Suicide Prevention

Resources 2011 Portland Public Schools

Compiled by Jim Hanson, School Psychologist
and Monica Parmley, PPS Mental Health Services Coordinator

For use with the
RESPONSE:
Comprehensive High School-Based Suicide Prevention Program

Suicide Prevention Resources 2010 Portland Public Schools

Student Emergency

1.Keep Student in Your **Line of Sight**

2.**Imminent:** Contact Administrator:
(Vice Principal Cherie 75413),
(Principal Peyton 75400),
(Vice Principal Cameron 66085), or
School Police Officer Culp 754654 or cell 503-545-3570)

3.**Ideation:** Contact ASIST
(School Nurse Mary or Terry 75464). or
(Psychologist Jim 66087)

4.**If no answer,** call School Counselors or secretary, or School Police Officer

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Small
version
to cut out
and tape
by your
phone

MENTAL HEALTH CRISIS SERVICES IN MULTNOMAH COUNTY

Call here . . →

MULTNOMAH COUNTY
CALL CENTER
503-988-4888
Toll-Free 1-800-716-9769
(Available 24 hours a day)

- Mental Health Resource and Information Referral
- Crisis Support and Mental Health Emergency Assistance

or walk in . . →

CASCADIA URGENT WALK-IN CLINIC
Serves Adults, Children, and Families
2415 SE 43rd
(Use west entrance at SE 42nd / Division)
Hours: 7 AM – 10:30 PM, 7 days a week**
Bus #4

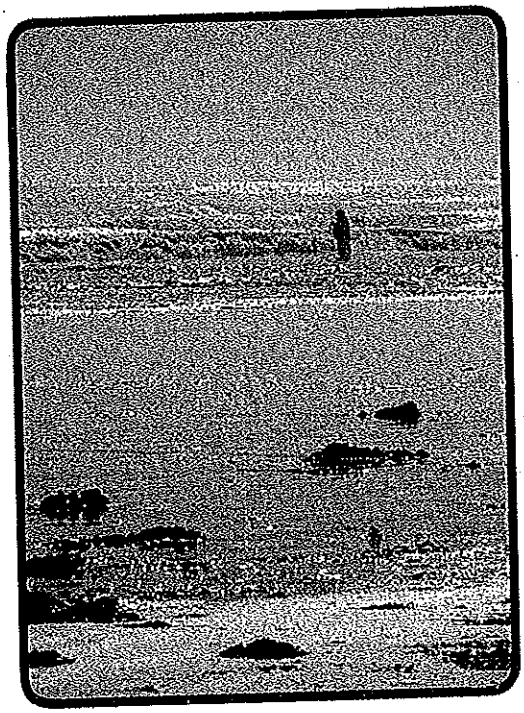
or in some instances we'll come to you . . →

Culturally competent, expanded
CHILD, FAMILY, AND ADULT MOBILE OUTREACH via PROJECT RESPOND
24 hours a day, 7 days a week throughout Multnomah County
Call Multnomah County Call Center at 503-988-4888

Employee Assistance Program

The EAP provides services to help people privately resolve problems that may interfere with work, family, and life.

The EAP is provided for **FREE** (no out of pocket cost), and confidential services cover employees and their dependents, living at or away from home, and all household members, related or not.



Counseling

- **Confidential Counseling** - up to **5** face-to-face counseling sessions for each new issue, including family, relationship, work stress, anxiety, and other challenges we all face.
- **24-hour Crisis Help** - toll-free access for you or a family member experiencing a crisis.

Life Balance

- **Legal Services** - a free, half-hour consultation, by phone or in person, followed with a 25% discount in legal fees.
  Legal services are not provided for any employer related issues.
- **Will Preparation** - a free, simple kit for member completion and then returned for review by a legal professional.
- **Mediation Services** - free consultations for personal, family, and non-work related issues such as divorce, neighbor disputes, real estate, etc. A discount of 25% is available if a professional mediator is retained.
- **Financial Services** - free telephone consultations for financial, issues such as debt counseling, budgeting, college or retirement planning. A discount of 25% is available if a CPA is retained.
- **Identity Theft Services** - support in planning the recovery process for restoring your identity and credit after an incident.
- **Personal Advantage** - a life balance website with current articles on health conditions, a legal library, financial and health assessments, movies, and other interactive tools including access to more than 50 online trainings.
- **Worksite Services** - unlimited telephonic supervisor consultations, on-site orientations, topical trainings, critical incident response, supervisor website, and more.

RBH
the road to better health

1-866-750-1327
www.MyRBH.com
Access Code:
pps

Using Your EAP (Core+CE)

Evaluation Agencies

LifeWorks NW
(

Call (503) 645-9010 and request an assessment appointment. Appointments may also be requested via e-mail: intake@lifeworksnw.org. Indicate that this is a referral by Portland Public Schools.

Assessments are available at the following locations:

SE Office
4531 SE Belmont, Third Floor
Portland, Oregon 97215

NE Office
5010 NE 33rd Avenue
Portland, Oregon 97211

Rockwood
17214 SE Division Street
Portland, Oregon 97236

Tigard
8770 SW Scoffins Street
Tigard, Oregon 97223

Appointments: 8 a.m. to 8 p.m. Monday through Thursday; 8 a.m. to 4 p.m. Friday (may vary depending on site). Spanish language interpreters available; experience working with cultural groups such as Latino, African-American, and Asian.

Evaluation Agencies

Kaiser Permanente
Addiction Medicine
—Adolescent Services
(For Kaiser members only*)

Call (503) 249-3434 and request an assessment appointment. Indicate that this is a referral by Portland Public Schools. Be prepared to provide your health record number and indicate the location for your appointment.

Assessments are available at the following locations:

West Interstate Clinic
3325 N Interstate Avenue
Portland, Oregon 97227

One Town Center Office
10163 SE Sunnyside Road, Suite 490
Clackamas, Oregon 97015

Cascade Park Medical
12607 SE Mill Plain Blvd.
Vancouver, Washington 98684

Tualatin Clinic
19185 SW 90th
Tualatin, Oregon 97062

Clinic hours: 8 a.m. to 5 p.m. (Monday—Friday)

*PPS assessment referrals for Kaiser are available to Kaiser members only. Assessment is a covered benefit. Kaiser members pay only their registration fee.

ALCOHOL AND DRUG EVALUATIONS

for Portland Public Schools Students

Student Services
Tubman Site
2231 N Flint
Portland, Oregon 97227
503-916-5460

Alcohol and Drug Evaluations

An alcohol and drug evaluation will provide to the parent/guardian, the student, and the school the answers to the following questions:

- What is the nature and extent of the problem?
- What action is recommended at this time?

The District pays for the cost of student evaluations authorized by Student Services. If you are going to have a student evaluated through the school district process, please follow the steps listed below:

1. Sign a consent form and select an assessment agency from this brochure.

2. Call the agency and make an appointment. Assessments typically take from one to two hours. One or both parents/guardians should attend.

3. Keep your appointment and participate actively and honestly. The evaluation will gather a broad base of information (including history of drug use, family history, current problems at home and at school) in order to make a determination about a student's drug problem.

   The evaluator will provide an oral and written report at the time of the evaluation with recommendations and referral to community agencies or alcohol and drug treatment programs if appropriate. If referrals to treatment programs are made, generally several options will be discussed. These are recommendations only, and the District does not assume responsibility for costs of treatment or other services after the assessment is completed.

4. Think about the assessment information you receive and consider carefully all options before making a decision.

5. If you have any problems or concerns about the way the assessment was conducted, please contact Student Services, (503) 916-5460.

By getting an evaluation for a student, parents/guardians are taking a positive step toward solving a problem. Parent/guardian participation, encouragement and support for the evaluation set the stage for the best possible outcome.

The Evaluation Process
Both the student and parents/guardians are interviewed and asked to complete the questionnaires to determine the nature and extent of the problem. The findings of the evaluation are discussed with the student and parents/guardians, and specific referrals are reviewed to help the family determine what they can do about any concerns. A written report is forwarded to the school counselor and Student Services to allow follow-up of the recommendations.

The evaluation is confidential and information is only released to other agencies or individuals with consent of the student and parent.

(If urinalysis is done as part of the assessment process, the cost must be paid by the family or the family's insurance plan.)

Evaluation Agencies

Cascadia Behavioral Healthcare

- 131 NE 102nd Avenue, Portland, Oregon 97220
- 5139 N Lombard Street, Portland, Oregon 97203

Call **(503) 230-9654** to schedule an assessment appointment. Please indicate that this is a referral by Portland Public Schools.

Appointments: 9 a.m. to 5 p.m. Monday through Friday. Other appointment times, upon request. Cascadia uses a family-centered, strengths-based approach in working with youth. Additionally, they have experience in serving diverse cultural groups, such as Latino, African-American,

◇◇◇

Howard Hiton
Licensed Professional Counselor

516 SE Morrison, Suite 405
Portland, Oregon 97214

Call **(503) 234-6972** to schedule an assessment appointment. Please indicate that this is a referral by Portland Public Schools.

Appointments: 9 a.m. to 6 p.m. Monday through Friday. Some Saturday appointments available.

Kaiser Member
☐ Yes
☐ No

Portland Public Schools
Referral for
Alcohol and Drug Assessment

Receiving Special Education Services
☐ Yes
☐ No

Student_____ Date_____

Student I.D.#_____ School_____ Grade_____

Parent Name_____ Parent Phone_____

Referring Staff_____ Staff Phone_____

☐ Call before assessment
☐ Call with assessment results
Best times to call:_____

Student Birthdate_____

VOLUNTARY REFERRAL
☐ Self referral
☐ Staff referral
☐ Parent referral
☐ Peer referral

DISCIPLINARY REFERRAL
☐ Use of _____
☐ Possession of_____
☐ Transfer/sale of_____
☐ Other_____

Description of referring incident_____

- **Academic Profile**
  Currently_____ Last year_____ 2 years ago_____
  (consider GPA and achievement level, test scores, note discrepancies)

- **Attendance** (last semester)
  Number of tardies_____ Number of absences_____
  Comments (note patterns—missed first or last period, missed classes around lunch, frequently late, often has to leave class, etc.)_____

- **Behavior** (reflects current year)
  Referrals:
  0-3 ☐
  4-7 ☐
  8-10+ ☐
  Suspension ☐ Yes ☐ No
  Expulsion ☐ Yes ☐ No

- **Social**
  Change in peer group ☐ Yes ☐ No
  Change in activities ☐ Yes ☐ No

Does any of the above information reflect a change? ☐ Yes ☐ No
Describe:

What steps have been taken to help the student? (parent conference, behavior contract, anger management, Personal Insight Group, Insight Class, etc.)

Other comments for indicators (legal problems, home problems, physical symptoms):

Agency:_____

Distribution: School; Student Services @ Tubman

9/2008

ATTENDANCE

Arriving 10 minutes or more after a session has begun will result in an absence.

If student or parent/guardian is ill and unable to attend, they should call the referring staff person at school or the school discipline hearings officer before 4 p.m. on Wednesday of Insight Class to inform him/her of the absence.

Families who miss a Saturday class are required to call the referring staff person the following Monday morning.

Any time class is missed, school staff will determine if the class can be made up at the next session.

CLASS EXPECTATIONS

- Arrive on time (see attendance
- section).
- Participate positively in activities and discussions.
- Respect self and others in class.
- Respect the property where the class is held.
- Dress: The school district prohibits clothing or displays which are sexually suggestive, drug related, vulgar or insulting, demeaning to a particular person or group, or indicative of gang membership.
- Alcohol, tobacco and illegal drugs are prohibited by all parties in school district buildings, on school property, and at all school-related activities, at all times. Please see the *Guide to Student Responsibilities, Rights, and Discipline* for specific district policies on alcohol, tobacco and drugs.

INCLEMENT WEATHER

If Portland Public Schools (PPS) is closed, the Wednesday Insight Class is cancelled. If PPS after school/afternoon activities are cancelled, the Wednesday Insight Class is cancelled.

To determine if Insight Class will be held on a Saturday due to inclement weather, please call (503) 916-5460 and listen to the recorded message.

IF THIS IS LEVEL A

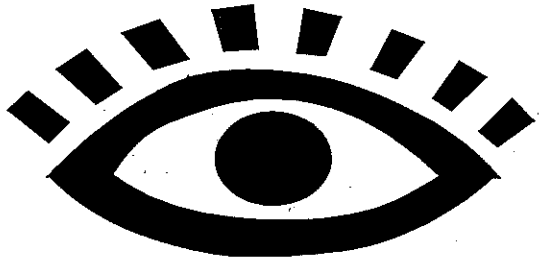
If this referral is the result of Level A discipline action, the student is eligible for expulsion if Insight Class is not completed.

REFERRAL

The school administrator refers students to the Insight Class by calling Student Services, (503) 916-5460 or by completing an Insight referral form and sending it to Student Services, attn. Insight Class, Tubman Site. Voluntary families may self-refer by calling (503) 916-5460.

For information on the
Portland Public Schools Insight Class
call Student Services
(503) 916-5460
Fax: (503) 916-2136

2009-2010



Insight Class

for Students in grades 6 through 12
& their Parent(s)/Guardian(s)

Please read this brochure prior to attending class

Insight Class

Insight Class is a program designed for students in grades 6 through 12 who have violated Portland Public Schools alcohol and drug policy. **It is expected that a parent/guardian will attend the Insight Class with their student.**

Students without a policy violation may attend the class voluntarily with their parent/guardian.
Siblings grade 6 and above are welcome to attend.
Please, no children under the age of 11.

GOALS

- To increase knowledge of the progressive nature of drug dependence.
- To identify risk & protective factors at home, school and in the community.
- To provide an opportunity to practice healthy communication techniques.
- To increase media literacy.
- To explore how the decisions we make affect ourselves & the people around us.
- To better understand the adolescent brain.

TOPICS

Session A: Challenges—progression of alcohol and drug use; identifying risk and protective factors.
Session B: Choices—guest presenter "Emanuel Hospital Trauma Nurses Talk Tough"; creating a family policy.
Session C: Communication—family strengths and conflict management; adolescent decision making.
Session D: Knowledge—exploration of prevalent messages about teen drug and alcohol use; understanding adolescent brain development.

WHEN?

Insight Class has two attendance tracks (see calendars on next panel). The student and parent/guardian will decide which track to attend:

- 4 Wednesday evening sessions
  7:00 p.m. to 8:30 p.m.

  OR

- 1 Saturday class (no class in September, December and March)
  9:00 a.m. to 3:30 p.m.
  (45-minute break for lunch—on your own)

WEDNESDAY LOCATION

Harriet Tubman
Young Women's Academy
2231 N Flint Portland 97227

For directions, call (503) 916-5460
Between 8:00 a.m.—5:00 p.m.

