Pinehurst School District 94

Adi's Act Plan - Prevention, Intervention, & Postvention

Mission Statement: *We provide dynamic learning experiences that enable students to succeed academically and develop a deep connection to self, others, and the world around them through our small school, multi-age classrooms and nature-inspired location.*

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Introduction

The U.S. Surgeon General promotes the adoption of suicide prevention protocols by local school districts to protect school personnel, and to increase the safety of at-risk youth and entire school community. In 2019, the Oregon legislature passed Senate Bill 52, also known as " Adi's Act ", which requires school districts to develop and implement a comprehensive student suicide prevention plan.

Purpose

This document recognizes and builds on the skills and resources inherent in school systems. Schools are exceptionally resilient and resourceful organizations, whose staff members may be called upon to deal with a crisis on any given day. Schools can be a source of support and stability for students and community members when a crisis occurs in their community.
Accordingly, this guide is intended to help school staff understand their role and to provide accessible and effective tools.

Pinehurst School District 94:

- Recognizes that physical and mental health impacts student learning and the learning environment. Physical and mental health and wellness are integral components of student outcomes, both educationally and post-graduation.
- Further recognizes that suicide is a leading cause of death among young people aged 10 - 24 in Oregon.
- Has an ethical responsibility to take a proactive approach in preventing suicide and educating our staff, students and parents on suicide prevention and intervention.
- Acknowledges the school's role in providing a culture and environment that is sensitive to individual and societal factors that place youth at greater risk for suicide and helps to foster positive youth development and resilience.
- Acknowledges that comprehensive suicide prevention policies include prevention, intervention, and postvention components.
- Will publish its policy and plan on the district website and will revisit and refine the plan as needed.

Definitions

At-Risk
Risk for suicide exists on a continuum with various levels of risk. Each level of risk requires a different level of response and intervention. A high-risk student may have thoughts about suicide, including access to means

and a plan for their death. In addition, the student may exhibit behaviors or feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. A student who is defined as high-risk for suicide is one who has made a suicide attempt, has expressed the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset of potential mental health conditions or a deterioration of mental health. There are typically multiple warning signs and external factors contributing to a high-risk students' wish to die.

Crisis Team
The Pinehurst School Crisis Response Team is a group of people who work in collaboration with the school administrators to address crisis preparedness, intervention, response and postvention planning.

Mental Health
A state of mental health, emotional, and cognitive health that can impact perceptions, choices and actions affecting wellness and functioning. Mental health conditions include depression, anxiety disorders, post-traumatic stress disorder (PTSD), and substance use disorders. Mental health can be impacted by the home, school, social environment, early childhood adversity or trauma, physical health, and genes.

Parent
As used in this plan, the term parent means a parent of a student and includes a natural parent, a legal guardian, or an individual authorized in writing to act as a parent in the absence of a parent or a guardian.

Risk Assessment
An evaluation of a student who may be at-risk for suicide, conducted by the appropriate designated staff (an onsite person who has been trained in Pinehurst School District protocols and the C-SSRS). The Columbia-Suicide Severity Rating Scale (C-SSRS) is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.

Risk Factors for Suicide
Characteristics or conditions that increase the chance that a person may attempt to die by suicide. Suicide risk is most often the result of multiple risk factors converging at a moment in time. Risk factors may encompass bio-psycho-social factors in the individual, family, and environment. The likelihood of an attempt is highest when factors are present or escalating, when protective factors and healthy coping techniques have diminished, and when the individual has access to lethal means.

Self-Harm
Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Self-harm behaviors can be either non-suicidal or suicidal. Although non-suicidal self-injury (NSSI) lacks suicidal intent, youth who engage in any type of self-harm increase the long-term risk of a future suicide attempt or accidental suicide.

Suicide
Death caused by self-directed injurious behavior with any intent to die as a result of the behavior.

Suicide Attempt
A self-injurious behavior for which there is evidence that the person had at least some intent to die. A suicide attempt may result in death, injuries, or no injuries. A mixture of unresolved mindset, such as a wish to die and a desire to live, is a common experience with most suicide attempts. Therefore, unresolved mindset is not a reliable indicator of the seriousness or level of danger of a suicide attempt or the person's overall risk.

Suicidal Ideation
Thinking about, considering, or planning for self-injurious behavior that may result in death. A desire to be dead without a plan or the intent to end one's life is still considered suicidal ideation and will be taken seriously.

Suicide Contagion
The process by which suicidal behavior or a death by suicide influences an increase in the suicide risk of others. Identification, modeling, and guilt are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides within a community, this often happens when a suicide is glamorized by public attention and excessive memorialization. Contagion is often preventable when safest practice postvention steps are closely followed.

Postvention
Suicide postvention is a crisis intervention strategy designed to assist with the grief process following a death by suicide. This strategy, when used appropriately, reduces the risk of suicide contagion, provides the support needed to help survivors cope with a suicide death, addresses the social stigma associated with suicide, and disseminates factual information after the death of a member of the school community. Often a community or school's healthy postvention effort can act as prevention and save lives. All school postvention, no matter what the manner of death, should be treated the same.

Quick Facts - What Schools Need to Know

Take suicidal behavior SERIOUSLY EVERY time. Take IMMEDIATE action!
Know who is trained to conduct a screener at your school. Contact the School Screener and District Administrator to inform them of the situation. NO student expressing suicidal thoughts should be sent home alone or left alone during the screening process. You must provide supervision!

If there is a reason to believe a student has thoughts of suicide, do not send the student home to an empty house.

- ★ School staff are frequently considered the first line of contact with potentially suicidal students.
- ★ Most school personnel are neither qualified, nor expected, to provide the in-depth assessment or counseling necessary for treating a suicidal student. They are responsible for taking reasonable and prudent actions to help at-risk students, such as staying with the student and getting them to a trained screener or administration.
- ★ All school personnel need to know that they are required to refer at-risk students to trained professionals; the burden of responsibility does not rest solely with the individual "on the scene."
- ★ **Research has shown that talking about suicide (whether in a training, classroom or 1 on 1), or asking someone if they are feeling suicidal, will not put the idea in their head or cause them to kill themselves.**
- ★ School personnel, parents/legal guardians and students need to be confident that help is available when they raise concerns regarding suicidal behavior. Students often know, but do not tell adults, about suicidal peers. Having supports in place may lessen this reluctance to speak up when students are concerned about a peer.
- ★ Advanced planning is critical to providing an effective crisis response. Internal and external resources must be in place to address student issues and to normalize the learning environment for everyone.

Confidentiality

School employees are bound by the laws of The Family Education Rights and Privacy Act of 1974; commonly known as FERPA. FERPA generally precludes schools from disclosing student information without first obtaining consent, but there are exceptions, including health and safety emergencies and communication with district staff who have a legitimate educational interest. Further, there are situations when confidentiality must NOT BE MAINTAINED, meaning that staff have a legal obligation to share information.

If at any time, a student has shared information that indicates the student is in imminent risk of harm/danger to self or others, that information MUST BE shared immediately. The details regarding the student can be discussed with those who need to intervene to keep the student safe. This is in compliance with FERPA and HIPAA.

Groups at Increased Risk for Suicidal Behavior

(Also Termed Opportunity Youth)

Pinehurst School acknowledges the needs of these groups and plans to work actively to create and increase affinity groups and use restorative practices to better serve all students.

Youth Living with Mental and/or Substance Use Disorders

Mental health conditions, in particular depression/dysthymia, attention-deficit hyperactivity disorder, eating disorders, intermittent explosive disorder, and conduct disorder are important risk factors for suicidal behavior among young people. An estimated one in five children have a diagnosable mental condition that will cause severe impairment, with the average onset of depression and dysthymia occurring between ages 11 and 14 years; therefore, school staff may play a pivotal role in recognizing and referring the student to treatment that may reduce risk and enhance overall performance and improve long-term outcomes.

Youth Who Engage in Self-Harm or Have Attempted Suicide

Risk is significantly higher among those who engage in non-suicidal self-harm than among the general population. Whether or not they report suicidal intent, one study found that 70 percent of adolescents admitted into inpatient psychiatric treatment who engage in self-harm report attempting suicide at least once in their life. Additionally, a previous suicide attempt is a known powerful risk factor for suicide death. One study found that as many as 88 percent of people who attempt suicide for the first time and are seen in the Emergency Department go on to attempt suicide again within two years. Many adolescents who attempt suicide do not receive necessary follow-up care for many reasons, including limited access to resources, transportation, insurance, copays, parental consent, etc.

