



Bandon School District #54

Comprehensive Counseling & Suicide Prevention Protocol

GOAL: To develop mental health support systems for students and stakeholders.



OCEAN CREST ELEMENTARY SCHOOL



HARBOR LIGHTS MIDDLE SCHOOL



BANDON HIGH SCHOOL

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*KEY DOCUMENTS TO SUPPORT DURING A CRISIS

Additional Resources:

STAFF:

- How to Talk to a Youth About His or Her Suicide Risk
- Guidelines for When a Student Returns to School (3 pages)
- General Guidelines for All Staff
- Healing After Suicide in a School Community
- Sample Announcements to Use with Students After a Suicidal Event (2 pages)
- Mindsets & Behaviors for Student Success

PARENTS:

- Supporting Parents Through Their Child's Suicidal Crisis (2 pages)
- Five Minutes Can Save a Life
- Common Youth Reactions to Suicide and Recommended Responses
- Warning Signs for Suicide Prevention
- "Teen-Proof" Your Home - English/Spanish (5 pages)

STUDENTS:

- Am I Normal? Reactions to Overwhelming Stressful Events
- How to Support Grieving Youth
- How To Use Crisis Text Line

Updated 9/2023

DISTRICT GUIDANCE

The following pages reflect guidance documents for school buildings. This document should serve as a guide for crisis response teams. As in all of our work, the purpose of this guidance is to make the most educated decision to promote positive outcomes for our students. All documents assume some professional judgment as reflected by the American School Counselor Association Ethical Standards (2016) and the National Association of School Psychologist Principles of Professional Ethics (2010).

As a district we agree to:

- take all suicidal behavior and comments seriously every time; person should be supervised at all times and remain on campus until assessed;
- interview students the same day the concerns are reported - whenever possible;
- understand that the risk of suicide is increased when any peer, teacher, or other staff identifies someone who has directly or indirectly expressed suicidal thoughts (ideation) or exhibits warning signs (writing, drawing, social media comments, etc.);
- communicate knowledge of someone with suicidal thoughts and/or behavior, immediately with the school-based mental health therapist. If they are unavailable, then contact the school administrator.

**IF THE SITUATION IS CRITICAL OR SUICIDE RISK IS IMMINENT AND
YOU ARE UNABLE TO REACH THE MENTAL HEALTH THERAPIST,
THEN CALL CH&W MOBILE RESPONSE TEAM (541-266-6800)
and/or
LAW ENFORCEMENT (911 or 541-347-2241)**

This includes having possession of the means (razor, gun, rope, pills, etc.) to complete suicide, if the person is not at school or has left the campus and a plan to kill oneself is discovered, or if the person is unwilling/unable to make a plan to keep themselves safe (or they do not have someone who can keep them safe).

Suicide Prevention Response Protocol

SUICIDE CONCERN

Something a student has written or said, or something that another student has reported is concerning to a peer or staff member

STAFF/STUDENT TAKE ACTION:

Contact counselor or building administrator immediately.

NO CONCERN:

Parent contacted regarding comments if indicated by clinical judgment of mental health therapist

Team Divides Task:

***Initial Screening to be done by mental health therapist and/or building administrator.

Counselor and Admin Meet:

***Complete Warning Signs Checklist
***Determine Level of Risk

HIGH/IMMINENT CONCERN:

Clear threats, wants to die, previous attempts, self-mutilation, hopeless, sees future as meaningless, detailed plan, access to lethal means

MILD CONCERN:

No immediate suicide plan, does not want to die, wants things to change, hopeful

MODERATE CONCERN:

Ambivalent about dying, pessimistic, vague/negative future plans, no specific plans but thoughts of wanting to die, sometimes feels like life isn't worth living

IMMEDIATELY:

***Do not leave student alone
***Notify counselor and building or district administrator
***Call 911 if imminent risk
Counselor or Admin will:
***Contact parent or emergency contact
***Direct parent or emergency contact to take student to ER or call Crisis Response
***If no parent response, call **Mobile Response Team @ 541-266-6800** for immediate support
***Provide resources

AS SOON AS ABLE,

Counselor or Admin will:

***Contact Parent if indicated by clinical judgment of mental health therapist
***Document incident
***Follow-up interventions, as needed

BY END OF DAY,

Counselor or Admin will:

***Contact parent
***Discuss current services or new referral
***Provide resources

IMMEDIATE RESOURCES:

**After Hours Crisis Line/
Mobile Response Team
541-266-6800**

**Coos Health and Wellness
541-266-6700**

**Bandon Police Department
541-347-2241**

**National Mental Health Hotline
988**

NEXT STEPS:

***Mental health therapist will develop the Safety and Support Plan with student, parent, and outside providers, if possible.
***Document Safety and Support Plan.
***Share plan with relevant staff.