SATURDAY LOCATION

Westminster Presbyterian Church
1624 NE Hancock, Portland 97212
Great Hall

For directions, call (503) 916-5460
Between 8:00 a.m.—5:00 p.m.

TRANSPORTATION

Transportation to and from the Insight Class is the responsibility of the parent/guardian. For public transportation options, call (503) 238-7433 (Tri-Met).

INSIGHT CALENDARS

Students and parents/guardians will attend ***either*** 4 Wednesday evening sessions ***or*** 1 Saturday session. The calendars below list the dates the Insight Class is held. Wednesday sessions have "stand alone" topics so **families may begin the 4 sessions at any session.**

Wednesday Dates

DATE		SESSION	DATE		SESSION
SEPT	16 23 30	A B C	FEB	3 10 17 24	A B C D
OCT	7 14 21 28	D A B C	MAR	3 10 17 31	A B C D
NOV	4 18	D A	APR	7 14 21 28	A B C D
DEC	2 9 16	B C D	MAY	5 12 19 26	A B C D
JAN	6 13 20 27	A B C D	JUNE	2 9	A B

Saturday Dates

September	XXX		February	6
October	3		March	XXX
November	14		April	3
December	XXX		May	1
January	9		June	5

Portland Public Schools

INSIGHT CLASS REFERRAL

Student _____ Date _____

Student ID# _____ School _____ Grade _____

Parent/Guardian Name _____ Phone _____

Referring Staff _____ Staff Phone _____

Type of Referral:

☐ Disciplinary (Level A violation) ☐ Voluntary

☐ Other Disciplinary Type: _____

Insight Class is scheduled on Wednesday evenings (7 to 8:30 p.m.) when school is in session and once-a-month on Saturday (9:00 a.m. to 3:30 p.m.). Attendance requirement is 4 consecutive Wednesday evening sessions ***OR*** one 6-hour Saturday session. Once a family has started the Wednesday sessions they can not switch to the Saturday class. Please give family a copy of the Insight Class brochure which includes dates, time, etc.

Date(s) of session(s) student and parents/guardians will attend: _____

_____

Please check, if yes: ESL student ☐ Other Needs ☐

Please indicate interpreter arrangements school staff have made _____

Please describe other special needs _____

For Student Services Use Only:

INSIGHT CLASS ATTENDANCE

Wednesday Class

	Date	Parent	Student
A			
B			
C			
D			

Saturday Class

Date _____

Parent _____ Student _____

Program Completed: ☐ yes ☐ no

Comments: _____

_____

Fax completed form to Student Services: 503.916.2136

Rev. 9/2007

Mental Health Referral Procedures

❖ when to be concerned:

- A student shows behavior that can be identified as low- to medium- or high-risk (see list of warning signs inside this brochure).
- A student's behavior interferes with his/her ability to learn.

❖ what to do:

- Notify school counselor, school psychologist or principal about your concerns so he/she may determine if the student needs immediate attention and/or ongoing mental health services.
- Follow your building's Building Screening Committee or referral process.
- Administrator/designee will complete the Mental Health Referral Form as appropriate.
- Contact the Integrated Student Support department at 503.916.5460 for further consultation on mental health concerns.

❖ resources available:

- Multnomah County Mental Health Consultants are available to all PPS students through the School-Based Health Centers.
- Administrators at schools that do not house a Mental Health Consultant or community-based mental health agency may contact the Integrated Student Support Department for help accessing mental health services.

All students learn in a safe, healthy, disciplined, and drug-free environment.

Integrated Student Support
BESC
501 N. Dixon
Portland, OR 97227

Phone: 503.916.5460
Fax: 503.916.2244

Rev. 4/2010

Mental Health Services

A Guide for School Staff

- When should I be concerned about a student's behavior?
- What do I do if I suspect the student or family needs mental health services?
- What resources are available and how do I access them?

School systems are not responsible for meeting every need of their students.

But when the need directly affects learning, the school must meet the challenge.

Carnegie Council
Task Force (1989)

Early Warning Signs
Low- to Medium-Risk Behaviors

Students showing several of the following behaviors may require a mental health referral. Any single behavior may merit response according to professional judgment.

- ☐ Excessive feelings of isolation and being alone
- ☐ Excessive feelings of rejection
- ☐ Feelings of being picked on and persecuted
- ☐ Uncontrolled anger
- ☐ Persistent sadness or rapid mood swings
- ☐ Anxiety/Nervousness
- ☐ Obsessive or compulsive thoughts
- ☐ Poor academic performance/Low school interest
- ☐ Sudden changes in school attendance
- ☐ Lack of interest in things he/she used to enjoy
- ☐ Easily distracted
- ☐ Hyperactive
- ☐ Stealing from others
- ☐ Frequent lying
- ☐ Running away from home
- ☐ History of discipline problems
- ☐ Expression of violence in writing and drawings
- ☐ Preoccupation with death
- ☐ Animal abuse
- ☐ Access to, possession of, & use of weapons away from school
- ☐ No friends/Difficulty making & keeping friends
- ☐ Patterns of impulsive and chronic hitting, intimidating and bullying behaviors
- ☐ History of violent and aggressive behavior
- ☐ Affiliation with gangs
- ☐ Sexual inappropriateness/Sexual acting out
- ☐ Frequent complaints about physical aches & pains
- ☐ Unaccounted weight loss/gain or disordered eating
- ☐ Sleep disturbances/nightmares
- ☐ Lack of attention to hygiene, grooming, etc.
- ☐ Dull, watery, dilated, droopy or bloodshot eyes
- ☐ Drug use and/or alcohol use
- ☐ Victim of abuse or neglect
- ☐ Experience of a recent loss

Imminent Warning Signs
High-Risk Behaviors

- ☐ Serious physical fighting
- ☐ Severe destruction of property
- ☐ Severe rage for seemingly minor reasons
- ☐ Detailed threats of lethal violence
- ☐ Possession and/or use of firearms and other weapons
- ☐ Sexual aggressiveness (perpetrator or at risk for potential perpetration)
- ☐ Fire-setting
- ☐ *Serious self-injurious behaviors or threats of suicide
- ☐ *Student admits to having a plan and/or method to hurt self or others

**Counseling and mental health interventions may be more appropriate than referral to law enforcement in these cases.*

Students showing any *one* of the above high-risk behaviors above require <u>immediate</u> staff response as follows:

- ☐ Staff informs building administrator immediately.
- ☐ Building administrator/designee or counselor:
  1. Calls Crisis Line for consultation and/or assistance (503.988.4888).
  2. Contacts student's parent/ guardian.
- ☐ Notify Student Services office by faxing both sides of Mental Health Referral Form to 503.916.2244.
- ☐ Building administrator/designee or counselor may also do the following (as appropriate):
  1. Notify Deputy Superintendent.
  2. Involve law enforcement and PPS Security Services.

2009-10 PPS Mental Health Referral Process Flowchart

In the event of a crisis or upon seeing signs of high-risk behaviors, follow these steps:

- Staff informs building administrator immediately.
- Building administrator/designee or counselor:
  1. Calls Multnomah County Crisis Line for consultation and/or assistance (503.988.4888).
  2. Contacts student's parent/guardian.
  3. Notifies Student Services office by faxing both sides of Mental Health Referral Form to 503.916.2136.
- Building administrator/designee or counselor may also do the following (as appropriate):
  1. Notify Deputy Superintendent.
  2. Involve law enforcement and PPS Security Services.

**Consider any Child Find implications associated with this referral.*

**Call Monica Parmley, PPS Mental Health Coordinator, at 503-505-0379 if you need consultation on the above process.*

Follow the process below in the case of a student with signs of low- to medium-risk behaviors:

**Consider any Child Find implications associated with this referral.*

If the student is already being served by a mental health professional:

1. Complete and obtain a signature on the PPS Permission to Release or Exchange Information form.
2. Contact the mental health provider to share concerns and to collaborate on a plan for the student.

If onsite mental health services are available, complete the PPS Mental Health Referral form and Permission to Release or Exchange Information form and contact one of the following:

1. Onsite Mental Health Therapist (Multnomah County Mental Health Consultant or Community Provider)
2. MSW or Counseling Intern

If the student/family is NOT being seen by a mental health professional and onsite services are unavailable, provide the student/family with referral information to a mental health provider:

- The first consideration is through the student/family's private health insurance plan or Employee Assistance Program.
- *If the family has the Oregon Health Plan*, refer them to an agency below. Call the agency to ensure that the student/family will be able to receive services.

  Albertina Kerr: 503.255.4205
  Lifeworks Northwest: 503.645.9010
  Trillium Family Services: 503.234.7532
  Cascadia: 503.674.7777
  Morrison Child and Family Services: 503.542.3025

- *To enroll a student in a health insurance plan, contact your school nurse or the MESD at 503.257.1732 to see if he/she qualifies for free insurance.*

If, for some reason, the student/family is unable to successfully access services (e.g., is unable to follow through on appointments made, is unable to schedule appointments, or has a financial barrier to receiving services):

1. Complete the 2-sided Mental Health Referral Form.
2. Complete and obtain a signature on the PPS Release of Information.
3. Fax both sides of the Mental Health Referral Form and the Permission to Release or Exchange Information Form to Student Services at 503.916.2136.

If you need consultation about crisis management, referrals or available resources:
Contact Monica Parmley, PPS Mental Health Coordinator, at 503.916.5460 x71007 or 503-505-0379

Rev. 9/2009

Portland Public Schools
MENTAL HEALTH REFERRAL

For information regarding mental health services for PPS Students, call Monica Parmley @ 503.916.5460 x71007

Two-sided form must be completed by Administrator/Designee or Counselor

SERVICES REQUESTED: For Information Only_____ Consultation_____ Crisis Intervention_____
Mental Health Assessment_____ Ongoing Mental Health Services _____ Other_____

Mark if there is an *urgent* need for a mental health assessment or services: _____

Referral Date: _____

1. IDENTIFYING INFORMATION

Student Name: _____ Grade:_____ PPS ID#: _____
School: _____ Birth date:_____ Age:_____
Student Address: _____ Zip: _____
Student Phone/Email: _____
Parent/Guardian name/s: _____
Home phone: _____ Work phone: _____ Cell phone: _____
Has the student ever been identified for Special Ed services? __Yes __No
Does the student have a current IEP? __Yes __No Does the student have a Section 504 Plan? __Yes __No
Does the student have any medical problems or disabilities? __Yes __No __Unknown If yes, please describe: _____
_____
Is the student taking any medication? __Yes __No __Unknown If yes, please list: _____
Student's ethnicity: _____ Parent language: _____ Interpreter? __Yes __No

2. REFERRAL INFORMATION

Person who reported concern (name): _____ Phone: _____
_____
Relationship of concerned person (circle): Counselor Teacher Parent Other: _____
Primary Concerns: _____
_____
School staff attempts to intervene have included the following: _____
_____
Is this referral tied to disciplinary action? __Yes __No If yes, describe incident: _____
_____

3. STUDENT INFORMATION

A. Has this referral been discussed with the student? __Yes __No
B. What is student's level of concern regarding reason for referral on a scale of 1 (low) to 5 (high)? Please circle: 1 - 2 - 3 - 4 - 5
C. **Required Information:** Is the student insured? __Yes __No
Type of Insurance: __Kaiser __Oregon Health Plan Other insurance: _____
D. Student's attendance (on average): __ 0-1 days/wk __2-3 days/wk __4-5 days/wk __Other:_____

4. PARENT CONTACT

A. Name of parent/guardian contacted: _____ Was the parent/guardian aware of the concern? __Yes __No
B. What is parent/guardian level of concern on a scale of 1 (low) to 5 (high)? Please circle: 1 - 2 - 3 - 4 - 5
C. Is parent/guardian supportive of a mental health assessment for the student? __Yes __No
D. Does the parent/guardian want to pursue ongoing mental health services for the student? __Yes __No

5. REFERRAL INFORMATION: **Approved by principal (signature):** _____ Position: _____
Name of person completing this form: _____
Work phone: _____ Available after hours? __Yes __No After hours phone number: _____

6. ADDITIONAL COMMENTS: _____
_____
_____
_____
_____
_____

→OVER→

Attachment: *Signed* PPS Permission to Release or Exchange Information form

Original: *Student Cumulative File* ***Copy:*** *Onsite Mental Health Provider (if available)* ***Copy:*** *Student Services* ***Copy:*** *MESD School Nurse*

2009-2010 PPS Mental Health Referral Procedures

Imminent Warning Signs/High-Risk Behaviors **(Check all boxes that apply):**

- ☐ Serious physical fighting
- ☐ Severe rage for seemingly minor reasons
- ☐ Possession and/or use of firearms and other weapons
- ☐ *Serious self-injurious behaviors or threats of suicide.
- ☐ Sexual aggressiveness (perpetrator or at risk for potential perpetration)
- ☐ Severe destruction of property
- ☐ Detailed threats of lethal violence
- ☐ Fire-setting
- ☐ *Student admits to a plan *or* method to hurt self or others

**Counseling and mental health interventions may be more appropriate than referral to law enforcement in these cases.*

**Consider any Child Find implications associated with this referral.*

Students showing any *one* of the behaviors above require immediate staff response as follows:**

- Staff informs building administrator immediately.
- Building administrator/designee or counselor:
  1. Calls Multnomah County Crisis Line (503.988.4888).
  2. Contacts student's parent/guardian.
  3. Notifies Student Services office by faxing both sides of referral form to 503.916.2136.
- Building administrator/designee or counselor may also do the following (as appropriate):
  1. Notify Deputy Superintendent.
  2. Involve law enforcement and/or PPS Security Services.

****Call Monica Parmley, PPS Mental Health Coordinator, at 503-505-0379 if you need consultation on the above process****

Early Warning Signs/Low- to Medium-Risk Behaviors: Students showing several of the following behaviors may require a referral to mental health services. Any single behavior may merit response according to professional judgment.

Consider any Child Find implications associated with this referral.