Youth in Out-of-Home Settings

Youth involved in the juvenile justice or child welfare systems have a high prevalence of risk factors for suicide. As much as 60 to 70 percent of young people involved in the juvenile justice system meet criteria for at least one psychiatric disorder, and youth in juvenile justice residential programs are three times more likely to die by suicide than the general youth population. According to a study released in 2018, nearly a quarter of youth in foster care had a diagnosis of major depression in the last year. Additionally, a quarter of foster care youth reported attempting suicide by the time they were 17.5 years old.

Youth Experiencing Homelessness

For unhoused youth, the rate of self-injury, suicidal ideation, and suicide attempts is over two times greater than those of the adolescent population in general. These young people also have higher rates of mood disorders, conduct disorder, and post-traumatic stress disorder. One study found that more than half of runaway and unhoused youth experience suicidal ideation.

Racial and Ethnic Minority Youth

American Indian/Alaska Native (AI/AN) Youth

In 2017, the rate of suicide among AI/AN youth ages 15-19 was over 1.6 times that of the general youth population. Risk factors that can affect this group include substance use, discrimination, lack of access to mental health care, and historical trauma. For more information about historical trauma and how it can affect AI/AN youth, see ihs.gov/suicideprevention.

Black Youth

Among Black populations, suicide rates peak during adolescence and young adulthood, then decline. This is a different pattern than is seen in the overall U.S. population, where suicide rates peak in midlife. A particularly important risk factor associated with suicide behavior among Black youth is exposure to racism and trauma. Black youth who experience racism often feel alienated, rejected by society, ignored, marginalized, depressed, and anxious. The latest data from 2021 shows Black male youth rates increasing significantly.

Latin Youth

Suicide and suicide attempts are especially concerning among Latinx adolescent girls, who have the highest suicide rates among all adolescent groups nationwide. Statistics reveal that in the United States, 15.6% of Latinx adolescent girls have attempted suicide one or more times and 25% have thought about it. Risk factors include alienation - including disconnection from family or family origin, acculturative stress and family conflict, hopelessness and fatalism, discrimination, and racism.

Asian Youth

For Asian Americans and Pacific Islanders between the ages of 15 and 19, suicide was the leading cause of death in 2016, according to CDC data, accounting for 31.8 percent of all deaths. Asian youth may be susceptible to different risks than other racial/ethnic groups, such as ethnic and cultural socialization or orientation, poverty, education related stress, familialism, discrimination, and acculturation that can take root at a young age, affecting mental health outcomes.

LGBTQ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning) Youth

The CDC finds that LGBTQ+ youth are 4.5 times more likely, and questioning youth are over twice as likely to consider attempting suicide as their heterosexual peers. One study found that 40 percent of transgender people attempted suicide sometime in their lifetime — of those who attempted, 73 percent made their first attempt before the age of 18. Suicidal behavior among LGBTQ youth can be related to experiences of discrimination, family rejection, harassment, bullying, violence, and victimization. For those youth with baseline risk for suicide (especially those with a mental health condition), these experiences can place them at increased risk. It is not their sexual orientation or gender identity that place LGBTQ+ youth at greater risk of suicidal behavior, but rather these societal and external factors: the way they can be treated, shunned, abused, or neglected, in connection with other individual factors such as mental health history.

Youth Bereaved by Suicide

Studies show that those who have experienced suicide loss, through the death of a friend or loved one, are nearly four times as likely to attempt suicide themselves.

Youth Living with Medical Conditions or Disabilities

A number of physical conditions are associated with an elevated risk for suicidal behavior. Some of these conditions include chronic pain, loss of mobility, disfigurement, cognitive delays that make problem-solving a challenge, and other chronic limitations.

Adolescents with asthma are more likely to report suicidal ideation and behavior than those without asthma. Additionally, studies show that suicide rates are significantly higher among people with certain types of disabilities, such as those with multiple sclerosis or spinal cord injuries.

Comprehensive Suicide Prevention Plan Components

Pinehurst School District takes a strategic approach to preventing suicide. It includes specific components implemented in a particular sequence: prevention, intervention, and postvention. Prevention efforts work best when they are connected to effective intervention and safe postvention efforts. This plan outlines Pinehurst School District's approach to these three areas and is dedicated to developing a suicide prevention program using an approach that considers cultural factors, such as the role of the family, level of acculturation, language acculturation, language preferences, and religious beliefs. This process includes staff and student awareness surrounding identity, human dignity, and connection.

Contact Information

Pinehurst School District 94		
Emily Cozza	District Administrator	emily@pinehurst.k12.or.us
Community Resources		
Safe Oregon Tip Line	24 Hour Tip Line	844-472-3367
National Suicide Hotline	24 Hour Hotline	988
Law Enforcement	24 hour	911

Prevention Procedures

Pinehurst School District takes intentional steps to create a school culture that encourages positive coping skills by building protective factors while communicating about suicide in a safe and healthy way. Suicide prevention includes mental and physical wellness education, accessible resources, staff training, mental health awareness campaigns, restorative practices, and building a culture of belonging. The district has adopted the staff and student training programs set forth below.

Staff Training and Education

Program	Who	Duration/Renewal
QPR Question, Persuade, Refer Gatekeeper Training for all student-facing staff members.	All student-facing staff	2 hours/annual or every other year Gatekeeper Training
Columbia Suicide Severity Rating Scale (C-SSRS) Evidence-based first responder to gauge risk and response level needed during a potential suicidal engagement. Includes protocols for both initial and follow-up screening and documentation.	Trained Screeners & Anyone deemed appropriate by admin	90 Minute in person training (30 minutes video, 60 minute slides, discussion, scenarios.)
Connect Postvention This training helps service providers respond in a coordinated and comprehensive way in the aftermath of a suicide or any sudden death. Participants learn best practices on how to coordinate a comprehensive and safe response to a suicide and strategies for reducing the risk of contagion.	Admin, crisis team members, behavioral health team members, and anyone else who would help implement a postvention response.	1 full day, in person, as needed Every 3 Years
Youth SAVE Youth SAVE (Suicide Assessment In Various Environments) is designed to empower school staff and community-based providers to effectively assess and intervene with youth and young adults experiencing thoughts of suicide.	Trained Screeners & Anyone deemed appropriate by admin	2 half days virtually OR 1 full day in person Every Three Years

<u>Oregon Counseling on Access to Lethal Means</u> Oregon CALM (OCALM) is an Oregon-adapted curriculum of the national CALM (Counseling on Access to Lethal Means) course. OCALM is developed to assist in approaching Lethal Means Counseling with an informed, collaborative, and respectful attitude. It covers who needs lethal means counseling and how to work with people at risk for suicide—and their families—to reduce access.	Trained Screeners & Anyone deemed appropriate by admin	1 day in -person or virtual Every 5 years

Suicide prevention activities are best conducted in the context of other prevention efforts such as health and wellness curriculum, sexual violence prevention, drug awareness, unhoused youth, wraparound services, social-emotional learning, trauma-informed education, disability identification and services, and supports for underrepresented populations such as positive identity development and affinity groups. Prevention efforts are best characterized as being part of a multi-tiered system of support (MTSS) where universal practices across domains are employed, increasingly intensive training and supports are engaged as screening, and intervention outcomes are evaluated.

Only trained school staff members may act as School Screeners and perform Suicide Screening.

Student Training and Education

All students K-6 will receive direct instruction as a Tier 1 support in a comprehensive social emotional learning/mental health and wellness promotion using restorative practices and Pinehurst School's adopted Transformative Social-Emotional Learning (TSEL) curriculum, Wayfinder. Wayfinder is a research-backed SEL and purpose-learning curriculum designed to build foundational human skills, foster belonging, and help students navigate the future. It focuses on transitioning students from basic emotional regulation to active community engagement.

Wayfinder is structured around six research-backed core skills that connect classroom learning to real-world application:

- Self-Awareness: Understanding personal feelings, needs, and what allows students to thrive.
- Adaptability: Staying calm and flexible when plans change and persisting through challenges.
- Empathy: Noticing and understanding the feelings of others to foster trust.
- Collaboration: Working effectively in diverse teams to communicate and achieve shared goals.
- Agency: Using one's voice and choices to shape their life and positively impact their communities.
- Purpose: Connecting actions, values, and joys to an internal drive that provides long-term direction

Parent Education

- Parent Suide Prevention Trainings (eg QPR) and additional Family Resources can be provided. Please reach out to the office for more information.