Suicide Screening

Suicide screening is conducted by the school-based mental health therapist whenever possible. The mental health therapist will assess the level of risk utilizing the Columbia-Suicide Severity Rating Scale (C-SSRS) and clinical judgment.

If the designated therapist is not available, suicide screening will be conducted by one of the other district mental health therapists.

If all therapists are off-campus, the building administrator will reach out to the Coos Health and Wellness Mobile Response Team @ 541-266-6800 for screening support.

BSD-based mental health therapists manage screening, safety plans, and parent communication whenever possible. The following Safety Plan is one option that may be used by the mental health therapist, or in conjunction with the CHW Mobile Response Team, when necessary.

BSD Safety Plan

NAME: _____

DATE: _____

Areas of Concern for this Safety Plan: _____

STEP 1: Crisis warning signs and triggers (thoughts, mood, situation, behavior, and where you feel it in your body):

1. _____
2. _____
3. _____
4. _____

STEP 2: Coping strategies - things to take my mind off my problems (relaxation techniques, physical activity):

1. _____
2. _____
3. _____
4. _____

STEP 3: Places that help make me safe/calm:

1. _____
2. _____
3. _____
4. _____

STEP 4: People that provide support:

NAME: _____ Relationship: _____ #: _____

NAME: _____ Relationship: _____ #: _____

NAME: _____ Relationship: _____ #: _____

STEP 5: Making the environment safe (removing potential weapons, medications, dangerous items, etc):

1. _____
2. _____
3. _____

STEP 6: Professionals/agencies I can contact during a crisis (see back for more):

911 - Emergency

988 - National Mental Health Crisis Line

CHW Mobile Response Team 541-266-6800

STEP 7: Three things worth living for:

1. _____
2. _____
3. _____

| RESOURCES FOR FAMILIES | |
|--|---|
| CHW Mobile Response Team | 541-266-6800 888-543-5763 |
| Bay Area Hospital Emergency Room 1775 Thompson Road, Coos Bay 97420 | 541-269-8111 |
| Southern Coos Hospital Emergency Room 900 11th St SE, Bandon 97411 | 541-347-2426 |
| Youth Line | Text “teen2teen” to 839863 or 877-968-8491 |
| Bandon Police Department | 541-347-2241 |
| | |

Guidelines for When a Student Returns to School

Following Absence for Suicidal Behavior

Best practice is to have a Student Study Team (SST) Meeting about a youth with his or her parents/guardians as soon as possible after a suicidal incident (that resulted in hospitalization). Students who have made a suicide attempt are at increased risk to attempt to harm themselves again, and effective handling of the re-entry process following a suicide attempt is an important part of suicide prevention. School personnel can help students by directly involving them in planning for their return to school; this involvement helps the student to regain some sense of control. At the SST meeting, the team will discuss needed accommodations and supports that will help the student be successful at school.

Confidentiality is extremely important in protecting the student and enabling school personnel to render assistance. Families are more likely to disclose information if they know the school has a helpful, nonthreatening manner of dealing with students who have attempted suicide.

Assuming the student will be absent after a suicide attempt or serious threat and possibly hospitalized, schools should follow these steps:

1. **Update appropriate building/departments-based crisis team members about the situation.**
2. **Ask the parents/guardian to sign a written release of information** to allow the sharing of information between school personnel and treatment providers. This helps provide continuity of care to best assist the student.
3. **Inform the student's teachers** regarding the number of probable days of absence.
4. **Instruct teachers to provide the student with assignments, if appropriate.**
5. **Determine if there are any other students who may have been directly affected** by the suicidal behavior and need immediate attention.
6. **Schedule a Student Study Team meeting.** At the meeting, the team can determine if the student needs accommodations to be safe and successful at school. A 504 plan may be appropriate.
7. **Develop a safety plan.** A safety plan is developed (or reviewed) by the student and a crisis team member upon re-entry to school. The parents may also participate. The plan will not be developed at the SST meeting because that may be overwhelming and intimidating to the student.