Check all boxes that apply, complete the Mental Health Referral on reverse side of this form, and copy to entities listed on reverse:

Feelings/Thoughts:
- ☐ Excessive feelings of isolation and being alone
- ☐ Excessive feelings of rejection
- ☐ Feelings of being picked on and persecuted
- ☐ Uncontrolled anger
- ☐ Persistent sadness
- ☐ Anxiety/Nervousness
- ☐ Rapid mood swings
- ☐ Obsessive or compulsive thoughts
- ☐ Intolerance for differences and prejudicial attitudes

Behaviors:
- ☐ Poor academic performance
- ☐ Low school interest
- ☐ Sudden changes in school attendance
- ☐ Lack of interest in things he/she used to enjoy
- ☐ Little to no affect displayed
- ☐ Easily distracted
- ☐ Hyperactive
- ☐ Stealing from others
- ☐ Frequent lying
- ☐ Running away from home
- ☐ History of discipline problems
- ☐ Expression of violence in writing and drawings
- ☐ Preoccupation with death
- ☐ Animal abuse
- ☐ Access to, possession of, and use of weapons away from school

Social Interactions:
- ☐ Social withdrawal/isolation
- ☐ Does not have friends
- ☐ Difficulty making and keeping friends
- ☐ Recent change in peer group
- ☐ Patterns of impulsive and chronic hitting, intimidating and bullying behaviors
- ☐ History of violent and aggressive behavior
- ☐ Affiliation with gangs
- ☐ Sexual inappropriateness (unable to maintain boundaries)
- ☐ Sexual acting out (promiscuity or pregnancy)

Physical Concerns/Symptoms:
- ☐ Frequent complaints about physical aches & pains
- ☐ Unaccounted weight loss or gain
- ☐ Disordered eating
- ☐ Sleep disturbances/nightmares
- ☐ Wetting/soiling self at school
- ☐ Lack of attention to hygiene, grooming, etc.
- ☐ Dull, watery, dilated, droopy or bloodshot eyes
- ☐ Drug use and/or alcohol use
- ☐ Sees or hears things that are not present
- ☐ Altered perception of time, space, sights, etc.

Other:
- ☐ Victim of physical, emotional, sexual abuse or neglect
- ☐ Experience of a recent loss
- ☐ Other: _____

_____

** If you need consultation about crisis management, referrals, or available resources:
Contact Monica Parmley, Mental Health Coordinator, at 503.916.5460 x71007 or 503-505-0379**

Today's Presentation

1. What is happening at Lincoln
2. Personal perspectives experiences and self-care, and professional responsibilities/research
3. Resources for Drugs/Alcohol
4. PPS Policies
5. Lincoln Contacts
6. RESPONSE program interventions
7. Current needs and directions

Suicide Rates

Suicide is the second leading cause of death for teenagers in Oregon.

Suicide is the leading cause of death for students at Lincoln.

Why we are here

400% increase in reported suicidal ideation at Lincoln in one year

Universal, strategic, and targeted interventions in place, and planning for next year (Health Action Network, SST, Health and Wellness Committee, current needs)

Discuss formal and informal methods of support for students and staff, and needs

Personal needs

Breaks

Assistance-EAP and others

Follow up-Counseling Center

Honoring our needs and motivations

Lincoln High School Mission

"To understand and practice the skills and balance necessary to develop, protect and enhance physical and mental health, and to make appropriate decisions regarding the future."

Lincoln High School Course Guide 2007-2008

State of Oregon Health Standards

-Identify school, home and community resources for mental and emotional health concerns;

-Explain the relationship between alcohol and other drug use on vehicle crashes, injuries, violence, suicide and sexual risk behavior;

-Demonstrate self-management, analyzing influences and advocacy skills while understanding individual, community and societal factors that prevent, reduce and/or contribute to violence and suicide

Documents in Portland Public

1. PPS Youth Suicide Prevention, Intervention, and Postvention Guidelines (Oregon State has a Youth Suicide Prevention document as well)
2. Emergency Procedures Handbook: Suicide Attempt
3. Administrators' Handbook: "Guidelines to Responding to a Tragedy in the School-Summary Sheet," "District Emergency Counseling Support Team/Responding to a Death That Occurs Over the Summer"
4. Special Education: Procedures for Referral of a Student Who Has Attempted Suicide or Has Been Admitted into a Psychiatric Hospital and Students Who Have Attempted Suicide, Cut on Themselves or Who Have Been Admitted into a Psychiatric Hospital
5. PPS High School Counselors' Handbook: Teacher Guidelines on How to Lead a Discussion with Grieving Students and The Principles of Helping Young People Respond to a Trauma

PPS Drug and Alcohol Programs and Mental Health Program

1. Alcohol/Drug Assessments & Screenings
2. Insight Class
3. Drug Discipline/DESCC
4. Safe Schools/Healthy Students
5. Mental Health Assessment

RESPONSE

Show RESPONSE power-point presentation here.

Suicide Intervention

1. Keep Student in Your Line of Sight
2. Imminent: Contact Administrator: (Vice Principal Tammy 413), (Principal Peyton 400), (Vice Principal Cameron 426), or School Police Officer Nancy 419)
3. Ideation: Call (School Nurse Mary or Terry 420) or (Psychologist Jim or Susanna 449)
4. If no answer, call appropriate School Counselor (440 for secretary) or School Police Officer (419)

What happens?

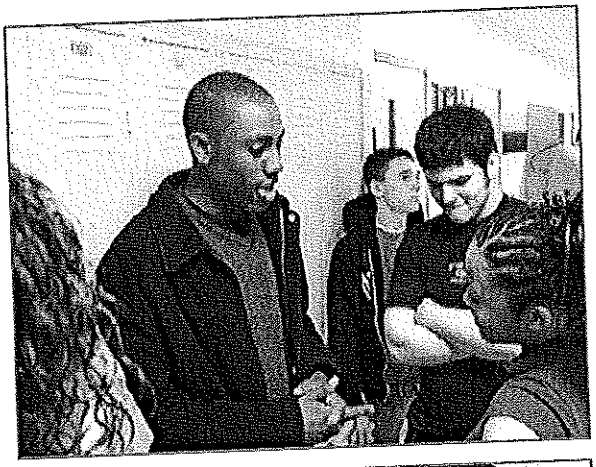
1. Parent contact and/or Project Respond from Multnomah County Crisis Line (503-988-4888)
2. Special education evaluation team meeting (e.g.,) special education, safety plan, 504 referral, and releases to consult with community providers
3. Copies of safety plans to teachers-maintain confidentiality
4. Periodic review of safety plans
5. Safety plans in cumulative file, nurses, counselors, psychologists and administrators offices

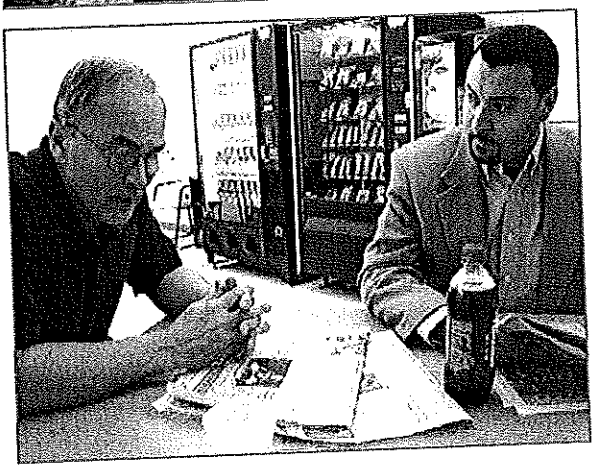
RESPONSE

A Comprehensive High School-Based Suicide Awareness Program

Teacher Packet

for In-Service Presentation





Looking Glass
Youth & Family Services

RESPONSE

A Comprehensive High School-Based Suicide Awareness Program

Teacher Packet

for In-Service Presentation

Looking Glass

Youth & Family Services

You can help prevent the risk of suicide

"Suicide is the second leading cause of death among youth aged 15-24 in the United States."

"Students have access to more identifiers in a school setting than in any other."

"Addressing depression and suicidal behavior directly and responding immediately will help reduce the risk of suicide."

Teacher Packet Index

Staff are not immune to suicidal thoughts and behaviors. If you need help, *please* contact the suicide contact at this school or call:

SUICIDE PREVENTION **1-800-273-TALK** www.suicidepreventionlifeline.org

Staff In-Service

Introduction

RESPONSE is a comprehensive high school-based program that increases awareness about suicide among high school staff, students and parents. All of the program components are designed to heighten sensitivity to depression and suicidal ideation, as well as offer response procedures to refer a student at risk for suicide.

Response Includes:

Technical assistance to implement and maintain the program
A Staff In-Service Component
A Student Component - Implemented in Health Class
A Template for Parent Mailing

Your participation in the in-service is a key component of the program. *We know your time is valuable. Thank you for attending.*

Several research studies in the suicide prevention field demonstrate that over half of students who are suicidal will disclose their thoughts to a friend before an adult. Before the student component is implemented, it is highly recommended that school staff and parents are prepared to respond to a student's request for help.

RESPONSE is based on best practices in suicide prevention. The program requires that each participating school identify a RESPONSE Coordinator responsible for overseeing the program at your school. If you have further questions about the program, please contact the RESPONSE Coordinator at your school. He or she will be delivering the in-service today. Again, thank you for your participation.

Agenda

I. Introduction 5 min.
II. RESPONSE PowerPoint presentation –2½ hours

Teen Suicide

Leading Cause of Death in US

The need for suicide prevention is clear. Suicide is the third leading cause of death among youth aged 15-24 in the United States. The Surgeon General has declared suicide a serious public health concern and has issued a call for action for each state to implement suicide prevention strategies. National and state plans both recognize the need for school-based suicide prevention.

Adolescence is the peak period of onset for mental illness that can lead to suicidal thoughts and completed suicides. Mood disorders such as depression and bipolar disorder, and psychotic disorders such as schizophrenia, both require early recognition, intervention and treatment to ensure a successful and lasting recovery (WHO). If youth are not identified and treated early, "these childhood disorders may persist and lead to a downward spiral of school failure, poor employment opportunities and poverty in adulthood" (President's New Freedom Commission, 2003).

Epidemiological studies have found that children with mental health problems who received treatment were more likely to receive it in school than in the medical system (Hoagwood and Erwin, 1997). Other studies have reported that primary care physicians frequently inappropriately treat patients or do not make referrals to specialists (Rogers et al, 1993). Other than primary care, there is no agency or service established and responsible for identifying mental illness in children and adolescents.

An issue brief developed by The National Governor's Association Center for Best Practices (Goldrick L, 2005), emphasizes that schools, as part of a community team, must play a larger role in suicide prevention and should be supported by a multi-agency, multi-sector collaboration.

RESPONSE is designed to facilitate the identification and referral of teens in the school environment who may be at risk of suicide. The purpose of the staff in-service for RESPONSE is to heighten sensitivity and awareness of depression as well as suicidal ideation among the entire school staff. Staff are also provided with clear steps to respond to a student at risk

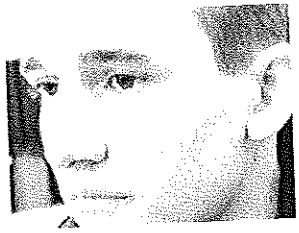
This goal is accomplished by:

- Educating staff about the signs of depression and suicidal ideation.
- Conveying 5 simple steps staff can take if they suspect that a student is suicidal.
- Identifying the suicide contact(s) to staff for follow up.

Staff will also learn:

- Protective factors against suicide.
- Reasons students may not seek help.
- Common missteps that school staff take in handling a student at risk.
- How to talk with a student who is demonstrating signs of suicide.
- Consensus warning signs developed by the American Association of Suicidology.

Signs of Depression



Behavioral Changes

Sad, irritable or angry for 2 weeks or more
Withdrawal
Frequent crying spells
Agitated, always moving or moping around
Rebellious
Rarely looks happy
Listens to depressive or violent music or writes with these themes
Starts hanging around with other depressed kids
Loss of interest in usual activities
Mood swings - may indicate bipolar depression
Difficulty concentrating
Persistent boredom
Change in school performance/attitude about school
Substance abuse
Feelings of helpless/hopelessness

Verbal Clues

Describes self as bad or stupid

Physical Symptoms

Decline in hygiene
Sleep changes (sleeps too much/too little)
Appetite changes (eats too much/too little)
Vague physical complaints
Fatigue
Restlessness

School-Related Risk and Protective Factors

Risk

- Failure and/or academic problems with any student (high achievers to low achievers).
- History of interpersonal violence/conflict/abuse/bullying.

Protective

- Perceived connectedness to school.
- School staff (and peer) respect for help-seeking behavior.
- Skills to recognize and respond to signs of risk (staff and peer).
- Meaningful roles for students, particularly for those who don't excel.
- Climate where students feel safe and are able to seek help.
- Good relationships with other students.
- Help-seeking behavior/advice seeking.

Comforting Things To Say
(and some things to avoid)

Instill Confidence That You Can and Will Help

I'm sorry things are so hard right now. I'll help you.

Thanks for telling me. I'm here to help, but I can't do it by myself. Let's go to the counselor together.

I care about you. I'm here.

I know it can feel like you are alone in this, but I'm here.

I'm sorry you are in so much pain. Let's go to the counselor together.

I can't really fully understand what you are feeling, but I can help.

To Avoid

Think about how your mother/brother/friend would feel if something happened to you. (A suicidal person usually does not have the ability to think beyond their own pain initially. Avoid the temptation to guilt them out of their feelings).

There are a lot of people worse off than you.

Give it some time. You'll snap out of it.

C'mon. It's a beautiful day! Go enjoy it.

You have so many things to be thankful for, why are you depressed!

What do you have to be depressed about?

Happiness is a choice.

Everyone gets depressed sometimes

Lighten up!

Confidentiality

School employees, with the exception of nurses and psychologists who are bound by HIPAA, are bound by laws of The Family Education Rights and Privacy Act of 1974, commonly known as FERPA. FERPA is a federal law that protects the privacy of student education records. Both HIPAA and FERPA are designed to protect student privacy.

There are situations when confidentiality **must not be maintained**. If, at any time, information a student has shared with you indicates that the student is at imminent risk of harm to self or is a danger to himself or others, that information **must be** shared with those who need to intervene in order to protect the student, (i.e., school administrator, parent, child protective agency, police, health care provider).

If a student is in danger of hurting him/herself, school personnel who are in an instructional (including teachers and coaches), counseling or health care capacity, can discuss details regarding the student *as they pertain to keeping the student safe*. This is in compliance with the spirit of FERPA and HIPAA known as "minimum necessary disclosure".

FERPA says to do *what is reasonable* to protect student information. In regards to suicide prevention, it is reasonable to involve those who are in a position to identify emerging/continuing/escalating suicidal behavior and make referrals. This may include, but is not limited to, the suicide contact(s), administrator, nurse, the student's counselor, and, possibly, current teachers and coach(es).

Request from Student to Withhold from Parents

One school nurse's experience: Debbie Knox has been the school nurse at North Eugene High School in Eugene, Oregon for the past 21 years. She says that students who reveal they are suicidal sometimes ask that she withhold the information from their parents. Debbie's response is " I know that this is scary for you, but this is way too big for me to handle alone. I care too much."

If the student still doesn't want her to tell the parents, she addresses the fear behind the request by asking, "What is your biggest fear?" In addressing the fear, she mitigates the anxiety, and has been very successful in gaining students' confidence which allows her to let parents know without the student holding a grudge. It also increases the likelihood that the student will come to her again if s/he needs additional help. If there is a history of parental abuse and/or neglect, child services, rather than a parent, should be notified immediately. Otherwise, parents must be notified when a student expresses even mild ideation.

