


# **Suicide Prevention in Schools: What School Mental Health Professionals Need To Know**

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# Which is correct the order for the leading causes of death for U.S Teens

- ▶ A. #1 Homicide #2 Suicide then #3 Accidents
- ▶ B. #1 Accidents #2 Homicide then #3 Suicide
- ▶ C. #1 Accidents #2 Suicide then #3 Homicide

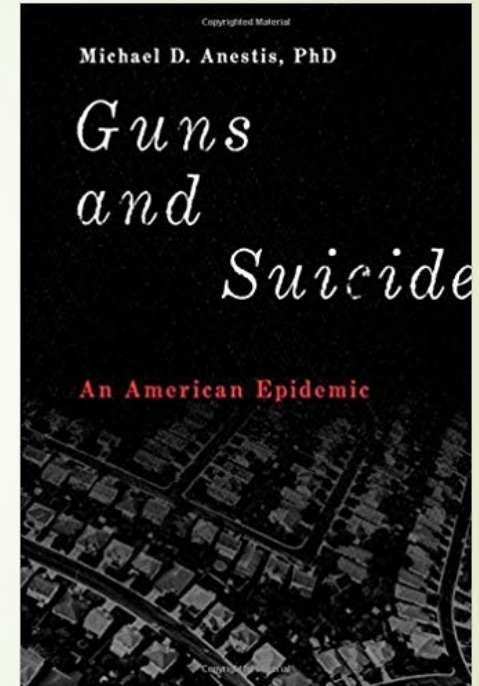


# International Symposium Raises Concerns About Youth Suicide

- Alarming increases but statistics are questioned
- Media sensationalism of suicide
- Clusters of suicides occur
- Schools are the best place to intervene
- Students are under extreme pressure
- Guns are too available

# Guns and Suicide

Michael D. Anestis, PhD



Guns account for 50% of all suicide deaths but only 5% of suicide attempts!

# Means Restriction

- Means Matter at Harvard summarized research around the world and reducing lethal means reduces suicide

[www.meansmatter.com](http://www.meansmatter.com)



# Limiting Access to Means

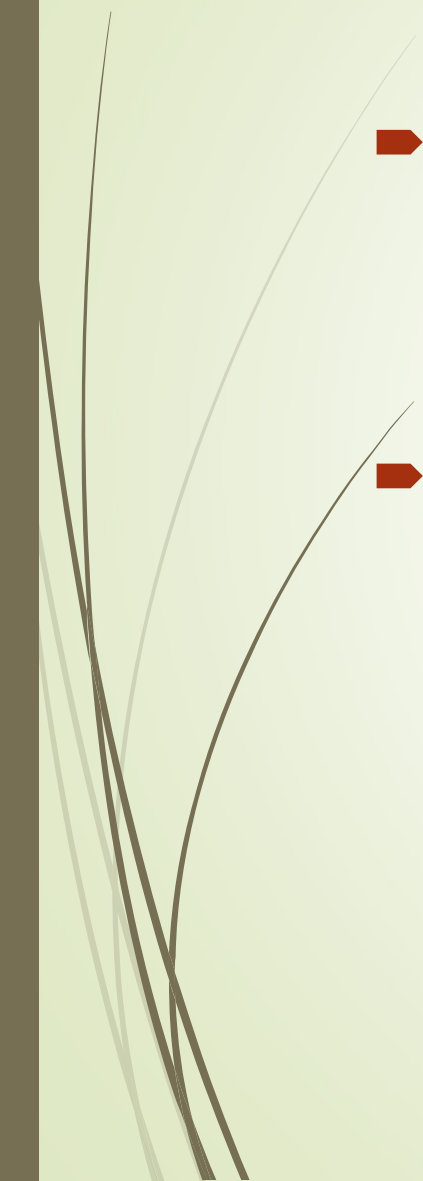
A long-term study of people stopped during a Golden Gate Bridge suicide attempt found that 90% did **not** go on to die by suicide

A barrier under construction will be in place at the GGB by 2021





# Florida SB 7030


- ▶ Requires Florida schools by 8/1/19 to have threat assessment teams that evaluate threats to others and threats to self
  - ▶ These have been two different processes and it is important to state that most suicidal youth have no thoughts of harming anyone but themselves
- 




# When do we ask a suicidal student about harming others?

- ▶ History of aggression and appears angry at others? Blaming others?
- ▶ It's more common to ask a homicidal individual about suicidal thoughts
- ▶ If there is a reason to suspect a student with suicidal ideation may be a threat to others then asking about thoughts of harming others could be added to the suicide assessment. If yes then follow threats of violence assessment procedures outlined by Dr. Cornell
- ▶ Remember the vast majority of suicidal students are not thinking of harming anyone but themselves





# World Health Organization: What Works?

- Reduce lethal means available to suicidal individuals
  - Interrupt the development of suicidal behaviors as a result of adverse childhood experiences
  - Increase education about the warning signs of suicide especially for physicians
- 



## *W.H.O. PROTECTIVE FACTORS*

- ▶ Family cohesion and stability
- ▶ Good relations with peers
- ▶ School success
- ▶ Coping and problem solving skills
- ▶ Access to mental health services
- ▶ Knowing when to seek adult help
- ▶ Religious involvement
- ▶ Lack of access to lethal weapons



# Tips for Parents

- Know the risk factors and warning signs
- Act immediately to get help and turn to school and community mental health resources
- Tighten the circle of care that surrounds your child and remove all lethal means
- Districts should provide parenting sessions (Pembroke Pines example)
- Do not be afraid to talk to your child



# Center for Disease Control Recommendations

- Improve school and community partnerships
- Build community receptivity and capacity for competent response to suicidal youth
- Increase availability of mental health services for youth
- Increase their connections to other persons, families, schools and the community
- CDC report June 2018 suicide rates from 1999 to 2016 increased in every state but NV
- MT overall rate was the highest in the U.S.



# Dilemma

- ▶ An increasing number of upper elementary students are threatening suicide.
- ▶ Do we need to take it seriously every single time?
- ▶ Does your district have any programs that provide suicide prevention information to students at any level?
- ▶ Research has found the Good Behavior Game prevents suicide
- ▶ Riding the Wave a 5th grade program with direct language about suicide is promising



# Elementary Case

- ▶ Myers v Blue Springs, MO. Schools, U.S. Western District Court of MO. NO: 10-0081-CV-ODS. Brandon a 10 year old student died by suicide after handing a graphic suicide note to a 5<sup>th</sup> grade classmate. His classmate did not report the note to an adult. His parents blamed bullying at school and the case was settled out of court for \$500,000.

## Question: Should this new student stand out as likely being bullied?

- On enrollment at the large middle school his mom reported he has been bullied in his previous school and he has a psychiatric diagnosis
- He is small for his age, frail, pale, has a bad skin rash on his face, walks funny and speak with a lisp
- He identifies as gay and Buddhist
- What middle school class will be the biggest challenge for him?