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

1. Seek recommendations for aftercare from the student's therapist. If the student has been hospitalized, it may be beneficial for a Crisis Team member to attend the discharge meeting at the hospital.
2. The designated crisis team member should:
 - a. Review and file written documents as part of the student's confidential

health record.

- b. Serve as case manager for the student. Identify what may have precipitated the suicide attempt and be alert to what might precipitate another attempt. Be familiar with practical aspects affecting the student, e.g., medications, full vs. partial study load recommendations. 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. Ask the student if he/she has special requests about what is said or done by school.
 - c. Serve as a link with the parent/guardian, and with the written permission of the parent/guardian, serve as the school liaison with any external medical or mental health service providers supporting the student.
3. Classroom teachers do 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 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 would constitute a violation of the student's right to confidentiality, and would serve no useful purpose to the student or his/her/their peers.
6. Appropriate school staff/crisis team member should maintain contact with the parents to provide progress reports and other appropriate information, as well as stay informed of any changes in the aftercare plan.
7. It is appropriate for school personnel to recommend to other 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 individual who was suicidal, but on building helpseeking skills and resources for others who might be depressed or suicidal.

The following are some of the issues that might arise upon re-entry to school, as well as options for resolving the specific issue.

1. Issue: Transition from the hospital setting

Options:

- With permission from the parent/guardian, visit the student in the hospital or home to begin the reentry process.
- Consult with the student to discuss what support he/she/they think(s) he/she/they need(s) to make a successful transition.
- Seek information about what the student would like communicated to friends and peers about what happened.
- Request permission to attend the treatment planning meetings and the

hospital discharge conference.

- Arrange for the student to work on some school assignments while in the hospital.
- Include the therapist/counselor in the school re-entry planning meeting.

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

Options:

- Schedule a family conference with designated school personnel to address their concerns.
- Include parents/guardian(s) in the re-entry planning meeting.
- Give the family resources to outside community agencies for family counseling services.

3. 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 (but not as the helper), or buddy system.
- Arrange for a transfer to another school, if indicated and possible.
- Be sensitive to the need for confidentiality and how to restrict gossip.

4. Issue: Academic concerns upon return to school

Options:

- Ask the student about his/her/their academic concerns and discuss potential options.
- Arrange tutoring from peers or teachers.
- Modify the schedule and adjust the course load to relieve stress.
- Allow make-up work to be adjusted and extended without penalty.
- Monitor the student's progress.

5. 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.
- If teachers know about medications, ask for observations of changed behaviors.

6. Issue: Behavior and attendance problems

Options:

- Meet with teachers to help them anticipate appropriate limits and consequences of behavior.
- Discuss concerns and options with the student.

- Consult with appropriate administrator.
- Request daily attendance report from attendance office.
- Schedule parent conferences to review attendance and discipline record as needed.
- Arrange for counseling for student.
- Place the student on a sign in/out attendance sheet to be signed by the classroom teachers and returned to the attendance office at the end of the school day.

7. Issue: On-going support*

Options:

- Assign a school liaison to meet regularly with the student at established times.
- Talk to the student about his/her/their natural contacts at school - try to assign the person who already has a relationship with the student.
- Maintain contact with the therapist and parents.
- Ask the student to check-in with the school counselor daily/weekly.
- Utilize established support systems, support groups, friends, clubs and organizations.
- Schedule follow-up sessions with the school counselor.
- Provide information to families on available community resources when school is not in session.

*In the event that a student loses a family member to suicide, school staff should understand that suicide evokes a unique, complicated grief and most of the on-going support considerations mentioned in #7 would also apply.