RESPONSE

A Comprehensive High School-Based Suicide Awareness Program

Please Review

This high school actively supports suicide prevention. Each year we ask staff to review warning signs of suicide and the 5 steps to take if you suspect a student is suicidal. Please take just a few minutes to review the following information:

Warning signs: IS PATH WARM

I	**I**deation
S	**S**ubstance Abuse
P	**P**urposelessness
A	**A**nxiety
T	**T**rapped
H	**H**opelessness
W	**W**ithdrawal
A	**A**nger
R	**R**ecklessness
M	**M**ood Changes

5 steps to Help a Student you Suspect is Suicidal:

1. Establish rapport.
2. Discretely, but directly, ask the question, "Are you thinking about suicide?"
3. If "yes," then do not leave this person alone.
4. Offer some comforting things to say (examples in your packet). Do not attempt to counsel the student.
5. Contact or take the student to the suicide contact or counselor at your school. Tell Administrator.

The Suicide Contacts at this School are:

_____

_____

Staff are not immune to suicidal thoughts and behaviors. If you need help, *please* contact the suicide contact at this school or call:

SUICIDE PREVENTION **1-800-273-TALK** www.suicidepreventionlifeline.org

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What IS Helpful

- **Show You Care--Listen carefully**

  "I'm concerned about you . . . about how you feel."

- **Ask the Question--Be direct but caring & non-confrontational**

  "Are you thinking about suicide?"

- **Get Help--Do not leave him/her alone**

  "You're not alone. Let me help you."

What is NOT Helpful

- **Ignoring or dismissing the issue**
  - "Oh, let's talk about something else."
  - "You'll meet another girl and forget this one; you're a great guy."
- **Acting shocked or embarrassed**
  - "You aren't REALLY thinking of suicide, are you?"
- **Challenging or debating**
  - "So go ahead; see if things really DO get better."
  - "Don't you know that it is wrong to kill yourself?"
- **Giving harmful advice**
  - "Let's go get drunk and forget about all our problems."

September 10th, 2008

Dear Parent or Guardian,

Lincoln High School is committed to providing a safe environment for our students. Suicide awareness is an important part of this effort. Working with Looking Glass Youth and Family Services and the State of Oregon's Youth Suicide Prevention Program, we are introducing RESPONSE, a comprehensive school-based suicide awareness program, this year. Please see the flyer for more information about the program.

We have already trained every member of our school staff to recognize and respond to a potentially suicidal youth and soon we will provide training to our students as part of their regular Health classes.

Parent education is key to preventing youth suicide in our community
As mentioned in the attached parent information flyer, suicide is a leading cause of death among teens. More often than not, students will confide in a peer before an adult if they are considering suicide.

Based on best practices in the field of suicide prevention, RESPONSE not only provides information on how to identify a student at risk for suicide, but provides clear steps to respond to students at risk. All staff attend an in-service, and students receive information in health classes. In addition, the program requires 2 staff to take advanced suicide intervention skills training in preparation for the awareness components.

The student component is delivered in context with a related topic in 10th grade health classes and consists of four 50-minute lessons that focus on warning signs and help-seeking skills.

In compliance with federal government regulations, **your signature is required to allow** your son or daughter to receive information through this program.

_____ _____

Signed Date

Sincerely,

Peyton Chapman
Lincoln High School Principal

Lincoln High School can be a high stress environment
Sometimes, stress turns into anxiety, depression, and even thoughts of suicide.

Lincoln Families HEALTH ACTION NETWORK presents a "Courageous Conversation" - What parents need to know about the RESPONSE program

Tuesday, October 20, 2009
7 p.m. – 8:30 p.m.
Room 169, Lincoln High School
Presented by School Psychologist Jim Hanson

Our students have high expectations for themselves, and so do teachers and parents. Research shows that 84% of parents are unaware when stress, anxiety, and depression cause their children to think about hurting themselves. Because the Lincoln community has experienced suicide, the Lincoln staff and the Health Action Network introduced RESPONSE: A comprehensive High School-based Suicide Awareness Program. RESPONSE is listed as a National Best Practice by the American Society of Suicide Prevention and the Suicide Prevention Resource Center. "Staff, students, and parents have benefited greatly from what they've learned from RESPONSE," says Lincoln School Psychologist Jim Hanson. "They identify and understand the signs of depression and suicide, what to say and do, and where to go for help." Most importantly, you can learn what you as a parent can do when you feel in your heart that something just isn't going right. Come to our evening for the RESPONSE instruction and discussion. It might be your child, another parent's child, or a spouse or co-worker. Be prepared.

As a PARENT of a student that has received the RESPONSE Training in health classes, you are receiving this special invitation. Your student will receive extra credit for you bringing THIS FLYER to the RESPONSE parent training and signing it here:

PARENT:_____ Student Name:_____
Health Teacher:_____ Period:_____

II. B. Academic Option Plan (Optional)

CONTENT AREA: Mental Health, Positive Behavioral Supports, School Climate, Social and Emotional Learning

LEARNER-CENTERED PROBLEM (What are your students struggling to learn or to be able to do?):

1. Students struggle to set and achieve goals to reduce/cope with life stressors in a health enhancing way. (PPS Health Standard)
2. Students do not know and practice strategies for managing and reducing stress, anger and conflict. (PPS Health Standard)
3. Students do not identify causes/effects/symptoms of anxiety/depression, nor do they use school and community resources that can help a person who is depressed or contemplating suicide. (PPS Health Standard)

PROBLEM OF PRACTICE (What elements of instruction need to be improved in order to address the learner-centered problem):

1. Staff and parents will teach healthy habits that reduce emotional vulnerability, including balanced eating, avoiding alcohol/tobacco/illicit drugs, balanced sleep, and exercise.
2. In classroom curriculum/discussion and at school events, staff will include examples of the contributions of people of diverse races, ethnicity, gender/gender expression, sexual orientation, national origin, and economic status.
3. Staff will relay to students information regarding the research on safe schools, school district policy on harassment/bullying, and effective methods of responding to intolerant actions and statements.
4. Staff will provide A) instruction to students regarding stress, anxiety and depression, and inform students about school/community resources that can help with stress, anxiety, depression, and thoughts of suicide, and B) targeted instruction to students at risk.

STUDENT ACHIEVEMENT GOAL (SMART GOAL):

1. Students will increase healthy habits and reduce alcohol, tobacco and drug use.
2. Students will increase knowledge of human diversity and develop interpersonal skills to counter bullying, harassment and conflict.
3. Students will develop mindfulness/distress tolerance/emotional regulation skills, recognize the signs of anxiety/depression/suicide, and access appropriate support services when needed.

INSTRUCTIONAL STRATEGIES *List specific instructional strategies tied to your problem of practice.*	RATIONALE *Why do you believe this strategy will address the learner-centered problem?*	PROFESSIONAL DEVELOPMENT *How will you increase staff capacity to implement this strategy with fidelity?*	ASSESS PROGRESS *1. Fidelity of implementation: List approaches used by instructional leaders to assure the strategy is implemented (e.g., classroom learning walks, grade level discussions, lesson plan review).* *2. Desired Student Outcomes: List specific assessments, assignments and other indicators of student success (formative and summative).*	USE OF RESOURCES *How will you align your resources (people, time, dollars, materials, and partnerships) to accomplish your goals?*
1. PE and health teachers will provide instruction in balanced eating, sleeping and exercise. 2. Nurses will provide healthy snacks to students that want them. 3. Staff and/or Health Action Network will present workshops or assemblies for students addressing healthy habits. 4. Staff will provide students local and organic food options for lunch.	Healthy kids learn better. The relationship between healthy physical habits, reduced emotional vulnerability, and increased student achievement is well documented. When staff are valued and take care of themselves, they are more effective with students.	LHS will make available and publicize social and wellness activities for staff, including optional training for conflict resolution. PLCs will support social wellness through team-building, "connections" activities, and discussion/efforts to increase collegiality. Staff meetings and Site Council will begin by "appreciations." The Parent Health Action Network will sponsor evenings for parents and staff regarding physical health.	1. Instructional leaders and administrators will review PE class sizes, examine health lesson plans, and attend classroom activities. They will attend staff, parent and student workshops and activities related to physical health. They will eat lunch from the provided options frequently. Data from the School Health Index will be used to gauge a desired increase of strategies recommended in the School Health Index-Staff Wellness Module 7 from 7% to 50%. 2. Students will complete a variety of assignments and assessments regarding health, nutrition, exercise and sleep.	1. LHS will provide funding for lower PE class sizes 2. The Health Action Network will provide money for snacks to nurses. 3. LHS will provide time and materials for PLCs to address wellness goals, and LHS will provide funding for guest speakers and staff activities. 4. LHS will provide time for training and consultation among the Lincoln Coordinated School Health team members including Nutrition Services. PTA will provide funding for specific families.
Health teachers and parents (Health Action Network) will provide instruction on the effects of tobacco and	There is a recognized relationship between health and learning, as there is between school nurse	LHS will provide materials to teachers regarding tobacco and alcohol, including facts	1. Instructional leaders/administrators will attend selected parent and student informational sessions/classes. 2. The percentage of eleventh grade students using	LHS will explore options for funding for a Drug and Alcohol specialist. The Health Action

alcohol abuse to students, staff, and parents. Nurses will provide individual health instruction to students who require it.	availability and student well-being and educational success. (Guttu, M. Engelke, M.K., & Swanson, M., 2004. Journal of School Health; 74 (1): 6-9.	sheets and resources for staff health. Staff will have the opportunity to attend Heath Action Network presentations.	alcohol in the past 30 days will be reduced from 58.1% to 48.1% and the percentage using tobacco in the past 30 days from 16.8 to 8.4%, based on 2008 and 2010 Oregon Healthy Teens Survey.	Network will provide time and resources for offering Parent/Staff Workshops ("Courageous Conversations) around drug and alcohol.
Teachers will use examples of the contributions of people of diverse races, ethnicity, gender/gender expression, sexual orientation, national origin, and economic status in class materials and discussions.	McCabe, P.C. & Rubinson, F. (2008), School Psychology Review report that teachers' knowledge and attitudes about minority groups affect their commitment to school climate/anti-bullying efforts, and their effectiveness in intervention.	LHS will provide data books for student achievement by race to PLCs. PLCs will be encouraged to pursue goal-related curriculum, instruction materials and strategies.	1. Instructional leaders will look at social studies and English lesson plans and ask teachers about their ideas for increasing student knowledge. Administration will attend school-based workshops. 2. Students will complete a variety of assignments and assessments regarding the contributions of people in minority groups.	LHS will provide materials and funding for staff development and for student materials related to increased knowledge of the contribution of people from minority groups. LHS will encourage the development of more classes like African American Studies.
Teachers and staff will announce and support student-led clubs that foster acceptance of human differences, such as the Black Student Union and the Gay Straight Alliance. Administrators will review any school-wide student-led diversity projects.	The 2003 National School Climate Survey established that sexual minority students who can identify supportive teachers/staff have GPA 10%+ higher than their peers. Those who cannot identify safe school policies were 40% more likely to skip school.	Administration will provide support and allow training opportunities for staff who advise student-led diversity clubs. Administration will provide all teachers with information regarding the purpose, places, and times of student diversity clubs.	1. Instructional leaders will keep records of daily bulletins to announce diversity clubs. They will accept invitations to meet with student clubs and leaders. 2. Goals generated by the clubs in their own action plans will be monitored by advisors. Records of club activities may be maintained by the students and/or the faculty advisors of clubs.	LHS will provide funds for student and staff training opportunities, allow the use of building meeting spaces, and provide appropriate materials for student-led projects.
Teachers will have the opportunity to have staff present to their class information on cyber-bullying and the "Tame It, Name It, Claim It, and Reframe It" model for responding to intolerant statements.	Research completed by the LHS Coordinated School Health Program indicates that the current model of staff training and use of the "Respect Our Differences" (ROD) posters has reduced student reports of hearing intolerant statements by over half (from over 9 to 4.2	All staff will receive training in A) anti-bullying research, B) district policies regarding bullying and harassment including cyber-bullying, and C) responding effectively to intolerant statement/actions.	1. Administrators will attend the staff preview of the anti-bullying film and presentations, and they will keep a list of teachers who have received the yearly training. They will keep a record of the classes that have anti-bullying presentations. 2. Students will be able to use their adaptation of suggested models and strategies in role-play and real-life situations. This will reduce the percentage of eleventh grade students reporting harassment within the past 30 days based on race from 9.2 to	LHS will partner with the FBI and/or other community agencies to present information on cyber-bullying. Consolidated budget might be used to fund time necessary to continue LHS-based research. Time will be

	daily for GLBT students). Adding student-centered discussion, presentation of information and training should increase student competencies.		4.0 based on the Oregon Healthy Teen Surveys in 2008 and 2010. It will also increase the percentage of students surveyed that stop intolerant statements when they hear them, from 18% to 50% and reduce ignoring from 59% to 25% (LHS research).	allotted to staff development presentations. LHS will partner with Alphagraphics for printing ROD posters.
Health teachers will present the RESPONSE Suicide Awareness Program to their classes, and staff will present a modified version of the REPONSE curriculum to other student audiences.	The RESPONSE suicide prevention curriculum is listed as a national best practice by the American Foundation of Suicide Prevention and the Suicide Prevention Resource Center. It includes training modules for staff, students and parents.	Staff and parents will receive training once a year in the signs of suicide and the appropriate steps to take when students express depressive and/or suicidal ideation.	1. Administrators and support staff (e.g., nurses, counselors, and school psychologist) will attend health classes, student venues, parent evenings and staff trainings to observe RESPONSE being delivered. 2. Student outcomes are listed within the RESPONSE curriculum. The percentage of eleventh grade students who consider suicide within the past year will decrease from 13.0 to 9.0, based on the Oregon Healthy Teens Survey 2008 and 2010.	LHS will provide time for the PLC that aligns with the Lincoln Coordinated School Health Program (including the Parent Health Action Network). Consolidated budget and donations will be used for further materials and supports as needed.
The Coordinated Counseling, Psychological and Social Services Program will offer Dialectical Behavioral Skills Training classes and workshops for students.	Dialectical Behavioral Therapy is on the National Registry of Evidence-Based Treatment Programs for suicide prevention. Research supports its use for reducing anxiety and depression.	The PTA funded DBT training of new counseling staff members this past summer. Trainings for parents and staff will be conducted at various times, at various intensity levels, and at various venues throughout the year.	1. Fidelity of implementation in Dialectical Behavioral Skills Training is accomplished by a weekly consultation meeting of DBS Providers. Reports of the skills being taught in classes and workshops will be shared with the larger Student Support Team monthly. 2. For students in skills training classes, outcomes will include increased rates of attendance, higher GPA, and lower ratings of anxiety or depression on permitted teacher/parent/and self-report measures.	PTA has purchased resources for parents. Consolidated budget will be used for continued consultation with the Portland DBT program and/or University of Washington for staff training and materials.

