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# Suicide Intervention Manual

Blue Valley School District

Suicide Prevention Task Force  
K-12 • August 2011

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# Mission

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Suicide is a frightening and serious problem. It is the third leading cause of death in young people ages 10-24. Completed suicides are a traumatic event that affects the entire community. Questions of “why” and “what could we have done” always linger as students are remembered and mourned. The statistics for young people who “have attempted” or “considered suicide” is staggering. According to CDC National Youth Risk Behavior Survey of students in grades 9-12 in Kansas, 13.8% of students seriously considered attempting suicide in 2009, 10.9% made a plan, and 6.3% attempted suicide one or more times. In Blue Valley, we administer the Gallup Student Poll that, among other things, provides a measurement of “well-being”. Gallup defines this attribute as “how we think about and experience our lives.” The data tells us how students are doing today and predicts their success in the future. The 2010 Gallup results showed students self-reported that 74% are “thriving”, 25% are struggling and 1% of students are “suffering.” While these numbers are slightly better than the national averages, the existence of an estimated 100 “suffering” Blue Valley students is cause for concern and action.

The Blue Valley School District is committed to suicide awareness, education, and prevention. This manual is intended to provide information, guidance, and direction for staff members when confronting issues of suicide.

Suicide Prevention in Blue Valley begins at the elementary level with the “Blue Valley Virtues” and discussions on resiliency. Prevention education continues in middle school with emphasis on social and emotional well-being. During high school, students learn to identify risky behaviors and risk factors as well as identifying the support systems and people in their lives. Despite our best efforts of prevention, we will at times be faced with the need for intervention. As a school community, it is critical that we are aware of the warning signs, indicators of risk, and process to report concerns.

In 2010-2011, a committee that included school psychologists, counselors, administrators, and gifted teachers began discussing and researching the issues and solutions in suicide prevention. As a result, it was discovered that best practice suggests that a core group of professionals be established in every school that are aware, educated, and comfortable with the topic of suicide and intervention techniques. Included in this manual is information intended to assist with assessment of danger and lethality, provide resources to parents and students, and ensure that member(s) of core teams can appropriately interview and intervene with an at-risk student.

At the beginning of every school year, each building is charged to review the building Crisis Plan. As part of this process, it is recommended that schools also review the suicide prevention manual and steps for intervention. The building principal in conjunction with the school crisis team is responsible for:

- \* providing training for staff regarding warning signs and indicators of possible risk for suicide
- \* identifying and providing support for staff members who are comfortable and capable of intervening with an at-risk student
- \* insuring that classroom guidance lessons for prevention activities are scheduled as they become available

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## Indicators of Risk

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Although there is no way to predict behavior with 100% accuracy, we can review research from the American Association of Suicidology, National Association of School Psychologists, Center for Disease Control and Prevention, and the UCLA Mental Health Project for guidance on individual characteristics that compose “indicators of risk” for suicide.

Based on this research, the following list is indicative of behaviors that may indicate increased risk for suicide:

- \* **Prior attempts and/or hospitalization:** can include hospitalization for depression/mental illness as well as chronic illness or injury that significantly impacts a student’s previous pattern of behavior/lifestyle.
- \* **Self-injurious/destructive behavior:** running into traffic, jumping from heights, injuring/scratching/cutting<sup>1</sup>/marking the body, gun play, alcohol/drug use, lack of concern for personal safety.
- \* **Family history:** family member or close friend who has died by suicide, family history of mental illness and/or depression.
- \* **Grief and loss:** recent change in family dynamic, death of a loved one, divorce, move/change in school, diagnosis of chronic illness (self or loved one.)

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<sup>1</sup>/Please note, “cutting” in and of itself is not necessarily an indicator of suicide. However, it is a risky behavior that requires support and should be addressed.

- \* **Changes in physical habits and/or appearance:** sleeping more or less than student's typical pattern, eating more or less than student's typical pattern, hygiene (disregard or disinterest.)
- \* **Threats, both direct and indirect:** ideation (student talking about suicide or "not being here anymore"), references to death in writing assignments, increase in risky behaviors (drugs/alcohol/sexual activity), obsessive thoughts/expressions of death, preoccupation with afterlife.
- \* **Changes in school performance:** increased absenteeism, particularly in the most recent semester, reduced concentration/drop in grades, increased contact with administration and/or law enforcement (office referrals, arrests, legal consequences.)
- \* **Depression:** helplessness, hopelessness (inability to identify reasons for living), isolation/withdrawn (less activity or interaction with peers/family/school.)