# Florida Youth Risk Behavior Surveillance Survey 2017

- 27.8% felt sad or hopeless
- 13.8% seriously considered suicide
- 10.7% made a plan
- 7.6% made one or more attempts

<u>US</u>
31.5
17.2
13.6
7.4



# CDC Recommendations

- Increase evidenced based care and evaluate ongoing suicide prevention programs
- Strengthen family relationships and promote connectedness
- Identify and support at risk youth
- Reduce access to lethal means
- My 4<sup>th</sup> R article




# Facts to Dispel Most Common Suicide Myths

- Suicide **rarely** occurs on a whim or without warning
- Suicide is **not** inherited or destined
- Talking about suicide **will not** plant the idea
- There **is** a relationship between bullying and suicide
- There **is** a relationship between suicide and self injury (NSSI)



# U. S. Surgeon General Key Points for Prevention

- ▶ Many of the 47,000 suicides a year could be prevented by getting people to talk frankly about it at home, school and work.
- ▶ Don't be afraid to ask are you thinking about killing yourself?
- ▶ If you see warning signs do not leave the person alone—get help
- ▶ Which states have the highest suicide rates?




# Barriers to Suicide Prevention in Schools

- Lack of awareness of the problem
- Lack of training and acceptance of any shared responsibility
- Schools have many competing demands
- Afraid to talk about suicide and ignore legislative requirements
- Failure to link with community services and prevention initiatives




# Comprehensive Suicide Prevention in Schools

- Annual staff training on the warning signs for all who interact with students
- Suicide prevention information posted on the school district website and policies for prevention developed
- Lethality assessment training for key school personnel
- Referral procedures to secure needed school and community mental health services for suicidal students
- Parent notification procedures when students are suspected to be suicidal
- Re-entry meetings after hospitalization and follow up at school for suicidal students
- Curriculum information on prevention for students



# Florida Suicide Prevention Certification for Schools (SPCS)

- Florida schools have the opportunity to become certified in suicide prevention
- FL. Legislature in 2019 passed SB 1418 requiring a list at FDOE of approved suicide prevention awareness and risk assessment instruments
- A SPCS must provide two hours of approved training to all instructional personnel and have at least two staff members certified in suicide risk assessment
- Approved trainings are at the following website <http://www.fldoe.org/safe-schools/suicide-prevent.shtml>



# Florida Suicide Prevention Certification for Schools (SPCS)

- Have a policy to use a suicide risk assessment instrument prior to initiating an involuntary examination
- FDOE and State Office of Suicide Prevention identified two instruments appropriate for school age youth: Columbia C-SSRS and the Safe-T (Suicide Assessment Five-Step Evaluation and Triage)
- FDOE will keep an updated list of Suicide Prevention Certified Schools and each school district shall post those schools on their website
- No new duty or liability is created by this legislation unless there was a willful or wanton act

# State School Plans

by Scott and Donna Poland

- ▶ Texas Suicide Safer School Plan (2015) available at:  
[www.TexasSuicidePrevntion.org](http://www.TexasSuicidePrevntion.org)
- ▶ Montana CAST-S Crisis Action School Toolkit-Suicide (2017) available at multiple MT. websites with search Montana CAST-S
- ▶ Catherine Ivey an NSU doctoral student and myself are working on a toolkit for Florida schools





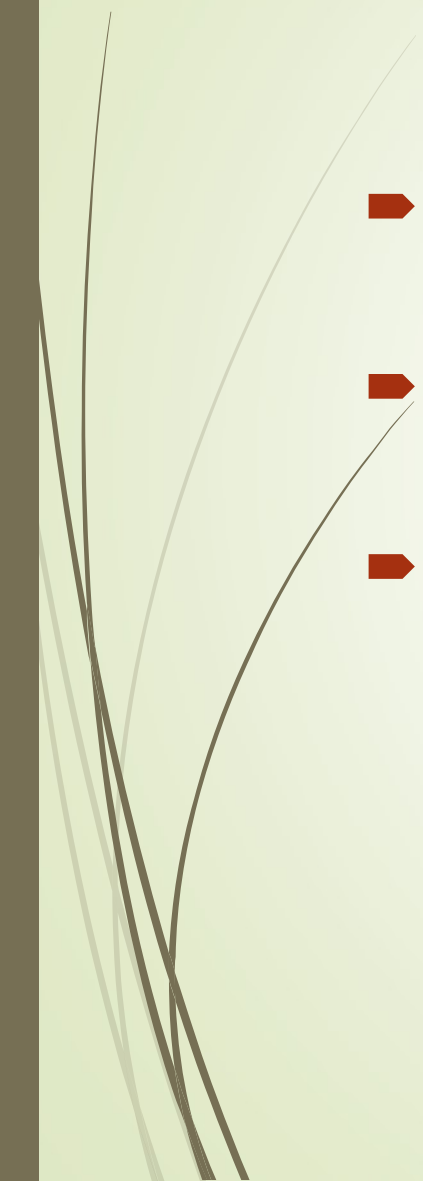
# **CAST-S Montana**

## by Poland and Poland (2017)

- ▶ Sponsored by NAMI Montana and Big Sky Psychiatry Council
- ▶ Developed after years of experience and with valuable input from OPI, SAM and the Montana DPHHS and many individuals
- ▶ Divided into three sections and many tools, and reusable forms are provided

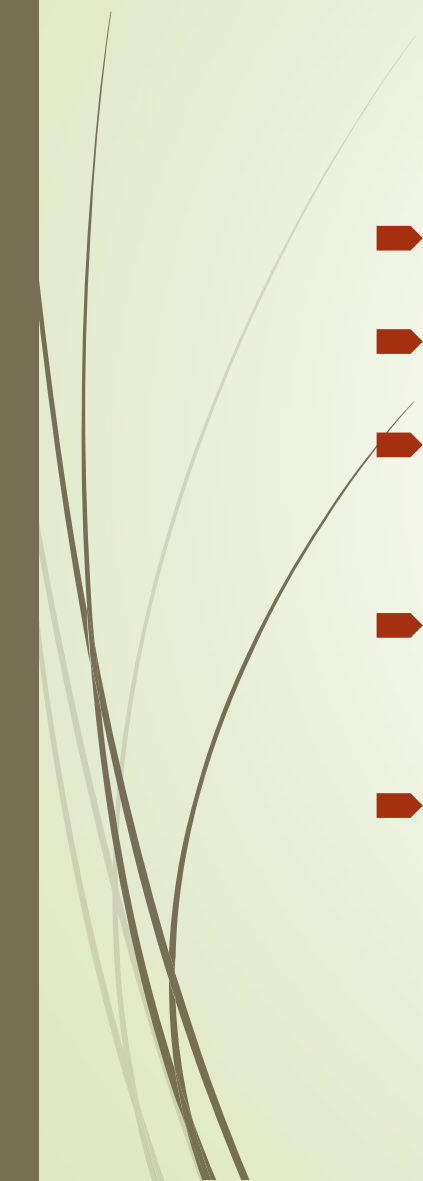


# Using the CAST-S

- ▶ Includes information on Prevention, Intervention and Postvention
  - ▶ Tool #9 identifies the many myths that have hampered suicide prevention
  - ▶ Many tools and appendices are provided and all forms are available for copying and usage
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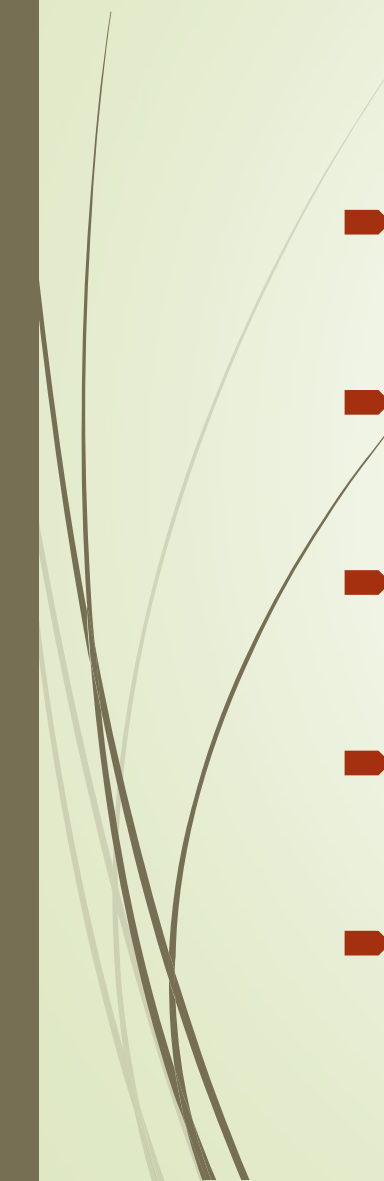