Offerings Specific to Groups at Higher Risks

- Translation/Interpretation Services are available, as needed, through the SOESD
- Parent supports or education that is language and culture accessible
- Staff trainings specific to providing culturally responsive supports

Intervention Procedures

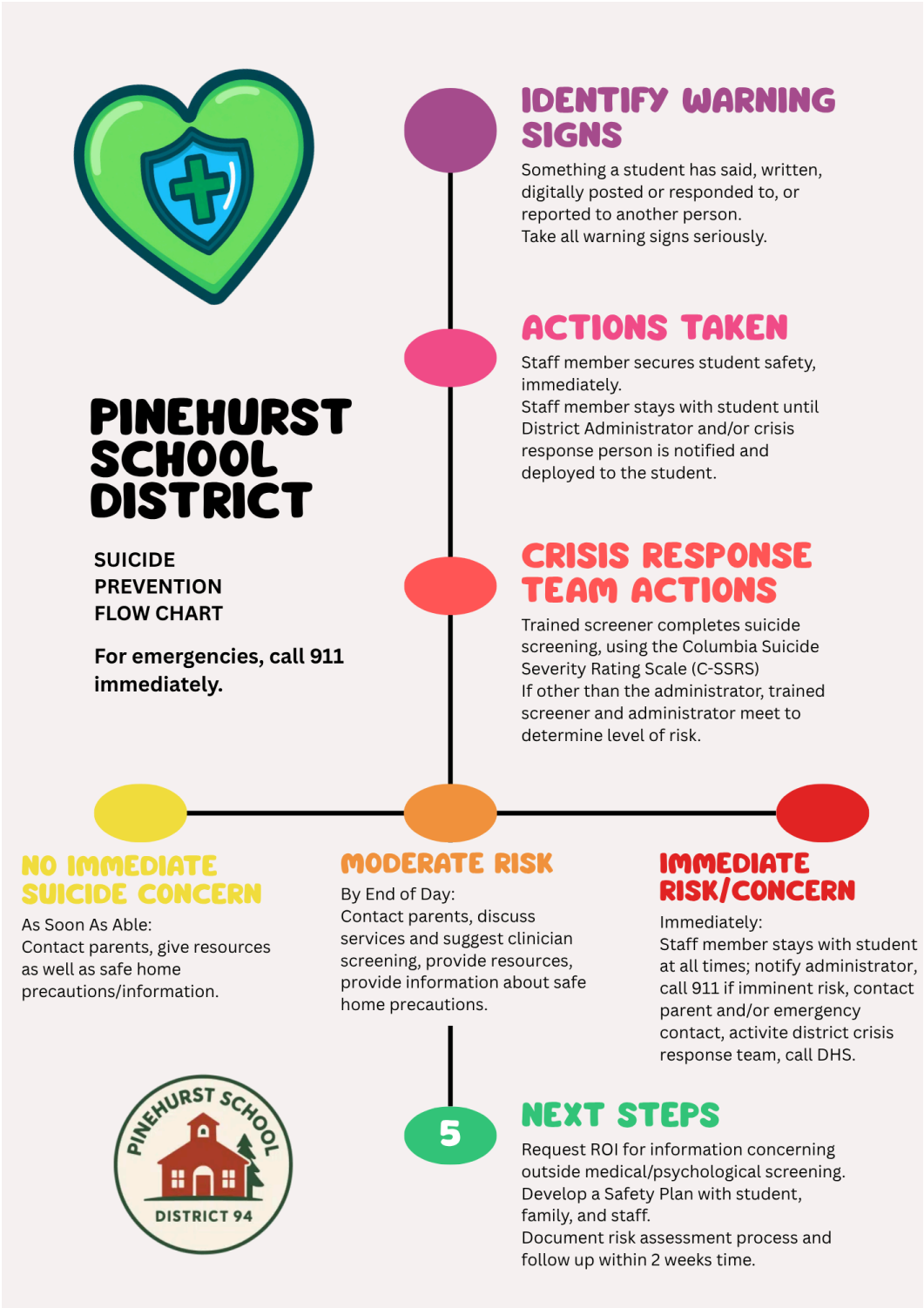
The risk of suicide is raised when any peer, teacher, caregiver, or school employee identifies someone as potentially suicidal because she/he/they has/have directly or indirectly expressed suicidal thoughts (ideation) or demonstrated other warning signs.

It is critical that any school employee who has knowledge of a suicide threat reports this information immediately and directly to a trained School Screener and school administrator so that the student of concern receives appropriate attention.

A suicide risk screening will need to be completed for every student expressing comments and/or thoughts of suicide. Every effort should be made to conduct a screening the same day staff members are made aware of the risk of suicide.

If imminent danger exists, call 911 immediately. This is especially important if the student of concern is not in class or left the campus and a plan to suicide is discovered. All threats of self-harm must be taken seriously.

Pinehurst School District Suicide Flow Chart



Suicide Intervention Protocol

Composition of School Crisis Team

Pinehurst School District will identify and train at least two staff to compose the District Crisis Response Team, including the District Administrator and at least one additional staff member.

Documentation

Documentation of all intervention steps and phone calls should be done throughout the process using the **Suicide Screening Form *Appendix G**.

In the case of imminent threat of suicide or an attempt, please fill out this form after the crisis has been managed.

Staff aware of a student in distress…

Immediately activate emergency services if there is an attempt, the student has a weapon on campus, or an off-campus student is believed to be suicidal.

When a staff member becomes aware of student expressing suicidal thoughts, either from the student or other students, they will:

- ☐ Call the office to activate the Crisis Response Team or Call the District Administrator.
- ☐ Stay with the student until the designated trained screener arrives to help the student.
- ☐ Once a student is identified as needing a suicide screening, they will not be left alone at any point or be allowed to leave campus without a parent/guardian until the screening is complete and the appropriate actions have been taken.
- ☐ Not discuss the situation with anyone other than the crisis team in order to protect the student's confidentiality.
- ☐ If needed, escort the student to a private area until the designated trained screener arrives.
- ☐ If the staff needs someone to cover a class, our office manager or district administrator can help coordinate the coverage.

Complete a Suicide Screen

- Only a designated trained screener with conduct student suicide screening.
- Meet with the student in a private, but not secluded, area and complete the Columbia-Suicide Severity Rating Scale C-SSRS **Appendix H** with the student. There are helpful questions in the Student Screening Form **Appendix G** as well.

Actions after the Suicide Assessment of Risk

1. If the student is suicidal/high risk/red on the C-SSRS, the team member immediately contacts the parent/guardian.
   a. Review **Supporting Parents with a Child in Suicidal Crisis Appendix B**
   b. When the parent/guardian has been reached, the team member should briefly explain the situation, reassure the parent/guardian that the student is safe and being cared for, and ask the parent/guardian to come to the school to transport the student to the hospital. One of following procedures should be followed:
      i. When the parent arrives , the team member discusses the screening and makes recommendations for the next steps to be taken. The parent/guardian or an ambulance transports the student to the hospital for further assessment and care.
      ii. If the parent/guardian does not have transportation, 911 or other means of transportation will be provided to the student.
   c. If the team member is unable to contact the parent/guardian , the named emergency contact will be called. The procedure in the above paragraph will be followed.
   d. If the emergency contact is also unavailable, the team member will contact DHS and ask for assistance.
   e. If the parent/guardian is uncooperative and does not agree with the urgency of the situation, they are informed that the school is required to contact DHS to ask for assistance. If the parent/guardian takes the student without the intent to get further assessment, the team member contacts DHS to make a report. If the parent/guardian refuses to pick-up the student, or leaves the student at the school, DHS is contacted for assistance.
2. If there is suicidal intent, but threat is not imminent, go to Level 2 screening and the student's parent/guardian is notified.
   a. When the parent/guardian arrives at the school, the team member meets with them and reviews the assessment, provides referrals for screening with a QMHP, and provides education on lethal means restriction in the home.
   b. If the student will not be able to access screening immediately, crisis team member will make a safety plan with the student.
   c. Appropriate handouts given to parents. See Parent Handouts
3. If there is concern, but no suicidal intent , the student's parent/guardian is notified. When the parent/guardian arrives at the school, the team member meets with them and reviews the assessment.
   a. Appropriate handouts given to parents. See Parent Handouts

Parent Handouts

The following handouts may be given to parents when their child is screened for suicide.

- ☐ **Parent Information - Appendix C**
- ☐ **Things I Can Do to Feel Better - Appendix D**
- ☐ **Making Sure Your Home is Safe - Appendix E**

☐ **Community Resources - Appendix F**

Intervention: Suicide Screening Form

Fill out the **Suicide Screening Form *Appendix G** **and** **C-SSRS Screening Form Appendix H** anytime a student has any signs of suicidal ideation or returns after a suicide attempt/hospitalization. The goal is to do this in a trauma-informed way that works to ensure the student's safety and respects the student's voice, confidentiality, and input.