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## **Intervention**

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A concern about a student may come to the attention of the school team in many ways: A friend may express concern, a teacher notice changes, a parent may call. At that time, assume a risk is present and begin the assessment. The assessment may include an interview, self-assessment, parent conference, checklist, "Reasons for living" card and a list of resources/hotlines. Minimally, the checklist is completed and the parents are contacted.

Included in this manual is a flow chart of concern, an example of a self-assessment, interview questions, risk indicator checklist, resource numbers, and a parent signature form.

The assessment should take place in a private comfortable area. The forms and questionnaires are provided as a framework for collecting information. The suggested interview questions and self-assessment are designed to answer the questions on the Suicide Risk Observation form. The interviewer may wish to introduce the questions with a statement such as:

*"I am concerned about you and your well-being. At this time, I am going to ask some questions in order to help provide some additional support/help. These questions are not designed to get you in trouble."*

Some students may be uncomfortable if the interviewer is actively taking notes during the conversation. The forms are structured to be completed after the interview takes place in

order to avoid raising suspicions and opposition. If a student maintains an attitude of non-compliant and/or hostility about answering the interview question, the interviewer should assume moderate/ high risk.

The interviewer should keep a copy of the Risk Observation checklist and the Intervention Report/ Parent Plan of Action page. The school principal should receive a copy of the Intervention Report. Parents are provided a copy of the risk observations, signature form, and local resources (forms and resources found in the Appendices.)

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## **Sharing Interview Results with Parents**

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Parent contact is a requirement of suicide intervention. A parent's greatest fear is that something may happen to harm their child. When discussing the possibility of self-harm and suicide, parents may have many different reactions. It is anticipated that most parents will join the school team in looking at risk factors and share their concerns about their student.

At the completion of the interview, if the risk is deemed to be low, a phone call alerting the parents may be sufficient.

Moderate and high risk categories require "in person" contact. The Intervention Report/ Parent Plan of Action form (required) asks for a commitment from the parent for action. Parents will be provided with information for a mental health/hospital assessment and county resources. The counselor/psychologist will also make an appointment with the student for a follow-up visit at school. If the risk is "High" and the interviewer has intense concerns about the student's immediate safety, the parent is asked to commit to transporting the student immediately for an emergency assessment. If the parent is unwilling or unable to transport the student, or if the parent cannot or will not commit to immediate response, the school team may contact community resources in order to insure the student's safety (DCF/911).

If the student is 18 years-old, and refuses to seek an assessment, ask your SRO to become involved. He/she will call Johnson County Mental Health and ask the student visit with a counselor over the phone. If the JCMH counselor believes the students should come in for an assessment, and the student still refuses to go, the SRO may decide to take the young adult into protective custody.

Officers do not take protective custody decisions lightly, especially because they often result in a use of force. The more information staff can provide supporting the assertion that a student poses a threat to themselves or others, the easier the officer's decision becomes.

# Is Student At Risk?

Conduct interview and complete checklist

## HIGH/MODERATE RISK

Student has a specific plan



### Do...

- Consult with building mental health team
- Contact Parents **IMMEDIATELY**
- Provide resources
- Follow-up



### Don't...

- Leave student alone
- Allow student to go to bathroom/locker alone
- Allow student to leave school by self on bus/driving



## COMPLETE INTERVENTION REPORT/ PLAN OF ACTION



If Parents refuse, contact DCF and/or SRO or 911



Call DCF if you are concerned about parents following through with getting help/support for student.



## Lower RISK

Student has passing thoughts of death with no immediate plan

They have “reasons to live” and support from friends/family



- Parents notified of student’s concerns **BEFORE** end of school day
- Maintain close home/school communication
- Provide support/follow-up with resources
- Encourage parents to consult with doctor/therapist



## DEBRIEF SCHOOL TEAM



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## **INTERVENTION INTERVIEW**

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### **SAMPLE QUESTIONS TO ASK IN RELATION TO THE OBSERVATION CHECKLIST**

*Note: If students are non-compliant and/or hostile about answering questions, interviewer should assume moderate/high risk.*

#### **SYMPTOMS**

##### **Depression:**

- Have you been feeling sad?
- Overwhelmed?
- Are you finding that your moods are up and down or feeling out of your control?

##### **Stress:**

- Are there things in your life that are hard to handle?
- Are there things that you have trouble seeing a solution for?

##### **Demeanor:**

*(Interviewer will make this assessment based on responses throughout interview.)*

##### **Attendance:**

- How is your attendance? *(Interviewer will verify with school records)*

##### **Hopelessness:**

- What are you looking forward to?
- What activities are you involved in or want to get involved in?
- What do you see yourself doing in the future?