Crisis Management Workbook

INTRODUCTION AND ACKNOWLEDGMENTS

Student Services offers this Crisis Management Workbook as a tool for counselors and administrators to use during school crises and tragedies. The Workbook is a response to feedback from administrators who said that the previous manuals were too large and dense to be of practical help during intense and fast-moving events.

It amplifies the Guidelines to Responding to a Tragedy in the Schools, a summary sheet sent to area directors, building principals, administrators, and counselors at the beginning of each school year. Intended to assist administrators who may have insufficient professional school counseling staff, these materials will not address needs for counseling that will surface during and after a crisis.

Administrators are advised to have written building level crisis management plans, identified school level teams, and annual reviews of plans with all staff. The names of the school level team members and an annually updated telephone tree can be inserted in the front of this workbook for ready reference. Further information about crisis management, responding to specific kinds of tragedies (e.g. murder, abduction, suicide), and understanding grief in children and adolescents is available from Student Services.

Student Services is grateful for the work of Izetta Smith, formerly of the Dougy Center, now with Kaiser Permanente, who wrote the original workbook. We would also like to thank Cheri Lovre of the Crisis Management Institute in Salem, Oregon, who generously provided additional materials from her Crisis Resource Manual. Izetta's full length manual, "the blue book," and Cheri's "red book" are excellent in-depth resources and available from the Student Services Library.

We issue these workbooks with the fervent hope that you will not have to use the information, handouts and resources but stand ready to help in the event that you do.

Student Services
Portland Public Schools
503.916.5460
Revised 2008

Building Level Plan (Create a plan and attach here.)

School Level Team Member List with Phone Numbers

(Create a list and attach here)

School Level Phone Tree (Create a list and attach here)

Crisis Management Workbook
TABLE OF CONTENTS

GUIDELINES FOR RESPONDING TO A TRAGEDY

CHECKLIST TO USE DURING A SCHOOL CRISIS

CONFIRMATION OF A CRISIS –preparation for the school day

- ❑ The person receiving the information about a school crisis contacts the school principal
- ❑ Principal confirms the information (law enforcement or family)
- ❑ Principal contacts area director/assistant superintendent
- ❑ Principal contacts PPS Communications
- ❑ Principal contacts school crisis team liaison
- ❑ Principal contacts District Emergency Counseling Support Team Coordinator, if necessary
- ❑ School Crisis Team meets before the next day of school and in time to call a subsequent staff meeting, if needed
    - o share facts
    - o define initial actions
    - o inform staff? who? when?
    - o inform students? who? when?
    - o plan school day
    - o call the District Emergency Counseling Support Team Coordinator for additional helpers, if needed
    - o call PPS Communications to work with the press, if needed
    - o send a letter home to parents?
    - o choose an on-going family contact person
    - o create team appointments to jobs during the day
    - o write a script for teachers
    - o share reactions and feelings

THE SCHOOL DAY –the staff and students

- ❑ The staff is informed by a written notice or in a before school staff meeting by the principal
    - o share the facts
    - o identify school crisis team members
    - o identify District Emergency Counseling Support Team members, if called upon
    - o share reactions and feelings
    - o give plan for the day: e.g., tell students in first period, open the Safe Room for students to meet with counselors
    - o give out a prepared script of information for staff to share with students
    - o give out "Guidelines on How to Lead a Discussion with Grieving Students"
    - o offer teachers assistance from the School Crisis Team or District Emergency Counseling Support Team
    - o discuss how students may react
    - o discuss at-risk students and how to get them help
    - o remind the staff of their own vulnerability
    - o respond to questions, reactions
    - o refer all media contacts to PPS Communications at 503-916-3304
- ❑ The Students are informed
    - o in small groups, not bigger than class-size
    - o as soon as possible (first period, if possible)

- sit in a circle, read the script, answer questions truthfully
- listen, allow for reactions, speculation, feelings, silence
- share your own feelings if you wish, take time
- students should be informed about the Safe Room, if one is set up
- students should be encouraged to share concerns about friends with counselors
- after the sharing time, offer a time for a release: e.g., a brief recess on the playground, a time to draw, write in a journal
- return to scheduled activities
- put aside curriculum when needed to enable students to express feelings, discuss events
- give students letters to take to parents

❑ The Press
- all media contacts should go through PPS Communications
- the press should not come onto school grounds
- suicides are not appropriate media events

❑ Parents
- send a letter home with students
- invite a community meeting for education and support, if appropriate

❑ School-Based Health Center
- inform center contact of tragedy

❑ Community Memorial Service, if appropriate
- students and staff should be informed of the date and time
- attendance should be encouraged
- education about what services are available
- monitoring for delayed reaction
- dissemination of community resources

DEBRIEFING AND FOLLOW-UP

❑ Staff debriefing meeting
- at the end of the first day or soon after
- share feelings
- identify and plan for at-risk students
- share ideas that worked
- share new information about crisis
- inform about Employee Assistance Program
- suggest flexible classroom approach

❑ On-going follow-up
- support groups?
- school memorial?
- parent night?
- evaluate the effectiveness of crisis response
- monitor for delayed reaction
- disseminate community resources

SUMMER GUIDELINES Guidelines for Responding to a School Tragedy That Occurs During the Summer for Principals

There are years when you return to school after the summer to learn that someone in your school community, (student, teacher, or other staff member) has died. In the great commotion of the first days of school, you may also be faced with how to commemorate the lives of these special friends.

The District Emergency Counseling Support Team would like to offer some ideas to consider when there is a death over the summer that affects your school community. Our hope is to strengthen the lines of support that already exist among your staff and students, encouraging your school your school to be a truly interdependent community.

Suggestions for how to support the needs of the school community in case of a crisis:

1. If news of a death reaches you before the start of the school year, call a meeting of your School Crisis Team or an ad-hoc crisis team consisting of yourself, the counselor, and a few other appropriate staff members. If news comes to you once school has begun, call the meeting as soon as possible.
2. Share the information with your team. Decide who in the school community will be affected by this death and how to disseminate the information. Remember, there are always more people than we think affected by a school crisis. Other schools may have family members affected by the crisis, for example.
3. Develop a plan for how to support the emotional needs of those who are grieving. This plan may consist of any of the following activities either during the summer or at the beginning of the school year.
   - group sharing time in the classrooms
   - a designated sharing room, "Safe Room," in the building, staffed by counselors and/or District Emergency Counseling Support Team Members
   - staff support meetings
   - parent support meetings
   - a school commemoration or remembrance
   - consultations about at-risk students
   - calling in the District Emergency Counseling Support Team for further assistance with the plan and for staff support
4. Use the team that you have developed to keep you in touch with the needs of the larger school community and for your own support.

INTERVENTION

Intervening during a current crisis includes the following elements:

- Confirmation of a crisis or death
- School Crisis Team meeting
- Dissemination of information
- Planning and overseeing the school day

CONFIRMATION OF A CRISIS OR DEATH

1. The person receiving the information about a crisis contacts the school principal.
2. The principal or designated School Crisis Team member confirms this information with:
    - Law enforcement to confirm the information.
    - The family.
    - PPS Communications.

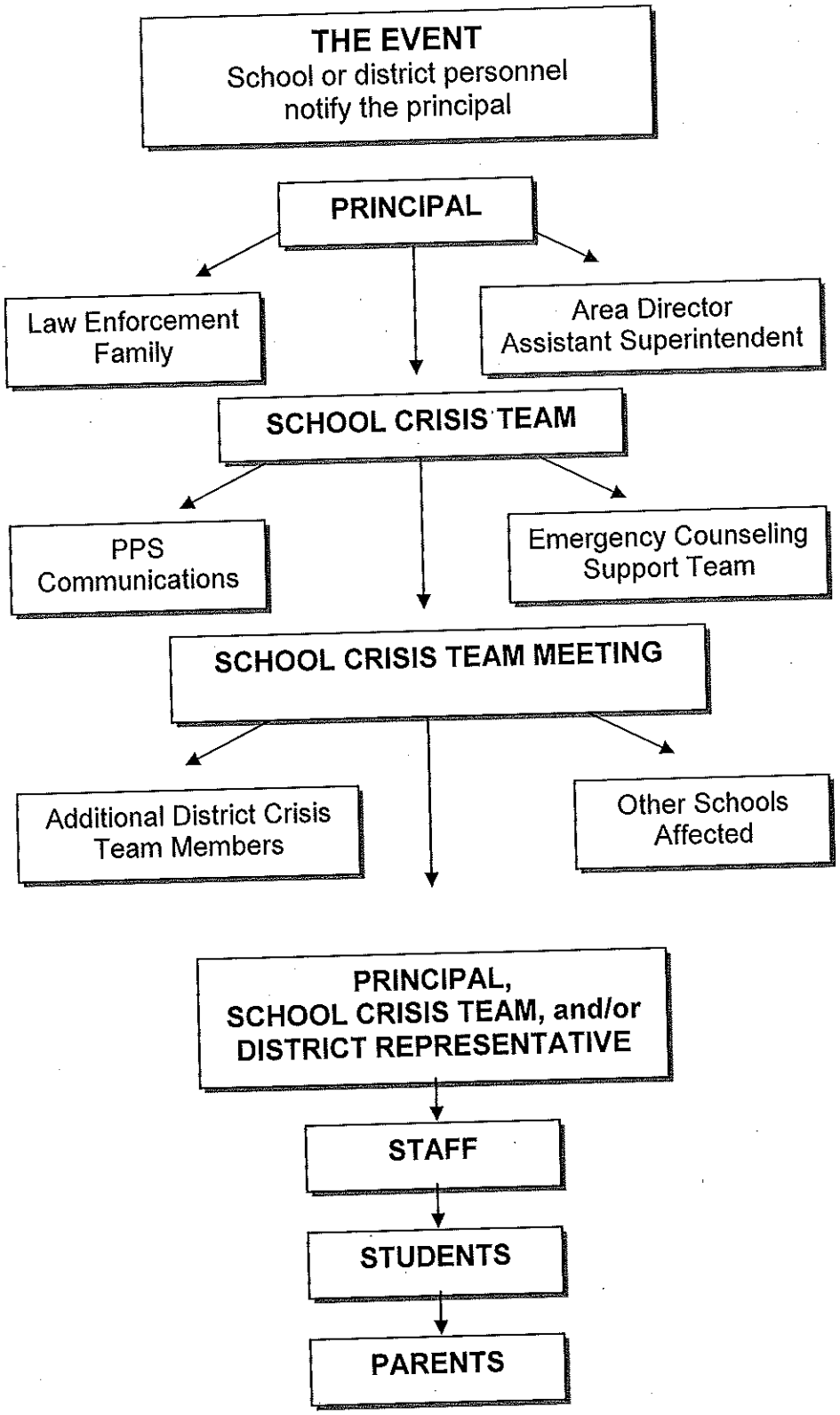
A possible script for the family contact:
"We have distressing news. We are calling to find out how we can best help you, and to decide what information we can give to the student body and faculty."

Points to keep in mind:
1. An effort should be made to honor the family's wishes about the information delivered to the school community while informing the family about the advantages of telling truthful and factual information.
2. A family member or a family friend is identified to be the on-going family spokesperson.
3. A request is made for information about the viewing, memorial, etc., if and when possible.
4. Families generally appreciate concern and do not consider such a call intrusive.

The **District Emergency Counseling Team Coordinator** is called to consult about the crisis. The **PPS Communications Department** is called and given the facts of the crisis.

The School Crisis Team decides:
1. Whether to call a School Crisis Team meeting to plan for the next school day.
2. Whether to call an all-staff meeting before school the next day. (A phone tree is set up to tell staff about the crisis, time and location of the all-staff meeting.)

Crisis Information Flow Chart



SCHOOL CRISIS TEAM MEETING

When does the school crisis team meet?
The School Crisis Team may meet before the start of the next day of school after an event. This is to occur early enough to allow time to plan, and to meet with the staff prior to the start of that school day, if necessary.

What constitutes a crisis?
- AN EVENT THAT AFFECTS THE WHOLE SCHOOL like the death of a student or a staff member, or a traumatic incident in or near the school.
- AN EVENT THAT AFFECTS A STAFF MEMBER like a death in a staff member's family.
    - Specific wishes of the staff member may be on file from a questionnaire such as needing child care, food, to be left alone, help getting substitutes, etc.
- AN EVENT THAT AFFECTS A STUDENT like a death in a student's family.
    - A personal discussion should be arranged with the student and a teacher s/he trusts to discuss the information shared with the classroom and how it is to be shared. ("Things a Teacher Can Say or Do," Handout.)

DISSEMINATION OF INFORMATION

Which staff is information shared with?
- The School Crisis Team decides what information is to be shared with which staff members:
    - The entire staff
    - The staff involved with a particular student
    - The staff involved with a particular staff member
- The School Crisis Team also decides how the information is to be shared:
    - A handout in the staff box
    - A phone tree
    - At a staff meeting

Which students to share information with
The School Crisis Team decides what information is to be shared and with which students:
- The entire student body
- A specific class
- The students involved with a particular student
- The students involved with a particular staff member

The School Crisis Team also decides how the information is to be shared:
- A personal discussion with individuals
- An announcement in the first period class

Assisting teachers with a script
The School Crisis Team decides whether to write a script to help teachers in giving the information to the students. ("A Script To Help Teachers Announce a Death to Their Classroom," Handout.)

Getting information to parents
The School Crisis Team decides if a letter should go home to the parents that day, explaining what has happened and what the school has done to process the event with the children. A parent information night may be scheduled. ("Sample Letter to Parents," Handout.)

Use of the district emergency counseling support team
The School Crisis Team decides whether to call in members of the District Emergency Counseling Support Team to help support the school personnel and students during the day.

A plan for the day is developed
The School Crisis Team makes a plan for the day. They designate, if necessary, a safe room for students and faculty to go if they need emotional support. They also identify who will staff the safe room and establish a schedule for coverage.

Support for the school crisis team members
The School Crisis Team members share their own reactions and feelings with each other, taking time for mutual support.

Family contact person
A team member is designated to be the ongoing family contact person who keeps in touch with the family spokesperson.

Media contacts
- PPS Communications will serve as the source of official information about the death.
- The press should be courteously and firmly discouraged from coming onto school grounds.

The School Crisis Team decides whether to ask personnel from PPS Communications to be on-site during the school day to address the media.

