training. Please see me at your earliest convenience for information about the next available training session.

Thank you and welcome aboard!

Sincerely,

Youth Suicide Prevention School Liaison