# CAST-S Tools for Administrators

- Tool 1: Leadership Action Steps
  - Tool 2: Leadership Checklist
  - Tool 3: Checklist for Effective Suicide Prevention
  - Tool 4: Template for Documentation of Training
  - Tool 5: Pre and Post Training Survey
- 



# CAST-S Tools for Administrators

- Tool 6: Suggested District Suicide Prevention Plan
  - Tool 7: Suggested Campus Improvement Plan for Suicide Prevention
  - Tool 13: Parental Involvement in Suicide Prevention
  - Tool 23: Sample Agenda for Staff Meeting After a Suicide
  - Tool 24: Talking About Suicide
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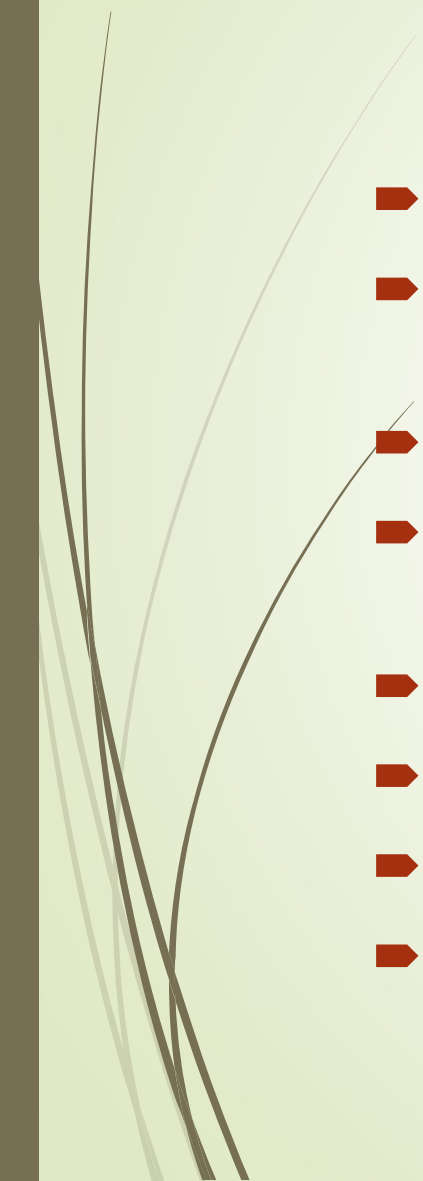


# CAST-S Tools for Administrators

- ▶ Tool 25: Key Messages for Media Spokesperson
- ▶ Tool 26: Sample Media Statement
- ▶ Tool 29: Suicide Prevention Information to Post on School or District Website
- ▶ Tool 30: Update on CAST-S Implementation
- ▶ Tool 32: Memorandum of Understanding Outline for Sharing Information



# CAST-S Tools for Counselors

- Tool 8: Response Procedures
  - Tool 12: Relationship Between Suicide, Depression, Bullying and N.S.S.I.
  - Tool 14: CSSR-S Suicide Screener
  - Tool 15: Risk Monitoring Tools from the book, Suicide in schools (2015)
  - Tool 16: Suicide Risk Report
  - Tool 17: Safety Plan
  - Tool 18: Parent Acknowledgement
  - Tool 19: Parent Conference
- 



# CAST-S Tools for Counselors

- Tool 20: Re-entry Checklist
- Tool 21 & 22: Postvention Checklist & Steps
- Tool 27: Caring for the Caregiver
- Tool: 28: Screening Mental Health Providers
- Tool 29: Prevention Information to Post on School Website
- Tool 30: Update on CAST-S Implementation
- Tool: 31 Identification of Mental Health Facilities and Providers



# Legislation

- TN passed the Jason Flatt Act in 2007 requiring annual teacher training on suicide prevention
- Since 2007 the Jason Flatt Act has passed in 20 states but not Florida
- Jason Foundation Training is free
- R. Lieberman and I have done 5 modules for JF
- Florida has an optional Suicide Prevention Certified School Program (SPCSP)
- Required legislation is needed in Florida



# Jason Foundation



DONATE NOW

- Home
- About Us
- Youth Suicide
- Get Involved
- Media
- Contact Us

## Take the B1 Pledge

Rascal Flatts and The Jason Foundation have teamed up to help prevent youth suicide.

PLEDGE NOW



DOWNLOAD THE "A FRIEND ASKS" APP BELOW

GET THE APP

GET THE APP



Students



Parents



Educators, Youth Workers, Coaches



Rascal Flatts B1 Program

<http://jasonfoundation.com/>



# Best Practices

- Schools are encouraged to form a suicide prevention task force to review the incidence and to develop policies and procedures and prevention programs
- The task force will be the most effective when community groups are represented
- Schools are encouraged to implement legislative recommendations and requirements
- Schools need to have bullying and suicide prevention programs



# Hope Witsell Tragedy

- ▶ Middle school teen endured months of taunting after she sent a topless photo to a fellow student
- ▶ The day before her suicide, she met with a social worker who had her sign a no suicide contract
- ▶ No other school staff nor the parents were notified and parents found the contract after she hanged herself
- ▶ Do you see a defense in the lawsuit and how do we prevent tragedies like this? **Discussion**



# Witsell v Hillsborough Schools

- U.S. District Court Middle Florida NO: 8: 2011 CV-00781-Doc 18
- The district did not settle out of court
- The district maintained they were not responsible for the social worker who did not follow their procedures for parent notification
- The plaintiffs attorney failed to ask for documentation that the social worker was ever trained on those procedures
- The district prevailed and her parents could have refiled the case but chose not to



# Bullying and Suicide

- Children who have been bullied have reported a variety of behavioral, emotional and social problems.
- Suicide is a leading cause of mortality in children and adolescents.
- Studies reported positive associations between all bullying types and suicidal risks.
- Suicide Prevention Resource Center Brief on Bullying and Suicide [www.sprc.org](http://www.sprc.org)



# Youth Suicide Consensus Warning Signs

- ▶ Talking about suicide or making plans
- ▶ Expressing hopelessness for the future
- ▶ Displaying severe/overwhelming emotional pain or distress
- ▶ Showing worrisome behavioral cues or marked changes in behavior particularly in the presence of the above warning signs: withdrawal, changes in sleep, anger or hostility out of context and recent increase in agitation or irritability

<https://www.youthsuicidewarningsigns.org>



# Best Practices

- ▶ Provide prevention information to secondary students(WV.) requires it
- ▶ Implement the depression screening program, SOS Signs of Suicide which is evidenced based
- ▶ SOS has two components a questionnaire and a video (grades 8-12) information is available at [www.mindwise.org](http://www.mindwise.org)