##### **Discipline/Legal:**

- How are things going at school?
- Have you had any referrals to the office? *(Interviewer will verify with school records.)*
- What about outside of school – any trouble with the police? *(Interviewer will verify with police records.)*

#### **SUICIDE PLAN**

##### **Details, Availability of Means, Time, Chance for Intervention:**

- Have you thought about how you might hurt yourself?
- Do you have a plan? If so, what is it?
- Do you have access to the means you mentioned in your plan?
- When would you do this?
- How long have you been thinking about hurting yourself?
- Have you talked to anyone about this?



### **PRIOR ATTEMPTS**

- Have you hurt yourself before? If so, when was that?
- Any other times?
- Have you been hospitalized? If so, when?

### **MEDICAL HISTORY**

- How has your health been?
- Have you been sick lately?
- When was your last check-up?
- Are you taking any medications right now?

### **PROTECTIVE FACTORS**

Resources:

- Are there people in your life that you feel would be worried about you right now?
- Are those people willing to help you?
- Do they know/have you told them how you are feeling?
- Can you talk to them today?
- Which adults do you know that you can trust and talk to?
- Who do you go to when things are hard?
- Are you in counseling now? Have you ever been to counseling before?

Coping Behaviors:

- Describe your sleeping patterns. How many hours? When do you sleep? Is this a change from your routine?
- How about school – are you doing as well as you would like in school?
- Has your appetite changed?
- Are there any significant changes to your daily routine?
- What do you like to do in your free time?
- What activities, organizations, community, religious, etc. are you involved in?
- Are you still attending practice/rehearsal/club meetings?

Lifestyle:

- How are things at school?
- Are you getting along with friends?
- How about your teachers?
- Describe your home environment and who you live with.
- What do you like to do in your free time?

These questions are not designed to get you in trouble. Sometimes people who are feeling down/sad/suicidal find themselves drinking or using. Talk to me about partying.

- Are you drinking or using drugs?
- Are you partying/using more than usual?
- Is it affecting your ability to complete your daily routines?

## **NOTES**





# SUICIDE RISK OBSERVATION

This form is designed as a tool to inform parents and community mental health agencies of concern.

This form is structured to be completed after the interview takes place. If a student maintains an attitude of non-compliance and/or hostility about answering the interview questions, the interviewer should assume moderate/high risk.

Performance/Degree	Risk Present	Moderate Risk	High Risk
<b>SYMPTOMS</b>			
Depression	<input type="checkbox"/> Mild, feels slightly down	<input type="checkbox"/> Moderate, some moodiness, sadness, irritability, loneliness and decrease in energy	<input type="checkbox"/> Overwhelmed with sadness and feelings of worthlessness
Stress	<input type="checkbox"/> No significant stress	<input type="checkbox"/> Moderate reaction to loss or environmental/family changes	<input type="checkbox"/> Severe reaction to loss or environmental/family changes
Demeanor	<input type="checkbox"/> Direct expression of feelings and/or suicidal intent, sadness or crying "I just don't want to feel this way anymore"	<input type="checkbox"/> Hostile or angry Example: "They'll be sorry", "I'll show them" or "I'm a burden"	<input type="checkbox"/> Flat affect, little to no emotion expressed, matter-of-fact statement of intent
Attendance	<input type="checkbox"/> No change noted, attendance pattern is not consistent	<input type="checkbox"/> Increasing number of absences over previous 6 weeks	<input type="checkbox"/> Significant absences/truancy
Hopelessness	<input type="checkbox"/> Ambivalent towards future	<input type="checkbox"/> Expresses that things will not get better	<input type="checkbox"/> Cannot offer reasons for living
Discipline/Legal	<input type="checkbox"/> No significant school discipline issues/legal involvement	<input type="checkbox"/> Prior significant school discipline issues/legal involvement	<input type="checkbox"/> Current school consequences/legal consequences
<b>SUICIDE PLAN</b>			
Details	<input type="checkbox"/> Vague	<input type="checkbox"/> Some specific	<input type="checkbox"/> Well thought out, knows when, where, how
Availability of means	<input type="checkbox"/> Not available, will have to get	<input type="checkbox"/> Within a few hours	<input type="checkbox"/> Have on hand
Time	<input type="checkbox"/> No specific time or in future	<input type="checkbox"/> Within a few hours	<input type="checkbox"/> Immediately
<b>PRIOR ATTEMPTS</b>	<input type="checkbox"/> Any reported concern (by adult or student/friend)	<input type="checkbox"/> Repeated threats	<input type="checkbox"/> Any previous attempt
<b>MEDICAL HISTORY</b>	<input type="checkbox"/> No significant medical history	<input type="checkbox"/> Short term illness, currently under doctor's care/prescription	<input type="checkbox"/> Chronic or debilitating illness
<b>PROTECTIVE FACTORS</b>			
Resources	<input type="checkbox"/> Help available, significant others concerned and willing to help	<input type="checkbox"/> Family and friends available but unable to consistently help	<input type="checkbox"/> Family and friends not available, exhausted, or unable to intervene
Coping Behaviors	<input type="checkbox"/> Daily activities continue as usual with little change	<input type="checkbox"/> Some daily activities disrupted; disturbance in eating, sleeping, school work	<input type="checkbox"/> Gross disturbances in daily functioning
Lifestyle	<input type="checkbox"/> Stable relationships, personality, and school performance	<input type="checkbox"/> Recent acting out behavior and substance abuse; acute suicidal behavior, unstable personality	<input type="checkbox"/> Suicidal behavior in unstable personality, emotional disturbance, repeated difficulty with peers, family and teachers