PLANNING AND OVERSEEING THE SCHOOL DAY

THREE PART STRATEGY
1. THE STAFF PRE-MEETING
   - A meeting with the staff affected by the crisis
2. THE SCHOOL DAY
   - The first period
   - The rest of the day
3. THE DEBRIEFING MEETING
   - A meeting with school personnel to debrief the day

THE STAFF PRE-MEETING

Planning the staff meeting
- Invite the staff who are impacted by the crisis. It can be the whole school. Part-time teachers, substitutes, bus drivers, cooks, janitors, and/or secretaries should also be considered.
- Announce the facts of the situation as known or as appropriate within the bounds of confidentiality. A handout should be prepared for the staff not in attendance and distributed by a School Crisis Team Member prior to the start of school.
- Share reactions and feelings with each other, taking time for mutual support. The School Crisis Team offers information on grief and answers questions and concerns from the staff.
- Give a plan for the day that is endorsed by the team.

- A safe room is designated for students and staff to go to if needed, where counselors and support people will be there to assist.
- A debriefing meeting is planned for the end of the day or within the next few days.

How to tell the students

- Decide which students need to be told.
- Confirm what information they will be told.
- Decide who will tell the students.
- Outline procedures for how they will be told.
- Discuss how they may react and what to do.
- Explore how to tell an "at-risk" student.

Activities to discourage

- Delivering important information at large assemblies and/or in public address announcements. These do not provide opportunities for supporting students on a more individual basis.
- Staff and student contact with the media while at school. Media contacts can be disruptive and sometimes insensitive. Direct all media to the Public Information representative.
- Removing belongings of the deceased. This is best done as a gradual process that can include family members and friends. Having concrete reminders remain in the classroom for a while can help the children and teachers remember the one who died and let go gradually.
- Staying rigid in regards to curriculum. Students may need flexibility or they may need structure. Decisions must be made on an individual basis.

THE SCHOOL DAY

First period

- Information can be provided to the students according to the script written by the School Crisis Team and shared with the staff. ("A Script to Help Teachers Announce a Death to their Students," Handout.)
- Efforts are made to accomplish telling the designated students in classroom size groups or smaller, and in informal, comfortable settings.
- Processing time may last 10 minutes to a whole period and beyond. This depends on the comfort level of the facilitator and the needs of the students.
- Teachers should refer to Handout "Teacher's Guidelines on How to Lead a Discussion with Grieving Students."

Activities for the remainder of the school day

- After processing time, the students may need a break; a recess, playground time or an unstructured art time to help with the relaxation of their bodies and the expression of their feelings.
- Or the students may welcome structured curriculum. Structure is comforting, but be flexible if students are unable to concentrate.
- Intersperse in the curriculum during the day and in the weeks to come, time for drawing and journal writing so the processing of feelings can continue. Allow the student to decide what the subject matter is to be for these projects.

- Students may want to make something as a gift to the people most affected by the death. Letters, pictures and/or writings can be collected and developed into such a gift. A Memory Book or a Memory Box can be created.
- Make the students aware that there is a safe room with support people where they can go if they need to talk about the death at any point during the school day. Develop a system to keep track of their whereabouts.
- If planned, letters will be sent home with students describing the crisis and the way the school has responded.

School Crisis Team

- Assist teachers who have asked for help in processing the information about the crisis with the students.
- School Crisis Team or District Emergency Counseling Support Team members may be called on.
- Staff a safe room for students to go to if needed.
- School Crisis Team or District Emergency Counseling Support Team members may staff the room.
- Roam the halls, playground, lunchroom, and lockers – be visible and ready to assist where needed.
- Discuss at-risk students/faculty and possible interventions.
- Write the message to the parents if needed. (See "Handout Sample Letter to Parents," in the handout section of this workbook.)
- Decide if any athletic or other events should be canceled.
- The family contact person provides the school with the information about the viewing/ funeral/memorial service if available.
- Mobilize peer help programs, Parent Teacher Association or other school support systems.
- Plan support groups for at-risk students if necessary.
- Plan for the debriefing meeting for the staff.
- Check in with each other for support.

THE STAFF DEBRIEFING MEETING

It is suggested that staff be required to attend a debriefing meeting, either at the end of the first day after the crisis or within a few days. The staff members affected may include more than the obvious ones.

The importance of staff debriefing

- **Support**
  The most critical element in a successful crisis intervention is the flexibility of the school community. The staff must have an ability to turn to each other for support so they do not isolate and carry their burdens alone. A staff that is interdependent does not become rigid in the face of a crisis.
- **Education**
  A debriefing of the critical day by all those affected by the crisis is an excellent opportunity to share resources and ideas about how to proceed in the crisis.
- Remember, some staff may be in shock and may not be aware of their reactions.

What to include in the staff debriefing meeting

- Staff may need to go over what happened with their students during the day in order to:

1. Find out if they did a good job and get reassurance.
2. Find out what other teachers have done to get new ideas for their classrooms.
3. Express feelings of their own that have been touched by the students or the crisis.
4. Discuss at-risk students.

The staff debriefing: plans for the following days

- **Family Memorial**
  Ceremonies can aid in the healthy reconciliation of grief. Information regarding the viewing/funeral/memorial service is shared with the staff. Decisions regarding school closure and/or substitute coverage for attendance to the memorial is discussed. Staff is encouraged to educate and support students who want to attend ceremonies. Staff can play a role in the ceremonies either by memorializing the deceased or by working with students who want to participate. A designated School Crisis Team member can attend to provide support and identify at-risk students.
- **Support Groups**
  The School Crisis Team can organize support groups for at-risk students. Teachers are alerted as to how to refer students to the groups.
- **Classroom**
  Suggest that teachers introduce the crisis information with the students occasionally by an opening remark such as "I'm thinking about Sam right now and missing him at his desk. I wonder what you are thinking about him?" Be open for conversation or go on with instruction.
  Suggest that teachers plan a time for open ended drawings and/or journal writing in the curriculum of the next days/weeks so feelings can be expressed by students privately. Teachers can look at these materials for assessment of at-risk students.
- The **Parent Night** is discussed, if appropriate.
- **Community Resources**
  Resources available in the community for the students and staff are discussed. Employee Assistance Program benefits for staff can be mentioned.

PROVIDING SUPPORT AND INTERVENTION IN THE AFTERMATH OF A CRISIS

The aftermath of a crisis is an illusive thing. It may last for months yet appear over and done.

It is useful to assume that grieving is being felt by those affected by the crisis whether they behave as we would expect them to or not.

Certain days may be more difficult than others:

- Birthdays of the deceased and of the grievers
- Holidays
- The anniversary of the death day, day of the week, day of the month, day of the year

Dates that mark events significant to the deceased or family of deceased such as graduation

ACTIVITIES OF THE SCHOOL CRISIS TEAM FOR THREE WEEKS FOLLOWING THE INCIDENT

Establish regular meeting times. Keep ongoing.

Communication with the family.

- The family contact person calls the family spokesperson. Families can be informed about the crisis plan response in the school and be invited to be involved.
- Information is gathered about the services for the deceased and staff assistance can be offered.
- Information about community resources is offered the family (support groups, professional counselors, etc.).
- Ongoing support for surviving student family members can be discussed.

Be available to parents.

- For phone consultation.
- For a Parent Informational Evening
- To provide information about community resources and professional services.

Watch for and discuss at-risk students and staff.

Counselors or designated School Crisis Team members can:

- Create ongoing support groups for students who come on a volunteer basis or are referred by staff or other students.
- Follow up with individuals after group sessions.
- Conduct assessment interviews of referred at-risk students, staff or parents.
- Consult with specialists in the community.
- Contact parent(s)/guardian(s) of at-risk students and refer to professional counselors and community resources.

Use of volunteers

- Screen volunteers carefully. Some volunteers may be unrealistic about their own capacity to assist, or may come forward to work out problems of their own.

Planning a school memorial

- School teams should decide what are appropriate activities on school grounds to memorialize the deceased. Special care should be taken to develop a school memorial model that would serve to memorialize all potential types of deaths consistently, including deaths by long-term illness, accident, trauma, suicide and homicide.
- Working with students/staff in a creative process for a ceremony often strengthens the student's/teacher's ability to adjust to the loss.

Issues in the classroom

- Encourage classroom flexibility. Help teachers find a balance between curriculum goals and time out to express feelings.

Support for the staff

- The School Crisis Team should be available to the staff. Encourage your members and staff to:
  1. Eat regularly.

2. Take breaks during the day.
3. Make plans that allow for some fun or some ease.
4. Come to organized debriefing sessions.
5. Acknowledge each other frequently for the hard work done.
6. Trust yourselves and your intuitions.
7. Utilize Employee Assistance Program for further counseling.

The school crisis team and the following 3-6 months

- School Crisis Team meetings may continue on an occasional basis.
- Continue to be watchful of at-risk students/staff. The grief response can be delayed. Offer necessary services or referrals.

A review of the effectiveness of the process used during the crisis should be made by the School Crisis Team with input from the staff.

DISTRICT EMERGENCY COUNSELING SUPPORT TEAM

The District Emergency Counseling Support Team can assist the school principal and staff in effectively supporting students who are experiencing a traumatic incident, including death or loss.

The team is in place to support school communities and students in times of tragedy. At the district level, when a tragedy occurs in Portland Public Schools, the Chief Officer of Student, Family, and School Support, Portland Police School Police Division, Security Services, Director of Communications, and appropriate Area Directors, Assistant Superintendent(s), and Principal(s) immediately begin the process of responding to the tragedy. The Superintendent is kept informed by the Chief Officer of Student, Family, and School Support.

While we all hope that a tragedy does not happen in our school community, it is best to be prepared with a communication strategy as well as with strategies to support students and staff members who do experience a tragedy. If a tragedy occurs in your school community, please contact your area director. Activate your building crisis plan and, if you think support might be needed beyond the resources available in our school, contact Assistant Director of Student Services to activate the Emergency Counseling Support Team.

ACTIVITIES

The Team will provide back-up support in the event of a school tragedy. This may include setting up safe rooms for students, providing individual and/or group counseling for students, assisting teachers in the classroom, classroom presentations, consulting with school staff, developing follow-up activities and helping to develop parent and community presentations and communications.

WHEN TO CALL

Consider calling any time the nature of the tragedy is so great that your school resources (counselor and other staff) may not be able to effectively respond to the need. The team can provide support to students as well as to building staff.

COORDINATION

The Assistant Director of Student Services will serve as the District Emergency Counseling Support Team Coordinator and can:

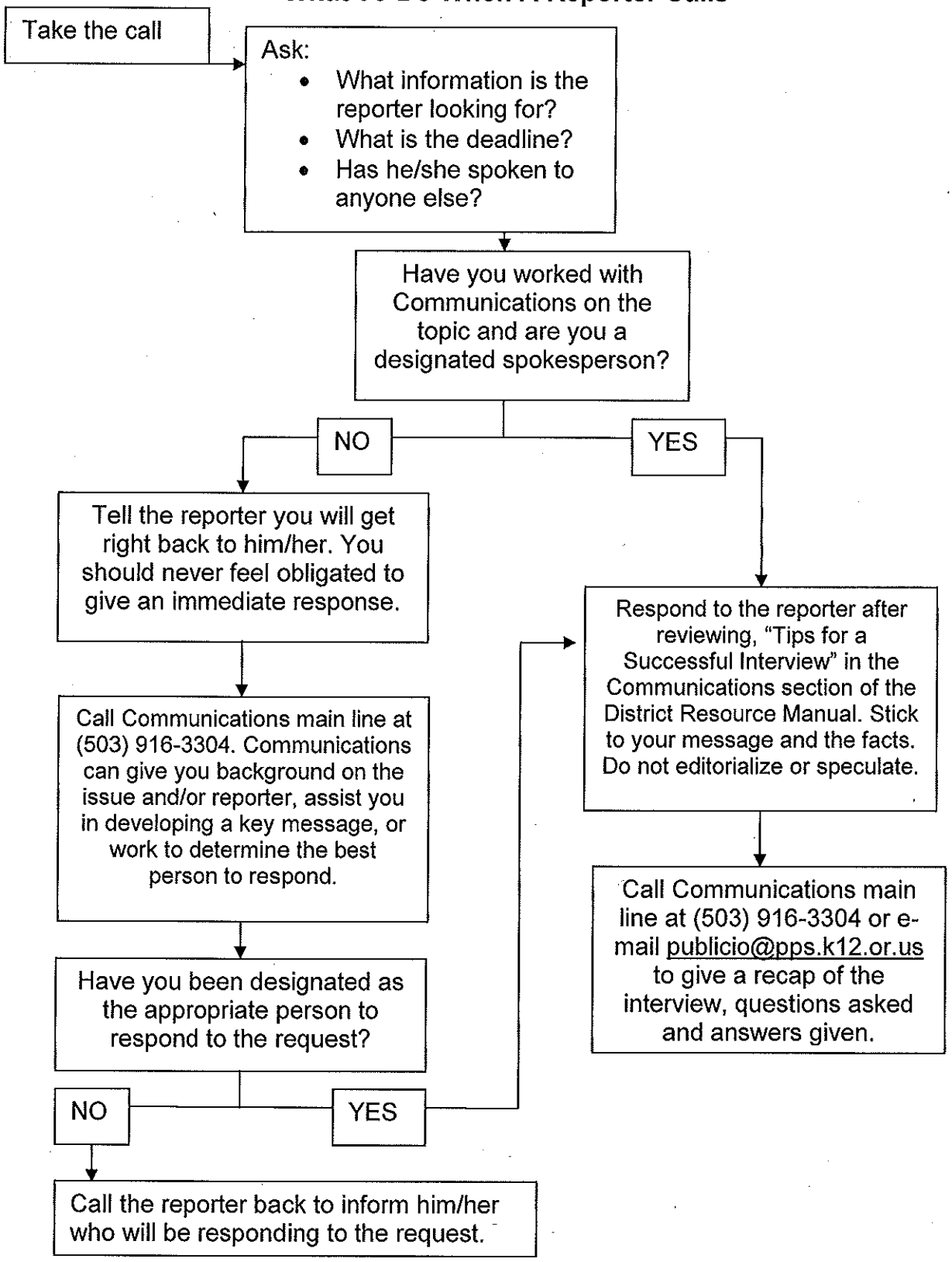
- Serve as the general consultant to all schools and departments in the district for issues pertaining to tragedy, death, and grief.
- Coordinate the District Emergency Counseling Team's activities with the principal and area director.
- Provide direction and guidance to the principal on site during crisis response and via phone or email as follow-up.
- Provide information about community resources for staff or parent meetings.
- Maintain a file of letters, memos, etc., developed to communicate information on the tragedy and share with principals and area directors.
- Provide resource materials on grief and loss.