# High risk youth

- Exposed to suicide
- Bullies and victims
- Lesbian, gay, bisexual, or transgender
- Depressed
- NSSI
- Traumatized
- Alcohol/substance abuse
- Homeless/Runaway children
- Children in foster care



# Joiner's Model of Suicide Risk, 2006

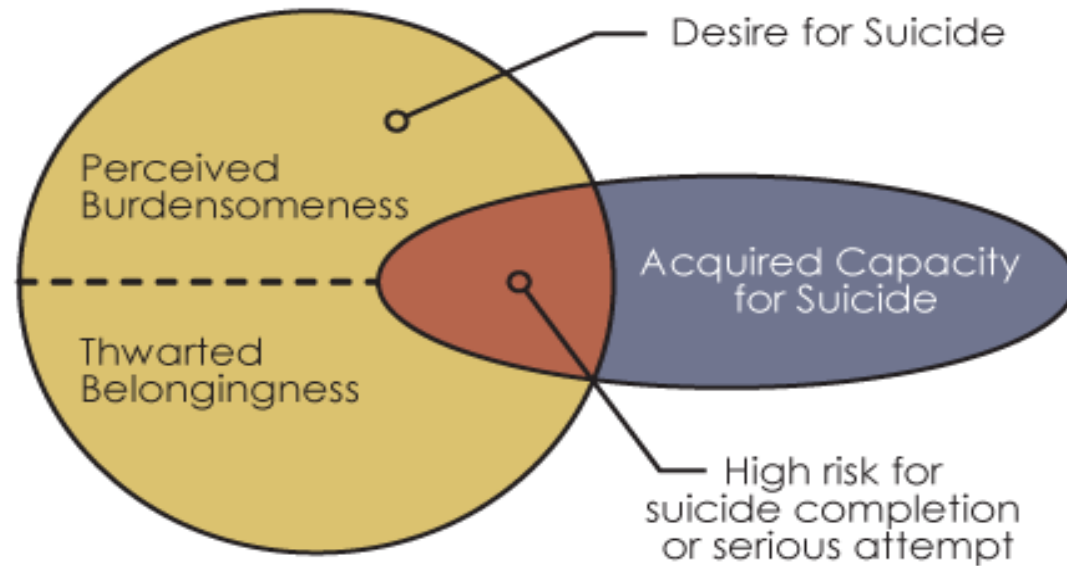


Figure 1: Thomas Joiner's model of suicide risk, 2006



# NSSI Resources

Understanding Self-Injury:

[http://www.human.cornell.edu/hd/outreach-extension/upload/CHE\\_HD\\_Self\\_Injury-final.pdf](http://www.human.cornell.edu/hd/outreach-extension/upload/CHE_HD_Self_Injury-final.pdf)

NASP [www.nasponline.org](http://www.nasponline.org) NSSI: School and Parent Handouts by Lieberman, Poland & Niznik

NOVA Southeastern University Training Video on Self-Injury: Critical Insight and Testimony

<http://www.nova.edu/suicideprevention>



# GLBT Issues

- Higher rates for youth not due to identity but unique complications “nothing inherently suicidal about same sex orientation”
- Studies have found 4 to 6 times more attempts and deaths
- External factors: conflict, harassment, abuse rejection, lack of support
- Advocacy for GLBT population in school often met with resistance
- Strongest protective factor is parental acceptance



# School Based Assessment

- **No Matter** how well trained school mental health professionals are there are limitations as school is only 7-8 hours a day
- School assessment is the first step to a more comprehensive assessment in the community
- School personnel must be non judgmental and avoid statements that minimize or stop the student from expressing their thoughts
- Primary purpose is to prevent the immediate risk of suicide and secure needed supervision
- Treatment needs to be coordinated with community providers
- NSU Suicide Assessment Video at [www.nova.edu/suicideprevention](http://www.nova.edu/suicideprevention)




# Schools Role

- ▶ Detect suicidal students and then conduct an essential first step assessment with direct questions
- ▶ Schools have found the acronym IS Path Warm very helpful
- ▶ Supervise the student (Two cases where schools did not were Kelson v Springfield in OR. and Armejo v Wagon Mound in NM.)
- ▶ Notify parents and refer for a specialized community based assessment
- ▶ Follow up and support the student and facilitate sharing information with the community based mental health provider (unfortunately critical information often withheld from schools)



# Key Points in School Assessment

- Be empathetic and keep eye contact
- Reflect—it sounds like
- Validate—it makes sense—it's understandable
- Normalize—you are not the first student to have these thoughts—many students have felt this way at times
- Don't shy away from direct language and ask specifics as it helps with the safety plan
- It is better to ask too many questions than not enough (going on a trip analogy)



# Suicidal Students: Supervise, Hand off and Refer!

- Are you thinking about suicide now? Have you ever attempted suicide before? How would you end your life?
- Document the notification to parents and push for a signed release to talk with private providers!
- FL. school-based mental health services providers **are competent** to conduct a risk assessment prior to initiating a Baker Act
- Refer to community practitioners that are trained in suicide risk assessment and management (CAST-S has a list of questions to ask them).




# ASCA 2018 Carolyn Stone

- Parental notification if a student is suspected of being suicidal should be viewed as a “ministerial” not a “discretionary” duty
- Parental notification should be viewed the same way as child abuse reporting
- It is well known that student self report and denial of suicide is unreliable and that peer reporting is more reliable
- Counselors should not rely on suicide assessments for definitive answers
- Use assessments as a segue to urge parents to seek further evaluation and monitor their child's safety







# More Cases

- ▶ Wyke v Polk County School Board Florida  
11<sup>th</sup> U.S. Circuit Court Nos. 95-2799, 95-3653
  - ▶ Court found the district liable for providing inadequate supervision of a suicidal student and failing to notify parents
  - ▶ Principal had been told by two adults that S. Wyke had made two suicide attempts within 24 hours
  - ▶ The district lost the case and was found liable for monetary damages
- 




# Scenario

- ▶ A teacher notices that a secondary student has typed on his computer that he wants to kill himself. What should the teacher do?
- 




# Scenario

- ▶ As the suicide prevention specialist you call the parent of a student who threatened suicide and his mother states she is at home and asks that you let her son walk home.
  - ▶ What do you recommend?
- 



# Other Cases

- ▶ Armory v Howard County Board of Education Case NO: 2013-58. A suicidal student was allowed to walk home per parent request. The student hanged himself at home later that day with parents in the home. The district settled out of court for an undisclosed amount.
- 

# Columbia Suicide Severity Rating Scale

- ❑ Researched and increasingly used by hospitals/schools/law enforcement
- ❑ Brief assessment C-SSRS has 6 direct questions on suicide thoughts, method, and intent
- ❑ Appropriate for all ages and its free with translation for over 100 languages
- ❑ Training Video available at [https://www.youtube.com/watch?v=Ted\\_gI-UXi8](https://www.youtube.com/watch?v=Ted_gI-UXi8)
- ❑ [www.cssrs.columbia.edu](http://www.cssrs.columbia.edu)
- ❑ C-SSRS questions ask in the last month and over a lifetime with triage colors (low, medium and high risk)



# *SUICIDE INTERVENTION IN THE SCHOOLS:C-SSRS Brief: Questions*

- 1. Have you wished to be dead?
- 2. Have you actually thought of killing yourself? If Yes, ask questions 3, 4 and 5. If no, go to directly to question 6.
- 3. Have you been thinking of how to do this?