Student Return to School Following Absence for Suicidal Behavior

Students who have made a suicide attempt are at increased risk of attempting to harm themselves again and effective handling of the re-entry process following a suicide attempt is an important part of suicide prevention.

Meeting with parents about their child prior to his/her return to school is integral to making decisions concerning needed support and the student's schedule.
Review **Supporting Parents with a Child in Suicidal Crisis Appendix B**

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

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.

Student Absence

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

1. Update need-to-know support staff about the situation.
2. Ask the parents/guardian to sign a written Medical Release of Information **Appendix I** so information can be shared 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 that may have been directly affected by the suicidal behavior and need immediate attention.

Guidelines for Return

1. Prior to the student's return, a meeting between a designated school staff person who is trusted by the student and parents/guardian should be scheduled to discuss possible arrangements for support services and to create an individualized re-entry plan.
   a. Obtain a Medical Release of Information **Appendix I** from hospital and/or student counselor/therapist if possible.
2. Seek recommendations for aftercare from the student's therapist.
3. The designated team member should:
   a. Identify themselves to the student as their point person.
   b. Conduct meetings with a strengths-based and mental health lens
   c. Emphasize that the goal of hospitalization is to strengthen and not to fix.
   d. 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.
      i. Ask the student if he/she has special requests about what is said or done by school.
   e. 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.
4. Classroom teachers need to know whether the student is on a partial study load and be updated on the student's progress in general. They do not need clinical information or a detailed history.
5. 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.
6. 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 his/her peers.
7. The school should maintain contact with the parents to provide progress reports and other appropriate information, and be kept informed of any changes in the aftercare plan.

*** See Appendix J for scenarios that may arise upon re-entry.**

Postvention Procedures

Postvention Procedures: After a Death Occurs

Postvention means any compassionate, healing, and effective "post-intervention" activities conducted after a suicide. Postvention seeks to reduce the risk of imitations or "contagion", supports the needs of those bereaved by a suicide, provides safe messaging to students, families, and the community, and supports the mental health of the entire school community. Appropriate postvention activities serve to enhance future prevention efforts and save lives. Postvention includes procedures and practices addressing immediate, intermediate, and long-term response planning. Postvention also involves active crisis response strategies that strive to treat the loss in similar ways to that of other sudden deaths within the school community and to return the school environment to its normal routine as soon as possible while providing grief support. It includes addressing communication with staff, students, outside providers and families, identifying other potentially at-risk students, and other difficult issues such as memorialization. This includes having a system in place to work with the multitude of groups that may eventually be involved, such as students, staff, parents and legal guardians, community, media, law enforcement, etc. In Oregon, postvention is specifically defined under OAR 309-027-0200(8).

Goals & Precautions

Goals	Precautions
☐ Support the grieving process ☐ Prevent suicide contagion ☐ Reestablish healthy school climate ☐ Provide long-term support ☐ Integrate and strengthen protective factors ☐ Treat all deaths the same ☐ Provide resources for students, parents and staff	☐ Avoid romanticizing or glorifying event or vilifying victim ☐ Do not provide excessive details ☐ Do not eulogize victim or conduct school-based memorial services ☐ Do not release information in a large assembly or over the intercom ☐ Hold school-based memorials or gatherings outside of school hours

Immediate Postvention Response

BFCS Postvention Response Procedures

1. District Administrator is notified of suspected or known student death by suicide.

2. District Administrator confirms cause of death with Law Enforcement or County Postvention Response Lead
3. District Administrator connects with County Postvention Response Lead.
4. District Administrator notifies SOESD Flight Team
5. School office maintains contact with law enforcement and other administrators throughout the process.
6. District Administrator determines Point Person and enters it on the Crisis Team Postvention Contact Information Form ***Appendix K**
7. District Administrator reviews and utilizes Crisis Team Tools below
8. District Administrator communicates with the family to offer condolences and determines their wishes for communication about the death.
9. The District Administrator prepares any media statements.
    a. Supply the media with information on "signs and symptoms of depression" and sources of help in the community. Stress prevention and early intervention as the focus of their reporting. Educate the media on "contagion" factors and imitative behaviors. Encourage them not to glamorize or sensationalize suicide in any way. Refer to safe messaging.
10. Crisis Team determines how to inform parents and the community.
    a. Refer to Postvention Packet **Appendix P**
11. Crisis Team delegates responsibilities. See Crisis Team Responsibilities Chart **Appendix L**
12. Crisis Team determines outside resources that should be brought in. (notifies SOESD Flight Team)
13. Crisis Team develops a plan on how to inform faculty and students.
14. Crisis Team Completes the Potential Intervention Need Worksheet ***Appendix N**
15. District Administrator prepares scripts and resources for all staff meetings by utilizing Before School Staff Meeting.
16. District Administrator notifies all staff as soon as possible and distributes scripts and other resources for staff to use.
17. Building staff, as directed by the administrator, notify students, and distribute any needed notifications or resource handouts.
18. Crisis Team meets to debrief and determine follow up resources.
19. Crisis Team determines the most trauma-informed manner to remove student's personal effects and present them to the family.
20. Office manager marks the student as deceased in the student information system.
21. After the first week, rearrange classroom seating and remove the student's desk during non-school hours. Consider including students in discussion on how to rearrange the room.

Crisis Team Tools

Postvention Contact Information Form **Appendix K**
Rapid Assessment Guide **Appendix M**
Potential Intervention Needs Worksheet **Appendix N**

Safe Room Materials **Appendix O**
Postvention Packet **Appendix P**

Disclosing Details of the Death

It is important and considered best practice in trauma response to gain permission from family/guardian to share the facts about a crisis, death or trauma. If the family is resistant to this, let them know that you only want to share facts because it is better that students/staff hear facts from supportive adults rather than rumors or inflated stories via social media or by student word-of-mouth.

What to Disclose		
Unconfirmed Cause of Death ● Do not disclose cause of death before an official cause is determined. ● Ongoing investigation: Check with local law enforcement before speaking with students who may need to be interviewed.	**Family Declines Sharing Cause** ● Respect family wishes! ● Trusted educated admin speaks with family about benefits of sharing mental health resources. ● Use opportunity to give students info/resources: Grief, suicide, suicide prevention, help seeking, how to get help for a friend.	**Rumors** ● Educate staff on danger in rumors. ● Acknowledge to students that there are rumors (which are often inaccurate) and remind students that rumors can be deeply hurtful and unfair to the missing/ deceased person/ their family, and their friends.
Follow Guidelines for Safe Messaging		

Safe Messaging

- ☐ One designated person handles all media interactions.
- ☐ Advise students to avoid interviews.
- ☐ Oversee school social media and use as part of crisis response.
- ☐ Monitor social media and social networking sites.
- ☐ The spokesperson shall encourage media not to link bullying to suicide, and not to speculate about the reason for suicide and instead offer the community information on suicide risk factors, warning signs, and resources available.

Before School Staff Meeting

1. Make sure all school personnel are invited
2. Announcement of current facts (share the basic details – who, how, when, where.) Dispel rumors.
3. Outline the day; share an overview of the plan.
4. Explain and emphasize how the crisis is announced to students

5. Letter to parents.
6. Substitute teachers will be available if needed.
7. Where and how team members will be available, i.e. in the classroom, in the office, in the counseling center.
8. Provide ideas for dealing with students during crisis.
   a. Staff will process with students i.e. take time for students to share and ask questions in a group after the announcement to the student body.
   b. Use direct language i.e. dead, died, not passed away or went to sleep, etc. -know if you feel able to answer questions that students might ask. -younger children often can't grasp the finality of death but will need information– be honest, but not brutally honest. -limit discussion of crisis. Do not discuss detail of the death and respect confidentiality.
   c. All feelings are OK. Expect a wide range of emotions. -some students may honestly have no reaction. -anger is often a way kids will express strong feelings. -inappropriate remarks, illness, jokes, laughing can be ways of handling strong or scary feelings (especially males). -some students may feel guilty about things they said, did or did not do to the person who died. -some students will have a delayed reaction – the next day or later. -fear of losing a parent, relative, or dying themselves may develop.
   d. Crisis events can trigger the surfacing of feelings around unresolved loss or trauma that is unrelated to the current crisis.
   e. Students whose families are under stress may have an especially hard time.
   f. Provide some form of activity students can use to express their feelings, i.e. artwork, cards or letters for the family.
9. Support for Staff
   a. Reiterate messages about feelings from the previous discussion, i.e. triggering of their emotions about their own losses, difficulties or guilt.
   b. Subs will be available if needed.
   c. Let us know after the meeting or throughout the day if you're needing extra support.
10. Maintain normal routine as closely as possible.
11. Media
   a. Refer media to District Administrator as designated contact person.
   b. Discourage staff from talking with media directly.
   c. Media personnel are not allowed inside the building.
   d. Request that students do not talk to media.
12. Arrange to meet with staff directly involved.