TEAM MEMBERSHIP

- A District Emergency Counseling Support Team is established for each level: elementary, middle, and high school. A team leader for each level guides the team members with crisis response.
- There are team members for each representing departments of Student Services, ESL Bilingual, Special Education, and other departments as appropriate.
- Depending on the nature of the tragedy, ad-hoc team members can be added to the District Emergency Counseling Support Team in order to most appropriately respond to the school's need.
- The Assistant Director of Student Services will serve as the District Emergency Counseling Support Team Coordinator.

Handouts – Index

What To Do When A Reporter Calls



What To Do When The Media Calls

In a crisis:
Follow official emergency procedures:

- Call 911
- Call PPS Communications main line 503-916-3304

The most important action is to do your job and handle the crisis. If there are students involved, they are your first priority. Handling the media is not your primary responsibility, but you should make an effort to be cooperative — and not antagonistic - to media inquiries.

If a reporter tries to interview you while you are dealing with students in a crisis situation, suggest politely that you can't talk with them at that time because you need to help the students.

"I can't talk to you at this time because I need to help the students. I have a limited view of the incident and I need to talk to others about the situation. Someone will get back to you as soon as possible. May I get your name and telephone number."

Then talk to your principal, supervisor or your director of student achievement about the incident before making any public comments. Or have them contact PPS Communications Office (916-3304). We will get there as soon as possible. (That is how the police and fire departments deal with issues.)

You are not obligated to speak to any reporter, even though they may pressure you to comment. Getting defensive or abusive, however, will reflect negatively on the issue. Don't reinforce the image of the "defensive public employee" denying the publics "right to know." Also, don't say "No comment." That remark sends up a red flag to any good reporter.

"I can't talk with you right now, but someone will get back to you as soon as possible."

That, in fact, is what you need to do. Remember, reporters are only trying to do their job. Treat them with respect, help them do their job, but let them know that your job has top priority for you, especially when a crisis involves students.

In a non-crisis situation:

When you receive calls from the media requesting background information, remember that your response is an opportunity to "get the word out" about our excellent schools and programs. These inquiries are not "crisis" calls and you shouldn't view them with suspicion. Media requests for information are the perfect opportunity for us to provide the best information possible, from the broadest perspective.

Try responding in this way:

"Thanks for calling. Could I please get back to you as soon as I can gather all the information you might need about the issue/situation/program/etc. What is your deadline? Would you mind if I have someone else also call you about this?"

You may not be the expert on the situation, but there is always someone you can call for more background information. Use the time you have available to get as much information as possible. Give PPS Communications a call to advise them of the question, and to ask for assistance, if necessary. If you aren't comfortable calling the reporter back, a PPS Communications staff member can make the call for you. In that case, however, you should make a courtesy call back to the reporter after PPS Communications has spoken to them.

For any assistance with media – in both crisis and non-crisis situations – please call the PPS Communications Dept., 916-3304 or 916-3560. We will be happy to assist you.

A Script To Help Teachers Announce A Death To Their Students

Dear Staff:

This is a hard task - to tell your students about the death that has occurred.

FIRST AND FOREMOST: If you do not feel that you want to be the one to tell your students, then don't. The School Crisis Team will make available to you someone who can lead the discussion for you, or take over your class while you seek the support you need. Please take advantage of this resource! We care about your needs in this sad time and want you to feel our support.

If you do want to lead the discussion, then here are the facts and some suggestions for procedures:

"I have something very sad I want to share with you." Write here the factual information (agreed upon by the School Crisis Team) e.g.; "Joe Smith, a student who attends our school, who was missing, is dead. Yesterday, the police found the little boy's body and he had been murdered. The police are investigating the crime and will give us the information they can as they make progress in finding the killer."

Then offer some information about feelings:

"When things like this happen, people have all kinds of reactions: shock, sadness, fear, anger, no feeling at all. These reactions can come and go in an hour, a day, or for days to come. Some of us will want to be private about our feelings; some of us will want to talk to people."

Say a little about your feelings, for example:

"I am feeling very sad about what's happened and a little scared, too. I would like to spend some time together now to share with each other. Maybe we could help each other in expressing who we feel about (name of the one who died) and how s/he died."

- Take some time for discussion.
- Attached are handouts: (Handouts could include "Teacher's Guidelines on How to Lead a Discussion with Grieving Students," page 27).
- After your discussion, tell the children that there are counselors in the building if they need to talk further and arrange with them a procedure for going to see the counselor or to the safe room.
- After your discussion you may want to:
    1. Take time for recess or playground play or standing and stretching in the classroom.
    2. Do some drawing, art project or other projects – leave the subject matter up to the student
    3. Do some Journal Writing – write down thoughts about whatever is on the child's mind.
    4. Go back to curriculum.
- These activities may be useful to continue to do at intervals during the day and to intersperse throughout your curriculum in the coming days.

If you need some support, please call the office. Do not hesitate to ask.

Teacher Guidelines On How To Lead A Discussion With Grieving Students

1. **AS SOON AS POSSIBLE**
   Hold the talking circle as soon as possible after a crisis to avoid times of confusion and misinformation.

2. **A TEACHER CAN HAVE HELP**
   You must be comfortable enough with the issues being discussed in order to lead the discussion. If you are not comfortable, ask for help from a counselor/crisis team member.

3. **A CIRCLE**
   A circle is the best shape to include all members in a discussion. Move the desks, sit on a rug, etc.

4. **STRUCTURED OR UNSTRUCTURED**
   A talking circle can be structured so that each student has an opportunity to speak in turn around the circle or the leader can facilitate an open, unstructured discussion. Younger students and students facing greater trauma are relieved by the more structured format.

5. **"I PASS" RULE**
   In a structured talking circle, a child can choose not to share by saying "I pass." This rule keeps the discussion safe for a student by honoring his/her own pace.

6. **"TALKING STICK"**
   In a structured talking circle, use a special object as your "talking stick" (a stuffed animal, a special rock, a wand). The one holding the object is the only one to speak.

7. **TELL THE TRUTH**
   Use accurate information and appropriate words (i.e., died, murder, suicide). If you don't know the answers to the student's questions, say so. Offer to find out answers and report back, if possible.

8. **SHARE YOUR OWN FEELINGS**
   It is good modeling and greatly cherished by students if their teachers share honestly about their own feelings, (tears are okay). Do not look to your students as your source of support, however. Show your students that you rely appropriately on your adult peers for emotional support.

9. **SHARE FEELINGS AND MEMORIES IN THE GROUP**

10. **REFLECTION**
    Listen carefully when a student shares an experience and be willing to simply reflect their statements. This often gives the students a sense of what they are feeling and inspires them to proceed along their own direction at their own pace.

11. **AVOID ASKING TOO MANY QUESTIONS**
    Questions can often generate a conversation in a more unstructured discussion but too many questions can lead the conversation in the direction of the facilitator's wants and needs.

12. **AVOID INTERPRETATIONS**
If a student is indirect or is using symbols in order to express him/herself, it is because direct communication is too painful. Communicate with a student through the information and the symbols that are offered.

13. **AVOID JUDGEMENT**
Referring to a student's sharing as either "good" or "bad" can encourage a student to seek adult approval while discouraging the student to trust his/her own way of expressing grief. You can say "thank you" for their sharing.

14. **META-COMMUNICATE WITH OTHER STAFF IN THE CIRCLE**
Meta-communication is communication that takes place between the facilitators in a talking circle. This meta-level conversation is one that is meant to be "overheard" by the students and allows the facilitators a time of reflection with each other. Possible uses: high-lighting important information shared, showing down and processing a difficult interaction, giving emotional support to the process as a whole, acknowledging our own feelings.

15. **ALLOW FOR SILENCE**

16. **ALLOW FOR TEARS**
Often a little silence expresses the care that is needed and allows the one who is crying time to understand the meaning of the tears.

17. **ALLOW FOR "MORBID CURIOSITY"**
Curiosity about the explicit details of a death is healthy because students need to create a specific picture of what has happened before they can begin to feel what the death means to them. Encourage students in the exploration and answer their questions when you can.

18. **ALLOW FOR SPECULATION**
When students do not have the information they need to make the explicit pictures of what has happened, they will make up the missing pieces in their minds. Honor their speculations as their attempts to understand.

19. **ALLOW FOR JOKING AND LAUGHTER**
Sometimes students laugh when they are nervous and uncomfortable. We all do. Normalize this process to the students and find ways for the healthy release of laughter.

20. **ENCOURAGE OTHER SUPPORT**
As the group sharing is coming to a close, discuss with the students other ways they may get the support they need as they continue to grieve, i.e., a safe room or other specific adults in the school building, adults at home, friends, resources in the community.

21. **FEELINGS MAY CONTINUE**
As the group sharing is coming to a close, inform students that they may continue to experience a wide range of feelings in the coming days/weeks/months. Feelings (anger, fear, numbness, happiness, guilt, regret, relief, etc.) are normal.

22. **CLOSURE**
Express your appreciation of what has been shared and have a moment of acknowledgement for what the group may be going through. (Young students can hold hands and send a "love squeeze" around the circle.

Things A Teacher Can Say Or Do To Help A Grieving Student Returning To School

"I remember when I went back to school how terrified I was. My heart began to beat faster as I reached for the doorknob." 12-year-old

1. Visit with the student and family if possible before the student returns to class. Talk to the student about what s/he may want the class to know about the death, who should tell them, and whether the student wants to be present. Offer, if the student chooses, to lead a sharing time when the student returns.
2. Make a plan with the student so s/he may leave the room if s/he is feeling vulnerable. Find a safe place that the student can go during the school day, at recess, at lunch or during class if he/she wants some time alone.
3. Find a safe person that the student can go to during the day if he/she is feeling vulnerable; i.e., CDS, counselor, principal, nurse.
4. Encourage the student to answer friends' questions only when s/he feels like it. If the student does not want to answer, suggest that the student say, "I'd rather not talk about that right now."
5. Offer to support the student in telling the class during a sharing time. Whether s/he wants people to bring up talking about the death or whether s/he would like to make school a time out from grief. Remember, there are nonverbal ways you can show you care.
6. Offer the student a journal as a gift. Encourage the student to write about feelings, thoughts and/or memories in the journal during the school day when needed, especially during times the student is not able to concentrate on school work. Offer crayons and a blank drawing book to a younger child.
7. Negotiate, on an ongoing basis, homework and classroom assignment expectations. Grief takes tremendous physical and emotional energy. The student may experience temporary cognitive changes, including short-term memory loss, reduced concentration and impaired sequential thinking.
8. Offer yourself as a listener or friend to the student if you want to do so. Designate times when you are available, i.e.; lunch, recess, after school.
9. Encourage a mini support group of the student's friends and allow for special arrangements so that the group can spend time together during the school day.

What To Say To Grieving Students

Both students and teachers can send a note before the student returns to school. "I'm sorry to hear that your mom died. I'm thinking about you and wanting to make your time at school the best it can be . . ."

Being a good listener is the best you can offer. Allow what you say to be an opener for the student to talk if s/he wants to. If s/he doesn't want to talk, then remain available.

1. "I'm sorry that your mom died. I'm thinking about you."
2. "I'm available at lunch time (be specific) if you want to talk or shoot some baskets."
3. "When is your basketball game? Maybe I can stop by and watch you play."
4. "I'd like to do something with you on Saturday. We can either talk about your mom if you'd like, or we can go roller-skating at the mall – both are ok with me."
5. "I care about you."
6. "I want to help in any way I can." (Offer specific ideas: help with homework . . .)
7. "I am aware that today is your birthday/your mother's birthday/Mothers' Day/ the anniversary of the day your mother died. I'm thinking about you."
8. "I can't know how you feel, but I want to."
9. Share your own losses briefly, then listen: "I can't know how you feel, but I did have my grandfather die . . . (share). What was it like for you?"
10. "If you want to talk, I want to listen. If you don't want to talk, I'll hang out with you."
11. "If you don't want to talk to other students, I'll tell them about what happened to your mother."
12. "Do you want a hug?"
13. "Do you have any pictures of your mom?"
14. "Don't forget to continue to joke and crack-up. Laughter is food to help us endure."
15. Teachers: Let's talk about things we can do to make you feel more comfortable in class/school. Some ideas are included on the handout "Things A Teacher Can Say or Do to Help a Grieving Student Returning to School."

For the most part, it is important to say something to a grieving friend. Even if it feels awkward. The reaching out is what is important.

Sample Letter To Parents

Dear Parents:

A very sad thing happened today that I want to share with you. (Share the information honestly.)
(i.e. This morning one of our kindergarten students, (Name), was hit by a car outside of his home in Southwest Portland. According to his family, he ran out into the street and was seriously injured. He died at the hospital. We are all profoundly saddened by his death.)

We have shared this information and had discussions with all of our students (in the classroom/school) so that they know what has happened. Counselors, teachers and other support personnel have been, and will continue to be, available to students, teachers and parents on an ongoing basis. Please call the school, (number), if you want assistance.

As parents, you may want to talk to your children too. The death of a (student/teacher) may affect a child in a variety of ways depending on the age of a child, how well the child knew (the one who died) and the child's prior experience with grief.

When reacting to a death, a child may:

- Appear not to be affected.
- Ask a lot of questions.
- Be agitated and angry.
- Try extra hard to be good.
- Be thinking about it privately-
- Be frightened.
- Be sad and withdrawn.

We suggest you listen to your children. If they seem to need to talk, answer their questions simply; honestly and possibly over and over again.

(optional) A Parent Informational Night is planned for (date, time, place).
At that time, we can talk further about how to help children in grief.

Our thoughts are with (family name).

Sincerely,

Sample Letter To Parents (2)

Dear Parents/Guardians,

INSERT SCHOOL-SPECIFIC INFORMATION

Today at school, we shared this information with our staff who in turn shared it with students. Counselors, teachers and District support personnel have been and will continue to be available to students, teachers and parents on an ongoing basis.

When circumstances of this magnitude occur, people have all kinds of reactions: shock, sadness, fear, anger or no feelings at all. These reactions can come and go in an hour or a day or for days to come. All of these feelings are normal responses to the death of someone we know or who was a part of our school community.

It is helpful for students to be able to talk about how they feel and are impacted by this event. The death of a student may affect a young person in a variety of ways, depending on their age, how well the student knew the individuals who died, and the student's prior experience with grief, death, and loss.

When reacting to a death a student may:

- Appear not to be affected
- Ask a lot of questions
- Be agitated and angry
- Try extra hard to be good
- Be thinking about it privately
- Be frightened
- Be sad and withdrawn

We suggest that you encourage your student to talk about the events of the day. If they seem to need information, answer their questions simply and honestly. We encourage you to call the school at 503-916- _____ should you need any assistance.