# SUICIDE INTERVENTION IN THE SCHOOLS:C-SSRS Brief: Questions

- 4. Have you had thoughts and some intention to act on them?
- 5. Do you have a plan to kill yourself?
- 6. Have you ever done or prepared to do anything to harm yourself? If Yes ask in the last 3 months?



# Role Play Practice Recommended

- ▶ Mary an 8<sup>th</sup> grader new to the school has written Hannah Baker Rocks on her English notebook and is referred to the school counselor and she reports Hannah had the answer. She hates the new school and her parent's new partner. She reluctantly shares that she has thought about using Dad's gun.
- ▶ Mary's parent is a very busy attorney who reluctantly comes to school and demands to know why the discussion could not be done on the phone. They state everything is okay with Mary. She's a teen girl and girls are dramatic and the parent is very resistant to any outside counseling for Mary. The parents stressed the gun for protection and promises that Mary would never touch it.



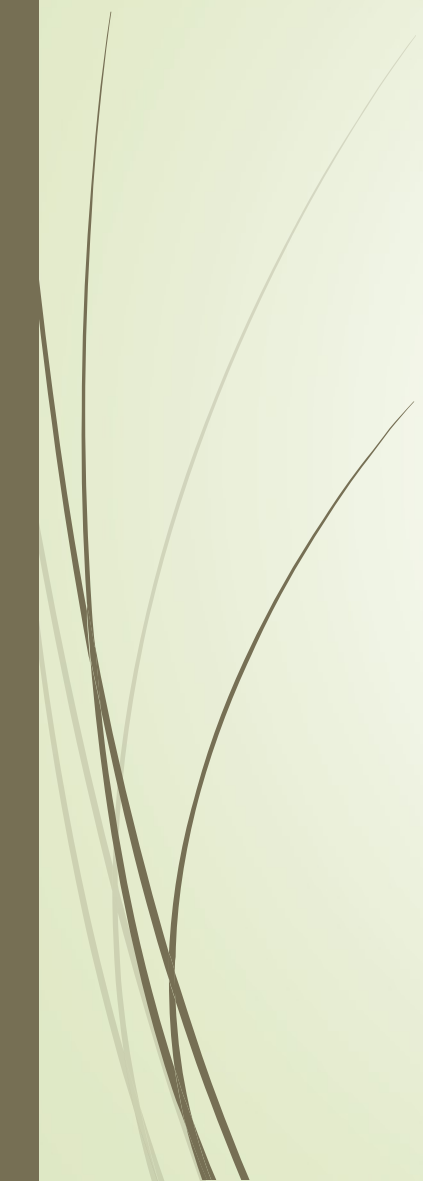


# Role Play Scenario

- ▶ John an 8<sup>th</sup> grader has appeared sad in class and told his teacher he is overwhelmed by life. He was sent to the counselor. He reluctantly shares that his girl friend has broken up with him and his cousin who he was very close to killed himself last week. He thinks he might hang himself like in the movie, Star in Born. He has a rope in his room.
- ▶ John's mom comes to school and is receptive to any and all ideas to help her son but she has no health insurance.



# Contracting for Safety

- ▶ “No harm” or “no suicide” contracts have not been demonstrated to reduce suicidal behaviors
  - ▶ May be more for therapist’s benefit
  - ▶ Students or clients may feel coerced
  - ▶ The focus is on what not to do instead of how to keep safe!
- 



# Safety Planning

- Developed jointly with the student and should be written
- Sit side by side with the student
- Student identifies warning signs that a crisis is developing
- Focus on how they can keep safe
- Identify their reasons for living
- Identify trusted adults to ask for help
- Identify internal coping strategies



# Safety Planning

- Identify professionals, and agencies they can contact in a crisis
- Identify crisis resources and helplines
- The student signs the safety plan and gets a copy
- The counselor retains a copy
- Parents receive a copy



# Re-entry Guidelines

- ❑ Have parent escort student back to school first morning following hospitalization and conduct re-entry meeting.
- ❑ Plan follow up support at school with frequent monitoring (Erbacher, Singer and Poland book, Suicide in schools has a monitoring tool)
- ❑ Decide what information to share with teachers
- ❑ Obtain any records from hospital and have parent sign a release of information form



# White Pass, WA. Counselor Knew

- ▶ High school student has been there only 5 weeks
- ▶ Under stress as facing felony charges in court back in Seattle
- ▶ Gets along well with grandmother (who he now lives with) but not his mother and grandmother shared with the counselor that his mother tried to kill herself last year and his mother thinks he will probably kill himself



# Boehm v White Pass Schools Superior Court Lewis County, WA. No.12-2-00392-9

- ▶ Sixteen year old male student was referred to school counselor after he wrote a suicide note and there are rumors about a suicide pact
- ▶ The counselor knows his best friend at the new school attempted yesterday and is the hospital
- ▶ Student denied suicidal ideation when interviewed by the counselor and stated he previously had a drinking problem but is now sober



# Boehm Case Continued

- ▶ How many protective factors do you see?
- ▶ How many risk factors do you see?
- ▶ His grandmother was not notified and after an argument with her about grades that day he shot himself
- ▶ The Lewis Superior Court said the counselor had no duty to warn the grandmother
- ▶ Do you agree?
- ▶ The case was appealed and the White Pass School District settled out of court



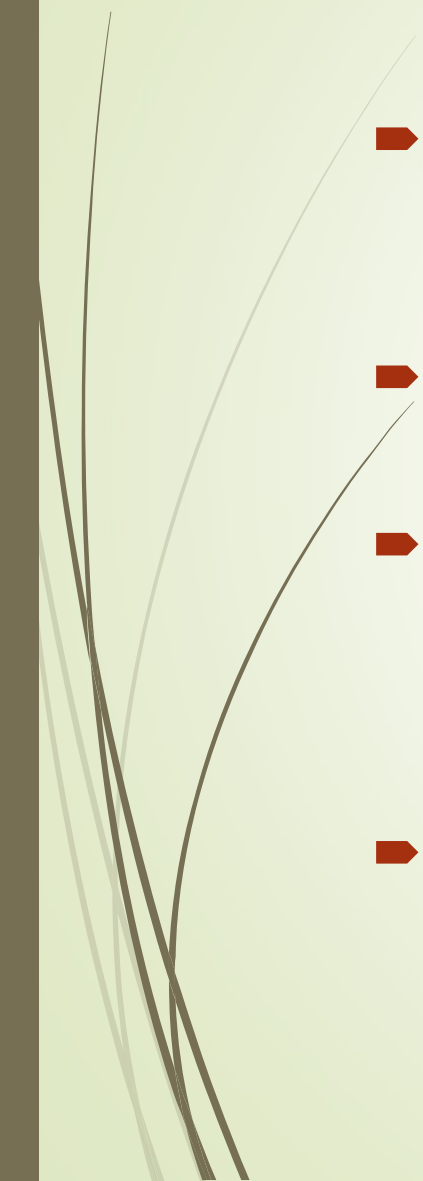


# More Cases

- Szostek v the Cypress-Fairbanks School District  
189<sup>th</sup> Texas District Court found the school had not negligently disciplined the middle school student who died by suicide and were entitled to sovereign immunity
- B. Nelson-Szostek was suspended as she was suspected of selling drugs on campus
- She shot herself when left at home on the day of her suspension
- The district prevailed in the case but it has implications for student discipline situations



# Postvention Activity

- Should the suicide of a student be memorialized differently than the death of a student from other causes?
  - If you think yes then go to the right side of the room
  - If you think all student deaths should be memorialized the same regardless of the cause of death then go to the left side of the room
  - Please discuss in your group defending your position
- 



# Postvention Lawsuit

- Mares vs. Shawnee Mission Schools  
Johnson County District Court 2007  
the school system settled out of court after being sued following the suicides of two brothers. Key issue in the case was failure to implement any suicide postvention procedures after the first death.