After School Staff Meeting

1. Review day's events and any new information.
2. Process and validate staff's feelings about the crisis.
3. Discuss student's reactions.
4. Ask staff to identify students they have concerns about – provide characteristics of high-risk students.

5. Discuss funeral arrangements, if known
   a. When and where.
   b. Time out of building for staff who wish to attend.
   c. Procedures for students – they should be accompanied by an adult, preferably a family member.
   6. Discuss staff concerns regarding support for the family.
7. Future plans – crisis team's role.
8. Encourage staff to acknowledge and address their own emotional needs this evening and in the I. days ahead.
9. Provide Employee Assistance Program (EAP) information for staff.
10. Acknowledge the staff's efforts and thank them.

Mid-Term Postvention Response

Avoid Suicide Contagion

- Actively triage particular risk factors for contagion, including emotional proximity (e.g., siblings, friends, or teammates), physical proximity (witness, neighbor) and pre-existing mental health issues or trauma.
- Explain in an all-staff meeting that one purpose of trying to identify and provide services to other high-risk students is to prevent another death.
  - In the staff meeting, the Team shall review suicide warning signs and procedures for referring students who present with increased risk.
- The District Administrator shall work with teacher to identify students who are most likely to be significantly affected by the death, or who exhibit behavioral changes indicating increased risk.

* For those school personnel who are concerned that talking about suicide may contribute to contagion, it has been clearly demonstrated through research that talking about mental health and suicide in a nonjudgmental, open way that encourages dialogue and help-seeking does not elevate risk.

Develop Memorial Plans

Memorializing a student who has died by suicide can be a difficult process. Staff, students, and the family of the deceased may have different ideas of what is appropriate, inappropriate, or useful. It is important to be prepared to respond to and channel the need of people to grieve into activities that will not raise the suicide risk of vulnerable students or escalate the emotional crisis.

The person designated as the liaison with the family needs to consult the family and be prepared to explain the memorialization policy to the family while respecting their wishes as well as the grieving traditions associated with their culture and religion.

Memorial Guidelines

- Avoid planned on-campus physical memorials (e.g. photos, flowers, locker displays), funeral services, tributes, or flying the flag at half-staff, because it may inadvertently sensationalize the death and encourage suicide contagion among vulnerable students.
- Spontaneous memorials may occur from students expressing their grief. Cards, letters, and pictures may be given to the student's family after being reviewed by the school administration.
    - If items indicate that additional students may be at increased risk for suicide and/or in need of additional mental health support (e.g. writing about a wish to die or other risk behavior), outreach shall be made to those students to help determine level of risk and appropriate response.
    - The school shall also leave a notice for when the memorial will be removed and given to the student's family.
- Online memorial pages shall use safe messaging, include resources to obtain information and support, be monitored by an adult, and be time limited.
- School shall not be canceled for the funeral or for reasons related to the death.
- Any school-based memorials (e.g., small gatherings) shall include a focus on how to prevent future suicides and prevention resources available.

Consider Ongoing Supports

The Crisis Team will continue to monitor students' reaction to the crisis and plan for ongoing interventions and supports. These may include:

- Grief or mental health support groups
- Academic interventions and accommodations
- Universal screening and safety planning
- Pause all Suicide Prevention training for at least 6 to 9 months
- Targeted supports for identified and/or at-risk students

Long-Term Suicide Postvention Response

Preparing for Significant Dates and Events

The anniversary of the death (and other significant dates, such as the deceased's birthday) may stir up emotions and can be an upsetting time for some students and staff. It is helpful to anticipate this and provide an opportunity to acknowledge the date, with those students who were especially close to the student who died. These students may also need additional support since mourning can be a long-term process, and an anniversary of a loss can trigger the grief and trauma they experienced at the time of the death. Anniversaries are a good time to increase discussion of mental health support resources and mental health awareness activities.

Consider Ongoing Supports

The Crisis Team will continue to monitor students' reaction to the crisis and plan for ongoing interventions and supports. These may include:

- Grief or mental health support groups
- Academic interventions and accommodations
- Universal screening and safety planning
- Targeted supports for identified and/or at-risk students
- Additional & Ongoing Training & Education
- Frequent mental health and suicide prevention communication

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- ★ Eugene 4J Adi's Act Plan

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Appendix A: Language for Student Handbook & Parent Handbook

Pinehurst School District is committed to creating a community of connection, understanding, and trust by assessing and addressing the needs of all students. Student success is gained through their knowledge and understanding of physical, behavioral, and emotional well-being. Suicide is preventable and anyone can help prevent a death by suicide. Research indicates that asking about suicide does not increase its risk, but in fact may decrease anxiety allowing open conversation with anyone contemplating suicide. Students can talk to any trusted adult in their building to receive support or to ensure that a fellow student gets support. This can be done anonymously. All warning signs or requests for help will be taken seriously. Go to our website to see our Adi's Act Plan.

Appendix B: Supporting Parents with a Child in a Suicidal Crisis

Family Support is Critical
When an adolescent experiences a suicidal crisis, the whole family is in crisis. If at all possible, it is important to reach out to the family for two very important reasons:

First, the family may very well be left without professional support or guidance in what is often a Crisis Team of acute personal shock or distress. Many people do not seek help – they don't know where to turn.
Second, informed parents are probably the most valuable prevention resource available to the suicidal adolescent.

Remember, a prior attempt is the strongest predictor of suicide. The goal of extending support to the parents is to help them to a place where they can intervene appropriately to prevent this young person from attempting suicide again. Education and information are vitally important to family members and close friends who find themselves in a position to observe the at-risk individual.

Common Parental Reactions to Hearing that Their Child is Suicidal

- Acute personal shock and distress
- Totally paralyzed by anxiety
- Very confused, puzzled, or in denial
- Embarrassed
- Blamed, stigmatized
- Angry, belligerent, threatening

Concerns of the Helper/Professional

- Safety of the youth
- Professional responsibilities
- Gaining cooperation from parent(s)
- Concerns of the Parent
- Maintain some equilibrium
- What to do; where to turn for help
- The safety of the youth

Parents May Need Support to:

- Overcome their emotional reactions
- Accept the seriousness of the situation
- Recognize their key role in helping their child
- Recognize the importance of finding (professional) help

- Understand the importance of removing firearms from their environment
- Identify personal coping mechanism and support systems
- Understand their limits
- Establish some hope

How crisis team member can be Helpful:

- "Just be there" (through the immediate crisis)
- Reflective listening – acknowledge the impact, the fear, the anger…
- Avoid judging, blaming
- Provide information and referrals
- Emphasize safety; strongly recommend removing lethal means from the home and provide information on how to do that
- Support any and all acceptance of responsibility and efforts to help
- Model limit setting and self-care

Things You Can Ask or Say – Once the Immediate Crisis has Passed:

- "How can I help?" or "How are you coping?"
- "Who can you talk to? How are you in touch with these people? Would it help if I called them for you?" (sometimes just picking up the phone is more than they can do for themselves.)
- "I can appreciate how this has turned your world upside down. It is great that you have been willing to get help. None of us can do this alone."
- "How have we (professionals) been helpful? What has not been helpful? What could we do better?"

Appendix C: Parent Information

Things You Can Do to Support Your Child Having Thoughts of Suicide

★ **If you see signs that your child's mental health is under threat, tune in.**
- Maybe your child is just having a bad day. When signs of mental health troubles last for weeks, though, don't assume it's just a passing mood.
- Your goal should be to remain calm, alert and ready to speak with your teen. Don't wait for them to come to you. You might start by saying, "You seem sad. I'm open to talking about this, because I love you and I care what happens to you."

★ **Listen—even when your child is not talking.**
- Don't be surprised if your teen turns away when you first raise the subject of mental health or suicide. Keep in mind that, even if your child is silent at first, actions may speak even more loudly than words.
- Watch for major changes in your child's sleep patterns, appetite and social activities. Self-isolation, especially for kids who usually enjoy hanging out with friends or participating in activities, can signal serious difficulties.
- If your child is struggling more than usual with schoolwork, chores and other responsibilities, these are additional signs you shouldn't ignore.