Sources: Suicide Prevention Coalition of Warren and Clinton Counties, Ohio and the Maine Youth Suicide Prevention Program

General Guidelines for All Staff

Staff who learn directly or indirectly about a youth with suicidal ideation, plans, etc. should:

1. Take every threat seriously. Do not underestimate or brush aside a threat.
2. Remain calm; do not act shocked.
3. Do not leave the student alone. No student expressing suicidal thoughts should be sent home alone or left alone during the intervention process.
4. Communicate the situation immediately and directly to a member of the school crisis team. This person will have specialized training to assess and refer the student. The school counselor and administrator should also be notified so that the student receives appropriate attention.
5. Listen actively and without judgment. Give the student the permission to express the full range of his or her feelings.
6. Acknowledge the student's feelings. Ask questions for clarity not curiosity.
7. Do not get into a debate about whether suicide is right or wrong.
8. Offer hope. Let the student know that there is help, and that he/she/they can feel better.
9. Do not promise confidentiality.
10. Do not take too much upon yourself. Your responsibility to the student in a crisis is limited to listening, being supportive, and getting him/her/them to a trained professional. Under no circumstances should you attempt to counsel the student.
11. Explain to the student the next steps in the intervention, e.g., going together to see the mental health therapist or designated staff, calling his/her/their parent.

Sources: School-Based Crisis Management Recommendations on Suicide by Suicide Awareness Voices of Education and Association of California School Administrators.)

QPR:

Q = Question: Have you been unhappy lately?

P = Persuade: Listen, give them attention, no judgment

R = Respond: Do something, provide a "warm hand-off"

Healing After Suicide in a School Community

Discussion Guidelines for Students:

1. Present facts about the death

"Our school experienced a sad event yesterday. One of our students or faculty members died. As some of you may know, they took their own life." Please do not say "committed suicide" as it conveys the stigma associated with committing a crime or being committed for mental problems. Instead use the term "died by suicide", "completed suicide", or "took their own life."

2. Address circumstances if asked.

Answer "They died by hanging" or whatever the means was. But do not focus on the means or go into details. It is easier to focus on the how than on the why. It can help to say to students, "the way they did it isn't as important as talking about why they would do this. Let's talk about how you feel now and the questions that you have regarding how they must have been feeling." Because this death may receive media coverage, the circumstances may become public information anyway. Many of the students will already know. You are not providing new or privileged information if this is the case. With social media, the students, even as young as middle schoolers, text one another and immediately place a RIP on Facebook. That is how many students find out.

3. Invite reactions.

"Does anyone want to talk about how you are feeling or what you are thinking?" Expect a wide range of responses that include the sharing of rumors and gossip. As these are expressed, you may want to interrupt to remind students that we don't really know what happened or what they were thinking at the time. Explain that rumors are always generated to fill the gaps in information and we have to be careful not to get caught up in them or to believe them. Facts are often manufactured to explain things we can't understand, and suicide is one of those things that is impossible for most of us to imagine. Rumors also distract us from the sad fact that this person we knew is dead. Remember that most will still be in a state of shock at this time, and the reactions may come slowly or in time. Let the students and faculty know ahead of time what normal signs and symptoms of grief look like, so they don't feel more out of control.

4. Address issues related to suicide

Because of the realistic concerns about suicide imitation with teens, it is essential that this discussion include information about suicide prevention. This information addresses:

a. Ubiquity of suicidal thoughts, "All of us may feel, at one time or another, that life isn't worth living and we may think about dying. Especially when we hear about the suicide of someone we knew or admired, we may find ourselves

thinking about suicide. While these thoughts may be normal, they can be frightening and scary and it is ESSENTIAL that we share them with an adult we trust."

b. Importance of not keeping these thoughts to ourselves and sharing them with a trusted adult. "Take a minute to think about the adults in your life who you can turn to when you have problems or feel alone and confused. These are the people with whom you want to share any thoughts, concerns, or questions about suicide."

c. Importance of not keeping a suicidal confidence of a peer. "If you hear a friend talk about dying or suicide or you notice behaviors that concern you, you also want to share these with an adult. Sometimes friends may tell you things and ask you to keep them secret. Thoughts and feelings about suicide, though, are never things to keep secret. Even if your friend gets mad at you for telling an adult, it is still better to have a friend who is alive and angry."

d. Identify in-school resources Review the people in the school to whom the students can go to talk with if they have personal concerns or are worried about friends. Source: griefspeaks.com