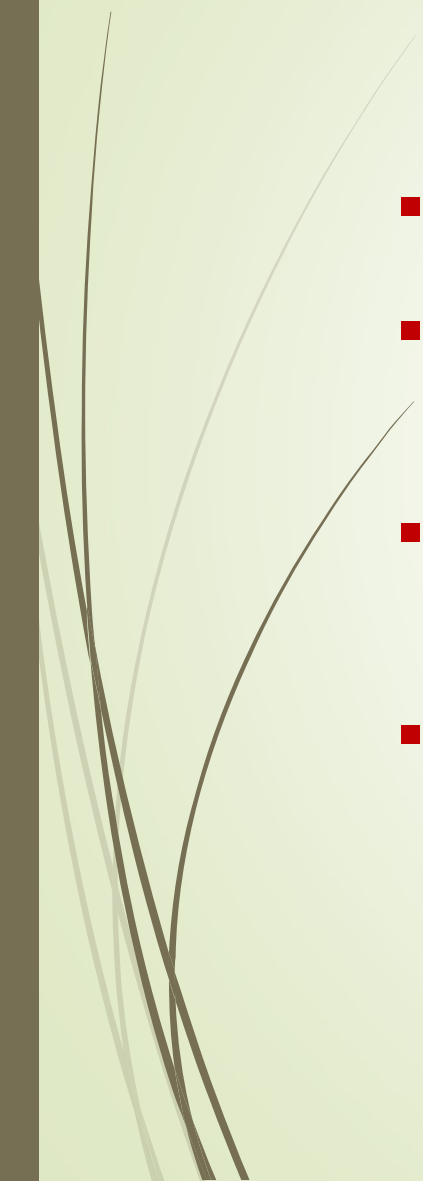


# Suicide Postvention

- ▶ Mares v Shawnee Mission Schools Kansas Schools in Johnson County District Court Case NO: 06CV00160
- ▶ Jason a sophomore died by suicide in the fall
- ▶ Justin his older brother and a student at the same school died by suicide the next fall
- ▶ Plaintiff charged the district failed to implement suicide postvention procedures and support family/friends after the Jason's death



# Primary Goals of Postvention

- Assist survivors in the grief process
  - Identify and refer individuals who may be at risk following the suicide
  - Provide accurate information while minimizing the risk of suicide contagion
  - Implement ongoing prevention efforts
- 



# After a Suicide

- ▶ Why did he/she do it?
- ▶ What method did they use?
- ▶ Why didn't God stop them?
- ▶ Is someone or something to blame?
- ▶ How do we prevent further suicides?
- ▶ NSU has an original suicide postvention video at [www.nova.edu/suicideprevention](http://www.nova.edu/suicideprevention)



# Postvention

*Suicide and the grief that follows a death by suicide are very complex and no one person, no one thing is ever to blame.*

*Current research has found as many 135 people affected with as many as 18 experiencing a life altering event.*



# Risk Factors for Imitation

- Facilitated the suicide through involvement in a pact, or encouraging the suicide
- Believe their mistreatment of the victim contributed
- Failed to take threat seriously or missed obvious warning signs
- Have their own history of suicidal thoughts/actions and view their life as parallel to victim and were not close friends





# Suicide Clusters: Factors and Issues

- May often go unnoticed or unreported
- Search for risk factors in communities
- Every community is vulnerable
- Media reporting and dosage of exposure are key factors
- Increased mental health services needed for teens
- Reduce teens access to lethal means

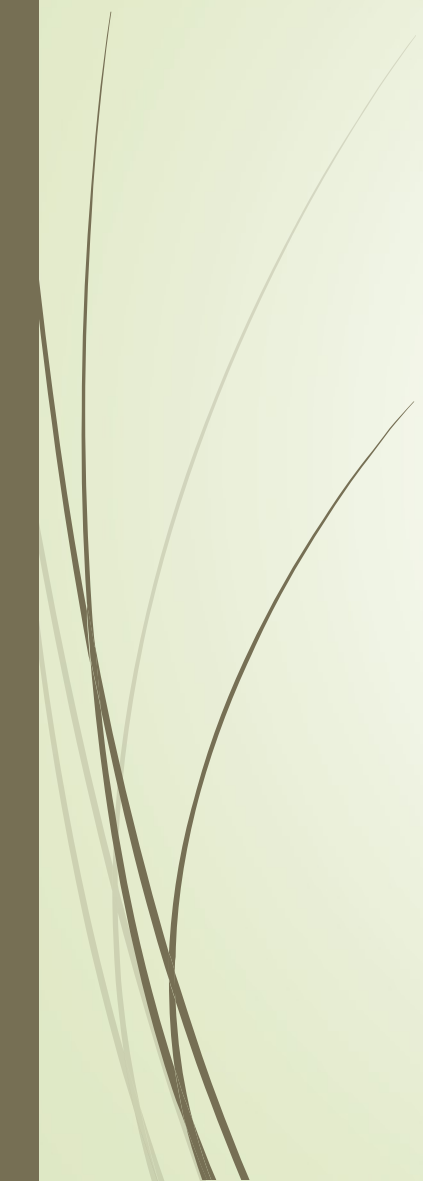


# Types of Clusters

- Mass clusters are media related and the research is mixed on their occurrence: Implications and recommendations for appropriate media coverage
- Point clusters are local and there is strong evidence that they do exist
- Vulnerable youth may well cluster before a suicide occurs and when negative life events occur all are at risk



# Cluster

- “These kids died from an untreated or undertreated psychiatric illness. It’s not as if it’s a mysterious thing and it’s not as if it’s not preventable. Unfortunately there is a misperception that if someone wants to die by suicide, it’s inevitable. That is not the case as the impulse to kill oneself waxes and wanes.” Madelyn Gould, Columbia
- 



# Colorado Springs Academy 20 Cluster Intervention

- Discovery Canyon HS, five students died by suicide in spring of 2016
- Expert assistance/advice was obtained
- All administrators attended a 3 hour training
- School and community county wide coalition formed with emphasis placed on improving collaboration and community resources for identification and treatment of suicidal youth



# Academy 20 Continued

- All school personnel were taught the suicide warning signs and prevention information is posted on district website
- School offered assistance over the summer
- School mental health professionals received extensive 6 hour training in suicide assessment
- Implemented the SOS Signs of Suicide Program
- Conducted a parent meeting at Discovery Canyon
- Mobilized quickly after a 6<sup>th</sup> suicide a year later
- Applied for a Project SERV grant from USDOE
- Implemented Riding the Wave program in 5<sup>th</sup> grade
- Hired a prevention coordinator

# Postvention/Cluster Research

- ❑ Postvention efforts have been too short in duration and focused on too few students
- ❑ A suicide may affect classmates for years and sensational detailed media coverage has likely increased suicides
- ❑ Studies have found untreated mental illness, extreme academic pressure, access to lethal weapons, substance abuse history, intimate partner violence, sleep deprivation and GLBTQ issues as contributing factors
- ❑ Parents often did not recognize warning signs of depression and seek help



# Model Policy: Prevention

## SAFE MESSAGING

- ❑ Unsafe messaging can lead to contagion
- ❑ Media: “Committed suicide”/”Died by suicide”
- ❑ Suicide is preventable
- ❑ There are evidenced based treatments for all the risk factors of youth suicide
- ❑ Everyone plays a role in suicide prevention
- ❑ Resilience and recovery are possible