★ **Realize that your child might be facing suicide risks you haven't considered yet.**
- Many parents wonder: Could my child really be at risk for suicide? Unfortunately, the answer is yes. Young people of all races, ethnicities, gender identities, sexual orientations, income levels and community backgrounds die by suicide every year.In fact, suicide is the second leading cause of death among young people 10 to 24 years old.
- Here are some suicide risk factors to be aware of:
  - Loss of a loved one to death, divorce, deployment, deportation or incarceration
  - Bullying (in person or online)
  - Discrimination, rejection or hostility due to gender identity or sexual orientation Racism, discrimination and related inequities and stressors
  - Stigma (the belief that it's wrong or shameful to talk about mental health or suicide)
  - Witnessing or suffering violence or domestic abuse
  - Financial instability that causes worry and insecurity
  - Suicide in their school or friend group
  - Major life-changing events, such as a breakup with a dating partner, a change in social connections, academic disappointment or a major health issue
  - Self-harming behavior

★ **Do not dismiss what you're seeing as "teenage drama."**
- Never assume your child is exaggerating or playing games if they say or write:
  - "I want to die."
  - "I don't care anymore."
  - "Nothing matters."
  - "I wonder how many people would come to my funeral?"
  - "Sometimes I wish I could just go to sleep and never wake up."
  - "Everyone would be better off without me."
  - "You won't have to worry about me much longer."
- Many adolescents who attempt suicide will tell their parents ahead of time (though others do not). These words indicate an urgent need for help.
- Don't risk being wrong about this. <u>Take every statement about suicide seriously.</u>

★ **Respond with empathy and understanding.**
- When your child talks or writes about suicide, you may feel shocked, hurt or angry. You may even want to deny what you're seeing or argue with your child. These feelings are natural and valid. But it's essential to focus on your child's needs first and foremost.
- Your goal is to create a safe space where your teen can trust you to listen and express concern, but without judgment or blame.

  <u>Do not react this way…</u>
  - "That's a ridiculous thing to say."
  - "You have a great life – why would you end it?"
  - "You don't mean that."
  - "I can't believe what I'm hearing!"

  <u>Instead, manage your own feelings and respond with empathy…</u>
  - "I'm sorry you are feeling this way—can you share a bit more?"
  - "It sounds like you're in tremendous pain and you can't see a way out."
  - "Maybe you're wondering how life got this complicated and difficult."
  - "Right now, you're not sure of the answers to the problems you're facing."
  - "You must really, really be hurting inside to consider ending your life."

★ **Get help right away.**
- Risk for suicidal behavior is complex and not straightforward. Certainly, if you are concerned about depression, self-harm or vague references to suicide thoughts, seek care from your primary care provider as soon as possible. You can consider reaching out to a school therapist, local mental health provider or even a national suicide hotline for guidance.

- If you have any concern that your teen is at more immediate risk for attempting suicide, take them to the emergency department of your local hospital or call 911. Fast action is crucial when things have reached a crisis point.
- Health care providers can help you and your teen create a safety plan that covers:
  - Warning signs or triggers your teen feels will lead to suicidal thoughts
  - Possible steps to help them cope when they feel triggered
  - Sources of support: family, friends, teachers, mentors and others
  - Emergency contacts and steps to take if things get worse

★ **Remove or secure guns you have at home. Do the same with other lethal means.**

- Suicide attempts are often impulsive, and a moment of crisis can escalate very quickly. Making sure your teen cannot lay hands on lethal means at the wrong time is critical.
- Firearms
  - Half of youth suicides occur with firearms—and suicide attempts with firearms are almost always fatal. Teens and adolescents almost always use a gun found in their house.
  - By far, the safest option is to remove all guns and ammunition from your home while your teen is struggling with thoughts of suicide.
    - Many families turn guns over to relatives (as long as your child does not go to that relative's house), other trusted individuals, law enforcement or gun shops to help safeguard their teen during a vulnerable time.
  - Safe home storage is the second-best option.
    - Locking and unloading all guns, with ammunition stored and locked in a separate space, does reduce the risk of tragedy. But it only helps if your teen doesn't know the combination to the lock or where the key is hidden.
    - Disassembling guns and storing the components separately and locked is another option.
- Medications & other risks
  - Of course, guns are not the only means of suicide your child might seek out. Prescription medications and over-the-counter drugs can pose hazards during a suicidal crisis.
  - Keep medications locked away and, whenever possible, reduce the volume of medications on hand. Also consider buying over-the-counter medications in blister packs instead of bottles. This can help slow down access to pills.
- Hanging/suffocation is another leading way adolescents die by suicide. Though it is challenging to completely eliminate this possibility, secure any ropes, belts, cords or plastic bags so teens do not have access.
- Other potentially lethal tools and substances you should consider locking away include:
  - Alcohol
  - Illicit drugs
  - Household cleaners and other poisonous products

- Canned dusting products
- Inhalants
- Antifreeze
- Knives, razors, or other weapons

- The work of removing or locking up these objects and substances may seem daunting. But remember that your child's safety is at stake.

★ **As your child enters treatment, focus on creating hope.**

- Your child's care team will likely recommend a combination of steps to reduce mental health symptoms and thoughts of suicide. Medications, talk therapy and stress-reducing techniques such as yoga, meditation or journaling may be part of the plan.
- Provide realistic reassurance for your child along the way. Remind them (and yourself) that difficult times don't last forever. People do feel better when they receive effective treatment and support.
- If your child expresses feelings of stigma or shame, you can remind them that 1 in 5 people have mental health symptoms at some point in their lives. Mental health is part of total health—and seeking help is a sign of self-respect and maturity.

★ **Encourage them to see family and friends, and keep an eye on social media.**

- Your child may feel reluctant to spend time with other people. However, you can explain that social support, when they are ready, may help them feel better.
- Although more quiet time might be needed at first, gentle encouragement to hang out with family, friends and neighbors will be helpful. Avoid power struggles around specific events or invitations, since your goal is to respect your child's needs and minimize stress.
- Social media may be the primary way some adolescents engage with their friends. It can be a point of connection and support, but at the same time, social media can be a source of bullying and triggers. Encourage an open dialogue around social media use and ask how your adolescent feels after using social media.

★ **Encourage sleep and exercise.**

- Sleep changes can be warning signs before suicidal thoughts. In addition, sleep is important for baseline mental health. Encourage healthy sleep habits.
- Physical activity eases mental health symptoms and supports your child's wellness plan. Whether it's getting outside to take a daily walk, a gym workout, an online exercise class or something else, exercise will:
  - Elevate your teen's mood by stimulating the production of endorphins (natural substances in the brain and body that help balance out stress and manage pain).
  - Support higher levels of serotonin, another brain-body substance that leads to positive moods and restful sleep.

- Offer to go with them on a walk, a bike ride, or to the gym. Experts recommend 60 minutes of physical activity per day for adolescents. Easing back into any form of exercise is fine. What matters most is that your teen enjoys this activity and feels motivated to do it regularly.

★ **Encourage balance, moderation and self-care.**
- Teens in crisis need to go easy on themselves. This means adopting a realistic pace and avoiding experiences that could prove overwhelming.
- Reassure your teen that self-care is never a sign of weakness. Everything we do in life is affected by our health. So, giving ourselves time to heal is essential.
- Big tasks can be divided into smaller, more manageable ones, and gradually, as your child's confidence and strength grows, they'll feel ready to take on more.

★ **Remind each other that this will take time.**
- You and your child will benefit from knowing that progress will come at its own pace. Setbacks may happen—they're part of the healing process, too.
- Encourage your child to be patient and self-forgiving. They've been through a lot, but with the right care and support, you will both see improvement.

Remember

★ If your child is considering suicide**, call or text 988** or **chat on 988lifeline.org** right away. The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones.

★ Ask your teen's care team for other resources you should know about. The **National Alliance on Mental Illness** and the **American Foundation for Suicide Prevention** have great information.

★ Parents of LGBTQ2S+ children can visit the **Trevor Project** website for focused resources.

★ Parents and teens facing racial stress can benefit from these strategies and tools offered by the **American Psychological Association**.

***The information in this handout is from Healthy Children.org**
https://www.healthychildren.org/English/health-issues/conditions/emotional-problems/Pages/ten-things-parents-can-do-to-prevent-suicide.aspx

Appendix D: Things I Can Do To Feel Better

What can I do to feel better?

★ Get involved in activities that you can start and finish in one day.
★ Eat healthy foods and get physical exercise.
★ Talk openly with a friend or person you trust about your feelings.
★ Spend time doing things you enjoy, even if it is hard.
★ Support a friend – this is remarkably healing.
★ Listen to music you think is positive.
★ Other Ideas:_____

_____

When do I need to get additional help?