Copies: *WHITE: Interviewer Confidential File*    *YELLOW: Parent/Guardian*

*BV-180 (Oct. 2011)*

## SUICIDE RISK OBSERVATION

<b>Next Steps</b>	If the student is assessed as “risk present”, maintain close home/school communication, provide support and follow-up resources and community resources.	If the student is assessed as “moderate risk”, contact parents to come in for meeting as soon as possible. <u>Parents must sign “Intervention Report/ Plan of Action” before student is released from school.</u>	If the student is assessed as “high risk”, <b>CONTACT PARENTS.</b> Student is transported immediately for emergency assessment. Complete action plan.
	<b>Notes:</b>	<b>Notes:</b>	<b>Notes:</b>
<b>Communication to Parents</b>	Contact parent. Share results of “risk present”, encourage parents to consult with doctor or therapist.	Request parent meeting TODAY. Share serious concerns of at-risk behaviors.	Parents may transport student for assessment. If parents are unavailable, Contact SRO/9-1-1/DCF for immediate intervention.
	<b>Notes:</b>	<b>Notes:</b>	<b>Notes:</b>



## INTERVENTION REPORT PARENT/ GUARDIAN PLAN OF ACTION

Blue Valley School District

Student Name \_\_\_\_\_ Date \_\_\_\_\_

I understand that my child has been assessed as being at-risk for suicide due to the following indicators:

- Has considered suicide or is considering suicide
- Has the means available or immediate accessibility
- Other: \_\_\_\_\_

### EMERGENCY RESOURCES

<b>Johnson County Mental Health 24 hour Crisis Line</b>	<a href="http://www.jocogov.org/dept/mental-health/suicide-prevention/get-help">http://www.jocogov.org/dept/mental-health/suicide-prevention/get-help</a>	913-286-0156
<b>Johnson County Mental Health – Access Team (Walk In Appointment)</b>	<a href="http://www.jocogov.org/dept/mental-health/emergency-services/contact-information">http://www.jocogov.org/dept/mental-health/emergency-services/contact-information</a>	(913) 826-4200
<b>The University of Kansas Hospital – Marillac Campus</b>	<a href="http://www.marillac.org/Hospital-Services">www.marillac.org/Hospital-Services</a>	<b>Main:</b> (913) 951-4300 <b>24/7 Intake:</b> (913) 951-4444
<b>TLC Youth Crisis Services Hotline</b>	<a href="http://www.kidstlc.org">www.kidstlc.org</a>	913-764-2961
<b>National Hopeline Network</b>	<a href="http://www.hqcc.lawrence.ks.us">www.hqcc.lawrence.ks.us</a>	1-800-784-2433
<b>National Suicide Prevention Lifeline</b>	<a href="http://www.suicidepreventionlifeline.org">www.suicidepreventionlifeline.org</a>	1-800-273-TALK (8255)

Parent Plan of Action: \_\_\_\_\_

Appointment with family physician: \_\_\_\_\_

Appointment with outside therapist/psychiatrist/counselor: \_\_\_\_\_

- School Counselor/School Psychologist scheduled follow-up visit with the student.

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

### Release to Parent

I have been informed by school personnel of their concerns for my child’s safety. I understand that I am responsible for taking action necessary to ensure my child’s continued safety:

\_\_\_\_\_  
*Parent’s Signature*

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

Copies: *WHITE- Administrator    YELLOW-Interviewer Confidential File    PINK-Parent/Guardian    BV-180 (Oct. 2011)*

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