# After a Suicide: A Toolkit for Schools 2018



Suicide Prevention Resource  
Center

American Foundation for Suicide  
Prevention





# AFSP and SPRC Postvention Toolkit Released April 2018(Revision)

- Schools should strive to treat all deaths the same (to reduce suicide stigma)
- Be aware of copy cat dangers and stress the victim was likely struggling with mental health issues
- Emphasize help is available
- Monitor social networking sites



# Toolkit Recommendations for Memorials

- Prohibiting all memorials is problematic
- Recognize the challenge to strike a balance between needs of distraught students and fulfilling the primary purpose of education
- Meet with students and be creative and compassionate and spontaneous memorials should be left in place until after the funeral
- Avoid holding services on school grounds
- Do not hold an assembly after a suicide



# Scenario

- ▶ A peer reports a friend has been depressed for months, isolated from parents and recently has talked about suicide to a H.S. counselor but when the counselor meets with the 18 year old student suspected of suicide, the student denies it.
- ▶ What does the counselor need to do if anything?



# VA. Supreme Court Pending Gallagher v Bader

- ▶ A peer reported a friend was suicidal to a Loudoun, VA. H.S. counselor and when the counselor met with the 18 year old student suspected of suicide, the student denied it. The counselor did not notify the parents nor the principal as required by the district procedures. The counselor relied on the fact the student did not admit suicidal ideation and thought that since he was 18 his parents did not need to be notified. The district procedures made no exception for parent notification for students over the age of a 18.



# Best Practices: Final Thoughts

- Suicide assessment is not a one time event and all suicide warning signs must be taken seriously and parents notified regardless of student age K-12 (unless abuse is suspected then protective services is notified)
- The Columbia C-SSRS and Safe-T are recommended for assessment
- If thoughts of harming others are detected then follow the VA. threat assessment procedures (Dr. Cornell)
- Do not rely on a student's denial of suicide and take peer reports of suicidal thoughts seriously
- Suicide prevention in schools needs to be district wide
- School Mental Health Professional need to take the lead in suicide prevention in their districts
- Download the SAMHSA Suicide Safe App

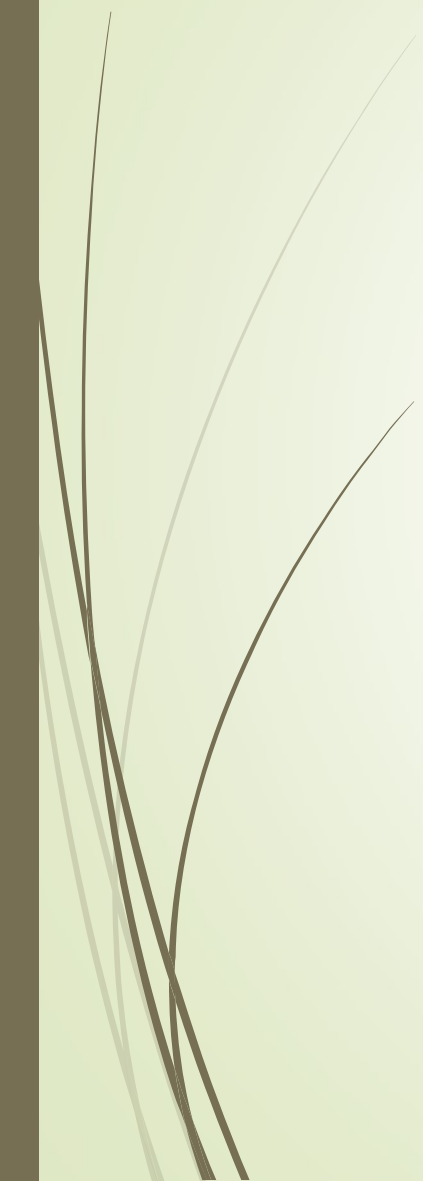


# Recommended Action Steps

- Review and or create a district wide suicide prevention policy
- Encourage your district to have all schools become suicide prevention certified as outlined in SB 1418
- Designate suicide prevention specialists
- Create threat assessment teams to evaluate both threats of violence and threats of suicide (SB 2070)
- Utilize prevention program recommended by the Florida FDOE
- Subscribe to the SPRC Weekly Spark to keep up with research and resources [www.sprc.org](http://www.sprc.org)



# Postvention

- ▶ The journey begins and ends with prevention and no single school, agency or entity can stop a suicide cluster as it takes the entire community working together for suicide prevention and securing the needed mental health services for suicidal students!
- 



# My Recent Case July 2019

- ▶ Bowe Cleveland v Taft Union H.S. District in CA. Case NO:S-1500-CV-279256, Kern County Superior Court
- ▶ Bryan Oliver shot Bowe Cleveland at school in Jan. of 2013
- ▶ Bowe Cleveland survived but has had over 20 surgeries
- ▶ Bryan pleaded guilty and received a 27 year prison sentence
- ▶ Bryan had been the victim of bullying which he reported to school personnel and had made numerous violent threats
- ▶ Staff and students had reported numerous violence concerns to the school administration over a several year period
- ▶ In a historic precedent the jury awarded 3.8 million dollars and found the district 53% liable and no appeal by the district is planned
- ▶ Bryan and his family were found 47% liable





# Liability Percentages

- ▶ AP found 27% liable. My criticisms were failing to intervene with bullying reported by Bryan over several years and to take numerous threats reported by staff, students and parents seriously both before and after students and staff heard Bryan talk about shooting up the school in 2/12. Failing to notify teachers of threats as required by CA law and for poor communication with other school personnel



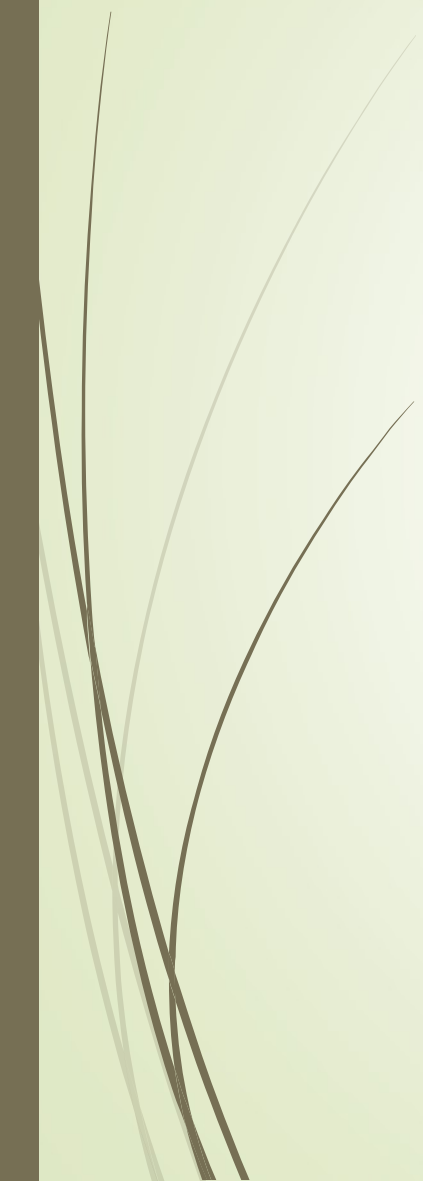
# Liability Percentages

- ▶ School Psychologist found 19% liable. My criticisms conducting an inadequate, one time threat assessment, poor communication with staff and failing to provide sufficient counseling services to Bryan. SP did not care about details and thought all students needed a fresh start. SP counseled Bryan only a few times. Bryan was an identified special education student when he first threatened school violence and his counseling should have been handled through special education. Bryan was dismissed from special education shortly after threatening violence.