★ If you continue to have trouble functioning normally, weeks or months after the events.
★ When you have a friend who has these reactions and is not getting better.
★ When you have thoughts of harming or killing yourself or someone else.
★ If you are feeling overwhelmed or out of control.
★ When you are not taking care of yourself.
★ Other signs that I need to get help:_____

Where can I get help?

★ Parent, Friend (who is not overwhelmed), or Relative:_____
★ Others (list the names): _____
★ School Guidance Counselor or nurse: _____
★ Pastor or another adult you trust: _____
★ Counseling Services: _____
★ Jackson County Mental Health Crisis Line: 541-774-8201
★ National Suicide Prevention Lifeline: 988
★ Trevor Project for LGBTQIA+ youth: https://www.thetrevorproject.org/
★ YouthLine - talk or chat with peers
    - https://www.theyouthline.org/
    - Call 877-968-8491 or Text teen2teen to 839863

Appendix E: Making Sure Your Home is Safe

HealthyChildren.org, published by the American Academy of Pediatrics, outlines essential actions for parents to recognize risk factors, secure the home, and address youth mental health crises. Key preventative measures include removing or locking up firearms and medications, fostering open communication, and working with pediatricians to develop a safety plan.

For more information, please visit:
https://www.healthychildren.org/English/healthy-living/emotional-wellness/Pages/prevent-youth-suicide-remove-or-lock-up-lethal-items-at-home.aspx

Appendix F: Community Resources

Jackson County SUICIDE PREVENTION COALITION

The Jackson County Suicide Prevention Coalition and Public Health websites offer 24/7 crisis support, including the 988 lifeline, local crisis lines, and targeted resources for the community. They aim to reduce stigma through education and provide specialized training programs, such as ASIST and Mental Health First Aid.

For complete details, visit:
https://jacksoncountyor.gov/departments/health___human_services/programs_and_services/public_health/suicide_prevention/index.php

Appendix G: C-SSRS Form

Screening Version – Since Last Contact

SUICIDE IDEATION DEFINITIONS AND PROMPTS	**Since Last Contact**	
Ask questions that are bold and underlined	**YES**	**NO**
Ask Questions 1 and 2		
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts of killing yourself?		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6		
3) Have you been thinking about how you might do this? E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it."		
4) Have you had these thoughts and had some intention of acting on them? As opposed to "I have the thoughts but I definitely will not do anything about them."		
5) Have you started to work out or worked out the details of how to kill yourself and do you intend to carry out this plan?		
6) Have you done anything, started to do anything, or prepared to do anything to end your life? Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		

Recommended Response Protocol to C-SSRS Screening

Item 1 Behavioral Health Referral
Item 2 Behavioral Health Referral
Item 3 Behavioral Health Referral and Consider Consultation (Psychologist/Social Worker) and Student Safety Precautions
Item 4 Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room
Item 5 Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room
Item 6 Student Safety Precautions and psychiatric evaluation by crisis team/EMT/Emergency room

Appendix H: ROI- Medical Release Form

Link to release form pdf.

Appendix I: Re-entry Scenarios that May Arise

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 :
   - Visit the student in the hospital or home to begin the re-entry process with permission from the parent/guardian.
   - Consult with the student to discuss what support he/she feels that he/she needs to make a more successful transition. Seek information about what the student would like communicated to friends and peers about what happened.
   - 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, social embarrassment, anxiety, etc.)

   Options:
   - Schedule a family conference with designated school personnel to address their concerns.
   - Include parents in the re-entry planning meeting.
   - Encourage the family to reach out to an outside agency for family counseling services.

3. **Issue** : Social and Peer Relations (if appropriate)

   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.
   - 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 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 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 or trained personnel monitor and dispense all medication taken by the student at school.

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.
- Make home visits or regularly schedule parent conferences to review attendance and discipline record.
- 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 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 natural contact 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 personnel should understand that suicide evokes a special, complicated grief and most of the on-going support considerations mentioned in #7 would also apply.

Appendix J: Postvention Contact Information

County Postvention Response Lead		
Name: Kristin Fettig; Stacy Brubaker	Email: fettigkl@jacksoncounty.org; brubaksj@jacksoncounty.org	Phone: 541-770-7778
Crisis Team Members		
Crisis Team Point Person	Name: Emily Cozza	Phone: 541-482-1910
Team Member Names	Name:	Phone:
	Name :	Phone:
Pinehurst School District Office		
Name: John Elder	Title: Office Manager	Phone: 541-482-1910
Community Resources		
Jackson County Mental Health	24 hour Crisis Line	541-774-8201

Appendix K: Crisis Team Responsibilities Chart

Name(s)	**Responsibility**
All Staff	Identifies potentially at-risk students and staff, e.g., those knowledgeable about or connected to the deceased.
District Administrator	Creates scripts for teachers to use from provided templates. Provides script and response to frontline staff (building secretaries, etc.)
Office Manager	Gathers Safe Room supplies (water, snacks, paper, markers, cards, etc)
District Administrator, Office Manager	Determines who will follow up with students that utilize the safe rooms.
District Administrator	Gathers input on concerns from teachers and staff.
District Administrator	Determines staff member to follow student's schedule for first week

District Administrator	Determines a wellness coordinator to ensure staff and crisis team members have food and breaks.

Appendix L: Rapid Assessment Guide

Crisis Team will fill out Rapid Assessment Guide

Date: _____
Team Member Completing Form: _____

Incident:

_____

_____

_____

1. How many people, and who, can we expect to be impacted? _____

2. How much disruption, and what kind, should be anticipated?_____

_____

3. What additional information is required and how might it be obtained? _____

_____

_____

4. What resources are required for the initial response? Is this an incident our Team can handle in house? If not, how much outside support (SCESD Crisis Team/Local Pastors, other) will be required?

_____

_____

_____

5. How critical/traumatic is this incident?

_____

_____

Traumatic Event Scale of Response :_____
Level 1: Situation confined to an individual or small group.
Level 2: Class or grade level affected.
Level 3: Multiple grade levels and potentially the entire building impacted.
Level 4: Multiple buildings and sizable portion of district impacted.
Level 5: Catastrophic incident with widespread and profound impact on entire school community.

Appendix M: Potential Intervention Needs Worksheet

Targeting potential intervention needs:

Name	Notes	Intervention

Large Group Briefing

When:_____ **Where:**_____

Who: (Insert Names)

Classroom Presentations

Classroom	**Time**	**Who**

Safe Room Schedule

Date	**Time**	**Location**	**Staff**

Appendix N: Safe Room Materials

Safe Room Checklist

- ☐ Pads of paper
- ☐ Various colors of construction paper
- ☐ Crayons/Markers
- ☐ Pens/Pencils
- ☐ Water and Snacks
- ☐ Envelopes
- ☐ Plain white paper
- ☐ Blank cards
- ☐ Scissors/glue
- ☐ Access to large paper, for murals, etc.
- ☐ Boxes of Tissue
- ☐ Sand/Play-doh
- ☐ Other:_____
- ☐ Other:_____

Safe Room Sign In & Out

*It is vital that all students and staff sign in and out of the safe room. It is also important to note students went home from the safe room.

**All students entering the safe room should be followed up with the next day.

***Students may bring their phones and headphones into the safe room. It is appropriate that they listen to music, watch videos, or text with family members if needed. It is not appropriate for them to be taking pictures or videos.

Staff Member:_____ Room:_____

Staff Member Providing Follow Up:_____

Student Name	Time In	Time Out	Follow Up Completed

Appendix P: Postvention Packet

Survivor Interview

Name of Family Member:_____

Phone #:_____

Person Completing Form:_____

Date/Time of call:_____

Express Concern	*"We heard about what happened and wanted you to know how concerned we are. We can't even begin to imagine how hard this must be for you."*
Ask how the school can be of assistance	*"We want to help you however we can. Is there anything that we can do at this time? Do you have family and/or friends close by to support you?"*
Clarify the facts	Here is what we have heard (very briefly share available details). Is this accurate? Is there anything else that we should know?
Share School Response	Our building crisis response team will meet to develop a plan for our school. Of course, we will carefully secure any personal items. Are you comfortable with us sharing the facts with students who are affected?

Reiterate concern and availability of assistance	Again, we are so sad about what has happened. Please let us know if there is anything that we can do to help you.

Traumatic Event Communications

Sample Student Announcements:
Today we received tragic (or sad) news. We learned that one of our students/staff members, (name), died (or was seriously injured) by / as the result of / due to (give basic appropriate elaboration without too much detail, confirmed facts only.)

When things like this happen, people have all different kinds of reactions, such as shock, sadness, fear and anger. Those reactions may rise and fall throughout the day, and even for days to come.