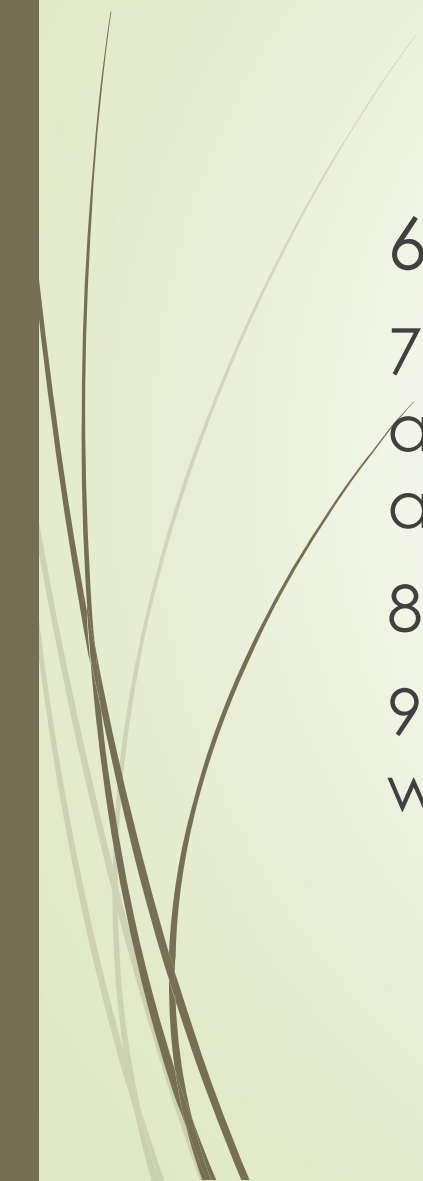
# Caregiver Manifesto


## Dr. Alan Wofelt

1. I deserve to live a joyful life.
  2. My work does not define me.
  3. I am not the only one who can help people in crisis.
  4. I must develop healthy eating, sleeping, and exercise patterns.
  5. I must maintain boundaries in my helping relationships.
- 



## Caregiver Manifesto, cont.

6. I must practice time management.
  7. I must practice setting limits and alleviating stress that I can do something about.
  8. I must listen to my inner voice.
  9. I should express the personal me in my work and play.
- 



**Crisis intervention is intense,  
demanding, and changes us...  
We must care for ourselves!  
It is okay to say NO!**

“Promoting Healing- Caring for the Caregiver”

*From*

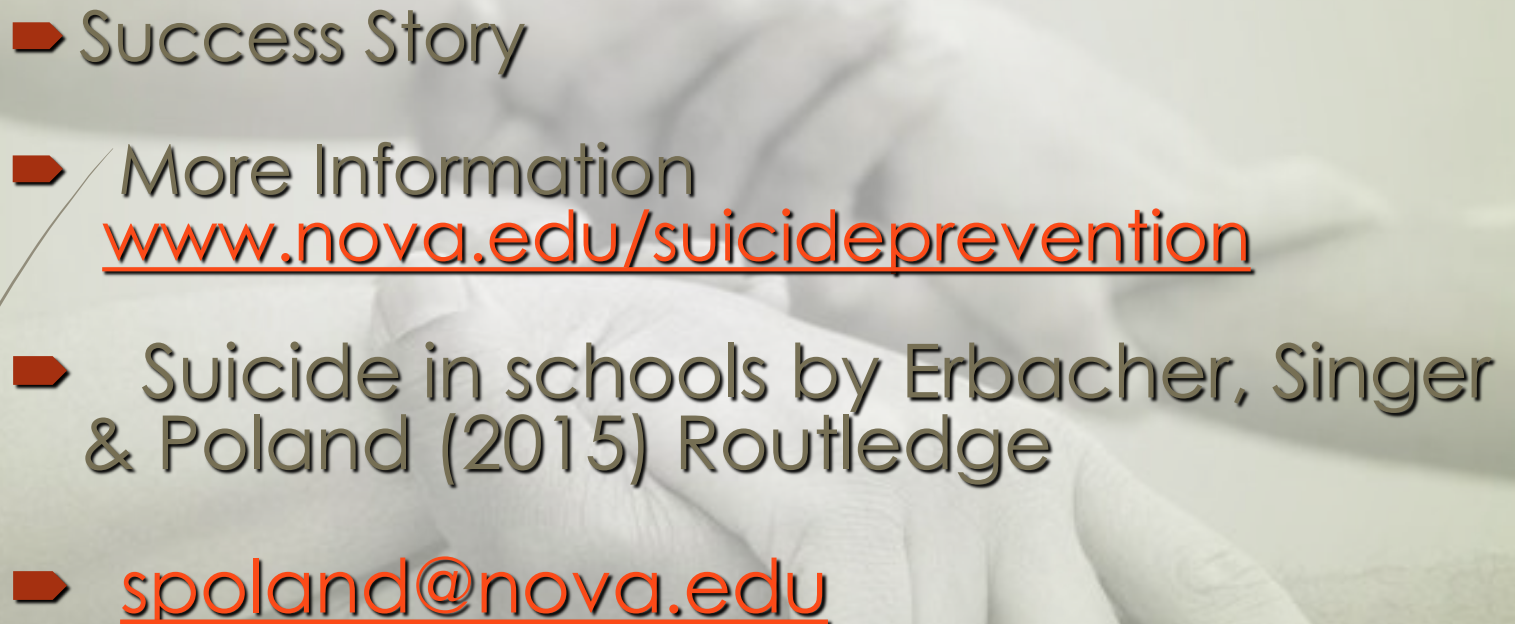
*Erbacher, Singer, and Poland,*

*Suicide in Schools (2015)*

*Revision due 2020*



# Suicide Prevention Is Everyone's Responsibility

- 
- Success Story
  - More Information  
[www.nova.edu/suicideprevention](http://www.nova.edu/suicideprevention)
  - Suicide in schools by Erbacher, Singer & Poland (2015) Routledge
  - [spoland@nova.edu](mailto:spoland@nova.edu)

# Model Policy: HOTLINE RESOURCES

**NATIONAL**  
**SUICIDE**  
**PREVENTION**  
**LIFELINE**<sup>TM</sup>  
1-800-273-TALK (8255)  
[suicidepreventionlifeline.org](http://suicidepreventionlifeline.org)



**Crisis Text Line**  
is a free, 24/7 emotional support for those in crisis.  
Anyone can use this service by texting the number  
**741741**  
Texters remain anonymous.  
Learn more: <http://www.crisistextline.org>

877.542.7233

**THE TREVOR PROJECT**  
**LGBTQ CRISIS HOTLINE**  
**CALL 1-866-488-7386**



# YOUTH SUICIDE: Prevention Resources

American Association of Suicidology

[www.suicidology.org](http://www.suicidology.org)

American Foundation for Suicide Prevention

[www.afsp.org](http://www.afsp.org)

Suicide Prevention Resource Center

[www.sprc.org](http://www.sprc.org)

Florida Suicide Prevention Specialist

[Sindie.Castro@MyFLfamilies.com](mailto:Sindie.Castro@MyFLfamilies.com)