Some of us will want to have a quiet time alone and others may want time to talk with friends of adults. Some of you, who did not know (name), may be ready for teachers to return to academics sooner than others. We just need to practice patience and respect for each other.

Your (teacher/advisory teacher/first bell teacher) will spend a little time discussing this today. There are plans in place for those who need additional support.

As a reminder, we need to respect the thoughts and feelings of each other. Everyone has the freedom to choose how they will cope with this tragic event.
Please be here for one another. I know we will get through this difficult time together.

If family does not consent to sharing the manner of death

(i.e. car accident, suicide, etc) you may say in the staff and student announcement, (example), "We wanted to share with you some very sad news. Mary Smith died this morning. Her family is not ready to share the details of the death, so please refrain from speculating about how she died. When the family is ready to share, we will provide more details."

Guidelines for Family Letters

Letters sent home should include the following:
1. The crisis and a statement of tragedy. Give basic facts.
2. Information on utilization of Pinehurst School District Crisis Team and available resources.
3. Reference materials including guidelines to help a child deal with loss/death and characteristics of the mourning process.
4. Statement that parents should be sensitive and listen to child's reaction.

5. Name of person at school to contact regarding questions and concerns.

Sample Parent Letter

Dear (School Name) Parent or Guardian:
At approximately (note date and time) _____, one of our students (note what happened)_____. The information that we have received at this time is that the student (note condition) _____.
Our school's crisis response team is handling the situation in a calm and compassionate manner. Additionally, other mental health professionals from _____ were in the building today. Please be assured that team members will continue to provide support for students and staff as long as a need exists.
We request that you continue to send your child to school. Remember that our school is the safest place for your child in an emergency and that your child's welfare and safety is our top priority.
Finally, should you have any further concerns, please feel free to contact the school at _____. As always, we thank you for your assistance and support.
Sincerely,
Principal

Sample Staff Email

(Date)
Mary Smith, fifth grade teacher at (school) and an employee of MSD for (number of years), died from a heart attack at her home this morning. Information as to visitation and funeral arrangements will be made available to you as soon as possible.
Today, the MSD Crisis Response Team and community resource persons will be in the building to provide counseling to classes, groups or individuals, students, faculty, and staff. Crisis Team Members are also available to assist teachers in the classroom.
If you have questions or concerns, please contact (designated person) at (telephone number.)
Principal's Signature

Event Death by Suicide: Survivor Interview

Name of Family Member_____ Phone # _____

Person Completing Form_____ Date/Time of Call_____

Express Concern	*"We heard about what happened and wanted you to know how concerned we are. We can't even begin to imagine how hard this must be for you."*
Ask how the school can be of assistance	*"We want to help you however we can. Is there anything that we can do at this time? Do you have family and/or friends close by to support you?"*
Clarify the facts	Here is what we have heard (very briefly share available details). Is this accurate? Is there anything else that we should know?
Share School Response	Our building crisis response team will meet to develop a plan for our school. Of course, we will carefully secure any personal items. Are you comfortable with us sharing the facts with students who are affected?
Reiterate concern and availability of assistance	Again, we are so sad about what has happened. Please let us know if there is anything that we can do to help you.

Staff Debriefing Questions

1. What were your first thoughts about the incident? Of the thoughts that you had, which one surprised you the most?

2. What was the worst moment for you?

3. Was your response to this difficult moment appropriate at the time? If you felt it was not, why not? What would you do differently?

4. What did this incident make you aware of about your own personal experience, feelings, and attitudes? What did it make you aware of about your own professional knowledge and skills?

5. What was the most rewarding aspect of the interventions provided?

6. What do you need to do to take care of yourself (today, tonight, over the next several weeks)?

Crisis Team Debriefing Guide

Debriefing the crisis team members is strongly recommended after students and staff have been released for the day. This will help to minimize negative effects, teach and reinforce skills, and help team members "practice what they preach". Move through the questions in the order that they are presented.

Date:_____

1. How well did we establish awareness to all individuals who needed to know?

2. How well did the crisis response team meet the needs of students?

3. How well did the crisis response team meet the needs of staff?

4. After today's crisis response, do you have any suggestions for handling future crises?

Supporting People Through Grief

What to Do	What to Avoid
★ Learn about the grief .process ★ Be absolutely genuine and truthful. ★ Demonstrate love and respect by being attentive. ★ Encourage talking about feelings and about the deceased friend. ★ Listen, no matter what! ★ Offer to attend the visitation or funeral with a youth. ★ Allow crying – perhaps lots of crying. ★ Expect laughter – a sign of happy memories. ★ Follow the lead of the "survivor" with patience and kindness. ★ Offer opportunities for remembering, i.e., special events, birthdays. ★ Expect that your presence may be important, while talking may be limited ("Silence is Golden") ★ Share some of your experience with loss but keep the focus on the person you are supporting. ★ Help to identify others to talk to (i.e., minister, priest, rabbi or counselor) ★ Understand that memorials can be very comforting (i.e., writing a poem, a song, a letter, recording a tape, making a scrapbook, or buying a bouquet). ★ Believe in healing and growth.	• Giving a lot of advice • Arguing over trivial matters • Making moralistic Crisis Team statements about the person who died • Minimizing the loss • Discouraging or time-limiting the grieving process • Assigning new responsibilities right away • Giving platitudes as a way to comfort (e.g., she's in a better place, etc.)

Stress Management Strategies that WORK	Stress Management Strategies that DON"T WORK
★ Take a break from your worries by doing something fun, relaxing, interesting, such as watching TV, drawing, writing in a journal, go out to play with friends, or playing with a pet. ★ Do something physically active, like taking a walk, playing basketball with friends, lifting weights, or riding a bike. ★ Talk with someone who will listen and try to understand how you're feeling. Some good people to talk to could be close friends or family members, your youth pastor, a teacher at school or the school counselor. ★ Take care of your health by making sure to get plenty of sleep, drinking plenty of water and eating healthy foods.	• Misbehaving at school or at home, lying, or destroying property. • Starting rumors, blaming others, or fighting. • Smoking, drinking, taking drugs, or cutting.

Adults can help school-aged children and youth by:
★ Providing age-appropriate information for the questions asked. ★ Physically and verbally comforting students. ★ Acknowledging their pain.

Common Youth Reactions to Suicide and Recommended Responses

Everyone grieves differently. Personal and family experiences with death, religious beliefs, community exposures and cultural traditions all play a role. Below are some of the more or less predictable adolescent reactions to suicide and suggested responses.

Emotion	Emotions Displayed May Look Like…	Suggested Response
Shock and Denial	At first there may be remarkably little response. The reality of the death has yet to be absorbed. "You are kidding, right?" "This is just a joke – it can't be true."	Acknowledge the shock, anticipate the reaction to come, and demonstrate a willingness to talk when students are ready.
Anger and Protection	Generally speaking, "black and white" thinking sets in. Students want someone to blame for this and may openly express/direct anger at the deceased's parents, teachers, or boy or girlfriend. "Why did you let this happen?" "It is all your fault that this happened!"	Listen and then listen some more. Gently explain that it is natural to want to find a reason for things we don't understand. Suggest that suicide is a very complicated human behavior and that there are always multiple reasons…and that blaming another individual may put that person at risk of suicide also.
Guilt	Students close to the deceased may blame themselves. "If only I had called him back last night;" "I should have known…I should not have teased him…"	Remind students that only the person who kills him/herself is responsible for having made that decision.
Anger at the Deceased	This is surprisingly common, among close friends as well as those who were not close to the deceased. "How could she do something so stupid?"	Allowing and acknowledging some expression of anger is helpful. Explain that this is a normal stage of grieving. Acknowledgement of anger often lessens its intensity.
Anxiety	Students sometimes start to worry about themselves and/or other friends. "If she could get upset enough to kill herself, maybe the same thing will happen to me (or one of my friends)."	Help students differentiate between themselves and the dead person. Remind them that help is always available. Discuss other options and resources. Practice problem solving.

Loneliness	Those closest to the deceased may find it almost impossible to return to a normal routine and may even resent those who appear to be having fun. They may feel empty, lost, totally disconnected. They may become obsessed with keeping the memory of their friend alive.	Encourage students to help each other move forward in positive ways. Notice anyone who seems to be isolating from others and reach out to them, offering resources to help with grieving process.
Hope and Relief	Once the reality of death has been accepted, and the acute pain of the loss subsides, students find that life resumes a large degree of normalcy and they come to understand that over time, they feel better. They can remember their friend without extreme pain.	Simply remain open to listening to student's feelings, especially on the anniversaries (two weeks, months, years, etc.). Recognize the importance of both mourning and remembering.