Sincerely,

Sample Letter To Parents -- Follow-up Letter

Dear Parents:

Our school has been profoundly affected by the death of (name of student/teacher). We would like to offer you, at this time, some additional material that might help you respond to your children at home as they are struggling to understand and recover from this loss in their lives.

Enclosed are some handouts and a list of books that you can read, read with your children or get for them to read.

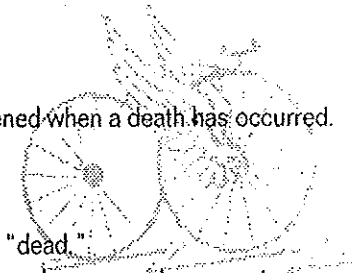
Please call the school counselor (name and phone number), for further assistance. We will be most interested to talk with you regarding any questions or concerns.

We recognize that this is a difficult time for our school families. We want to be available to support you.

Sincerely,

THE *THREE TASKS* FACING CHILDREN IN GRIEF

WHEN SOMEONE IN A CHILD'S LIFE DIES, A CHILD GRIEVES. A CHILD'S GRIEVING IS, IN ACTUALITY, A CHILD'S TACKLING AND MASTERING THREE SIGNIFICANT TASKS. EACH CHILD HAS AN INNER DRIVE TO MASTER THESE TASKS IN ORDER TO REGAIN A SENSE OF WELL-BEING AFTER A DEATH HAS OCCURRED.



the 1st task

A child wants *to understand* what has happened when a death has occurred. This is a thinking task.

How to help:
- Tell the truth.
- Use the words "death" and "dead."
- Answer a child's questions, maybe over and over again.
- Admit when you don't know the answer by saying so.
- Allow a child to make speculations about information that is not known, and label them as so.
- Give a child choices about his/her involvement in the dying process, the viewing, the service and in other events during which they can learn about what has happened.
- Know that children may grieve over and over again as they grow older developmentally, and are able to understand more.

the 2nd task

A child wants *to express feelings* about the death. This is a feeling task. When 1) the "goneness" of someone who has died is felt, and 2) the children experience the grief of the adults in their lives—then children have an emotional and physical response.

How to help:
- Listen, accept and care.
- Keep a child safe. Maintain standards of discipline.
- Do not let children hurt themselves or others. If they do so continually, seek professional help.
- Make available outlets for the big energy of feelings: sports, active play, loud voices, hitting pillows.
- Lower expectations of children at school and at home, because grief takes tremendous physical and emotional energy.
- Understand that children may feel and act younger when they are grieving.
- Understand that children may be physically vulnerable—i.e. illness- and accident-prone—while they are grieving.

the 3rd task

A child wants *to continue to live fully in the present and open up to the future.* This is a practical task.

How to help:
- Allow children to play hard, laugh hard, and have fun even as they mourn, for this is not disloyal. In fact, it is through this play that children can be restored.
- Hold the vision of a child's healing. Have faith, even when they do not, that they will regain a sense of well-being.

Sample Letter To Parents And School When Death Is A Suicide

To the School Community:

A very sad thing happened today that I want to share with you.

(Give accurate information, using the word 'suicide' for cause of death.)
i.e., Josephine Smith, our librarian, killed herself by poisoning, on March 2, 1991 – she committed suicide.

Any person's death is tragic. However, when that person's death is a suicide, it is a different and greater tragedy. There can be many factors which would lead an individual to this course of action. We can never know exactly why she killed herself.

We do know that we ask ourselves if there was not something we could have done or said. It appears that many individuals did care about her and reached out to her in their own way. Depression is a curious and confusing state. Sometimes we can break through its shell and at other times no one can.

We will all miss (name) – family, friends, students, and teachers. If nothing else, I hope we all realize that we must reach out to one another, to be friends, to listen, to help each other to understand that each one of us is important. As difficult as times may get, our lives have value and meaning. If any of us have thoughts of wanting to kill ourselves, tell someone. If we can do this, we can get help. There are people who know how to help and who care.

Counselors, teachers and other support personnel have been, and will continue to be, available for students, teachers and parents on an ongoing basis. Please contact the counselor, (name), or call the school office, (number), for assistance.

A Community Support Night is planned for (date, time and place) for staff, and parents.

At that time, we can talk further about how to help ourselves and our children with grief and suicide prevention.

Our thoughts are with (family name) and with each of you.

Sincerely,

Sample Letter To Parents
When A Violent Death Has Occurred

Dear Parents:

A very sad thing happened today that I want to share with you. (Give accurate information about the murder, using the word "murder"), e.g.;

A neighborhood child who is the brother of a student here at school was murdered earlier this week. We are all profoundly saddened by his death.

We have shared this information and had discussions with all of our students so that they know what has happened. Counselors, staff and other support personnel have been, and will continue to be, available for students, staff and parents on an on-going basis. Please call the school (number) if you would like to talk to someone.

You may want to talk to your child as well. The violent death of a student/staff member may cause a variety of reactions in your child. Most children will experience being afraid for their own life and for the lives of those they love.

We will be planning follow-up activities to help cope with children's fears, with lessons on safety and security. You may want to talk to your children about safety at home and on the way to and from school.

WE NEED YOUR HELP!! PLEASE send your child who walks to school at the appropriate time only. School begins at 8:40!

Please do not send your child early to play on the playground. We would recommend children walk with other friends to and from school. Children must go home directly after dismissal. Let's work together to provide the safest and most secure environment for our children.

There are news reporters around the school. You need not respond to reporter's questions if you are approached. Naturally, we will not allow reporters to interview your child at school.

The death of a young person is tragic. However, a violent death is a different and greater tragedy. It is a sad thing to have to teach our children about the violence in our world and that sometimes we do not have the power to prevent it. This is a loss for us all. We can offer our children our love and our intention to make a safe and kinder world. This is something we can do together. Please, let us know if there is any way we can support you during this difficult time.

Sincerely,

Coping Strategies For Children Following Trauma

(This handout is appropriate for families in the aftermath of trauma)

Rebuild and reaffirm attachments and relationships. Love and care in the family is a primary need. Extra time should be spent with children to let them know that someone will take care of them and, if parents are survivors, that their parents have reassumed their former role as protector and nurturer is important. Physical closeness is needed.

It is important to talk to children about the tragedy — to address the irrationality and suddenness of disaster. Children need to be allowed to ventilate their feelings, as do adults, and they have a similar need to have those feelings validated. Reenactments and play about the catastrophe should be encouraged. It may be useful to provide them with special time to paint, draw, or write about the event. Adults or older children may help pre-school children reenact the event since pre-school children may not be able to imagine alternative "endings" to the disaster and hence may feel particularly helpless.

Parents should be prepared to tolerate regressive behaviors and accept the manifestation of aggression and anger especially in the early phases after the tragedy.

Parents should be prepared for children to talk sporadically about the event – spending small segments of time concentrating on particular aspects of the tragedy.

Children want as much factual information as possible and should be allowed to discuss their own theories about happened in order for them to begin to master the trauma or to reassert control over their environment.

Since children are often reluctant to initiate conversations about trauma, it may be helpful to ask them what they think other children felt or thought about the event.

Reaffirming the future and talking in "hopeful" terms about future events can help a child rebuild trust and faith in her own future and the world. Often parental despair interferes with a child's ability to recover.

Issues of death should be addressed concretely. The child is not to blame for others' deaths. The death is not a rejection of the child. Death is permanent and sad. The grieving process should be acknowledged and shared.

This information is from the National Organization for Victim Assistance Washington, D.C., October 1987.

Ways To Take Care Of Yourself At Times Of Loss

Talk to family or friends about how you are feeling/doing. Write your thoughts and feelings in a journal. Write poetry. Write letters of regrets and appreciations about anything in life. Draw pictures. Get into art. Play a game or sport. Get lots of exercise. Listen to soothing music. Listen to raucous music and dance! Snack on healthy foods. Take vitamins. Enjoy a bubble bath. Care for your pets and houseplants. Take a favorite stuffed animal to bed with you. Read a favorite story. Ask someone who loves you to read you a story. Let yourself cry. Ask for a hug. Ask for another hug. Get lots of sleep. Spend time in prayer or meditation. Collect a favor from someone who owes you one! Treat yourself to a massage. Light a candle. Sing loud. Laugh. Rent a great, hilarious video. See a fun flick. Ask for a hug. Ask for another hug !

Recommendations For Youth

(Use this as a guideline – amend and add to it as needed.)

We thought this might be a good time for all of us to think about how to get through the next day or two. Here are a few suggestions on how we can support each other.

Put a little extra energy into friendships. Call each other more often for the next few days. If you had a good talk with someone today and don't know his or her phone number, get it before you leave school.

Eat decent food and try to get plenty of sleep.

Let your parents know what today has been like. Tell them what you'd like from them. Let them know how they can support you.

Look for ways to support each other:

- Check in with each other.
- Spend more time together.
- Do some fun things, too. Take breaks from the grief.
- Let the school counselor know if there is someone you're concerned about.
- Go see her/him if you're having a tough time – especially if you're having nightmares, fears or thoughts that you just can't get to go away.
- There is a crisis hotline in Multnomah County and the number is 215-7082. It is there for anyone who wants to talk about anything.

For those of you who go to the funeral:

It will be a (*church / graveside/ whatever*) service. Dress for the weather. (*Where will it be held? Will there be a viewing? Other information regarding this.*)

If you want to take flowers or cards, it is fine to do so. Even though it may feel awkward, when you are there it is helpful to go ahead to talk to the family. Saying that you feel bad about this, that you are sad, that you wish there were something you could do to make it better, any honest expression of how you are feeling is a fine thing to say. It is also fine to tell the family what one thing you admired or liked most about (*the deceased child*). Share your favorite memory with them.

If you know other family members, it is better to talk to them than avoid them. We don't want them to feel further isolated. It is OK that you may feel awkward.

If you are going to attend the service tomorrow, remember your permission slip. Remember that you are to check in to your first period class/attendance office and be excused from there. All students are expected to return to school after the service. If students feel the need to talk to someone tomorrow, supportive adults will be available.

PORTLAND PUBLIC SCHOOLS

2231 North Flint Avenue
Portland, Oregon 97227
Telephone: 503-916-5460 • Fax: 503-916-2136

INTEGRATED STUDENT SUPPORTS
Student Services Department

August 2009

MEMORANDUM

TO: Deputy Superintendents, Principals

CC: Superintendent, Chief of Staff, General Counsel, Director of Integrated Student Supports, Director of Security Services, Executive Director of Human Resources, Chief Academic Officer, Executive Director of Community Involvement and Public Affairs, School Counselors

FROM: Jason Breaker, Assistant Director of Student Services

SUBJECT: District Emergency Counseling Support Team

The District Emergency Counseling Support Team can assist the school principal and staff in effectively supporting students who are experiencing a traumatic incident, including death or loss.

The District Emergency Counseling Support Team is in place to support school communities and students in times of tragedy. The District Emergency Counseling Support Team provides support for "student-related incidents." At the District level, when a tragedy occurs in Portland Public Schools, the Deputy Superintendents, Director of Security Services, Executive Director of Community Involvement and Public Affairs, and Principals immediately begin the process of responding to the tragedy. The Superintendent is kept informed by the appropriate Deputy Superintendent and the Assistant Director of Student Services.

While we all hope that a tragedy does not happen in any school community, it is best to be prepared with a communication strategy as well as with strategies to support students and staff members who do experience a tragedy. If a tragedy occurs in your school community, please contact your Deputy Superintendent. Activate your building crisis plan and, if you think support might be needed beyond the resources available in your school, contact me to activate the Emergency Counseling Support Team. Also, the attached **Guidelines for Responding to a Tragedy in the School** is a summary of action steps that you might wish to refer to in planning your school's response to a tragedy. Also attached are suggestions to use in response to a tragedy that may happen during the summer vacation.

Activities of District Emergency Counseling Support Team:
The Team will provide back-up support in the event of a school tragedy. This may include setting up safe rooms for students, providing individual and/or group counseling for students, assisting teachers in the classroom, classroom presentations, consulting with school staff,

developing follow-up activities and helping to develop parent and community presentations and communications.

When to call:
Consider calling any time the nature of the tragedy is so great that your school resources, (counselor and other staff), may not be able to effectively respond to the need. The Team can provide support to students as well as to building staff.

Coordination:
The Assistant Director of Student Services will serve as the District Emergency Counseling Support Team Coordinator and can:

- Serve as the general consultant to all schools and departments in the district for issues pertaining to tragedy, death, and grief,
- Coordinate the District Emergency Counseling Team's activities with the Principal and Deputy Superintendent,
- Provide direction and guidance to the principal on site during crisis response and via phone or email as follow-up.
- Provide information about community resources for staff or parent meetings,
- Maintain a file of letters, memos, etc., developed to communicate information on the tragedy and share with principals and Deputy Superintendents,
- Provide resource materials on grief and loss.

Team Membership:

- A District Emergency Counseling Support Team is established for each level: elementary, middle, and high school. A team leader for each level guides the team members with crisis response.
- There are team members for each level representing departments of Student Services, ESL, Special Education and other departments as appropriate.
- Depending on the nature of the tragedy, ad-hoc team members can be added to the District Emergency Counseling Support Team in order to most appropriately respond to the school's need.

The attached **Guidelines to Responding To A Tragedy In The School** is a summary of action steps that principals might wish to refer to in planning their school's response to a tragedy. Also attached are suggestions to use in response to a tragedy that has occurred during the summer vacation.

Please direct suggestions or questions regarding the role and operation of the District Emergency Counseling Support Team to Jason Breaker at 503-916-5460 or jbreaker@pps.k12.or.us.

To access the District Emergency Counseling Support Team in the event of a crisis, call Jason Breaker, Assistant Director of Student Services, 503-916-5460 (office), 503-347-1438 (blackberry).

Procedures for Referral of a Student Who Has Attempted Suicide or Has Been Admitted into a Psychiatric Hospital

This is an important notice for all District Staff. If a staff member learns that a student has attempted suicide or has been admitted to a psychiatric hospital, the student must be referred to a Special Education Evaluation Planning Team to determine whether he or she should be evaluated for special education services. The student's Special Education Evaluation Planning Team may decide that the student should be immediately evaluated for special education services. Alternatively, the Team may decide that at this time an evaluation is not warranted.

It is possible that the student's social interaction, attendance and grades may not be impacted until a few months after returning to school. For this reason, it is critical that District staff monitor the student's progress. If the Special Education Evaluation Planning Team decides not to evaluate the student when the student first returns to school, it **MUST** reconvene in three months to again review the student's educational performance. If a special education evaluation is warranted at that time, it must be completed.

In addition, if a student changes schools or transitions to a middle or high school, all information relating to the student's attempted suicide and/or psychiatric hospitalization and District meetings must be conveyed to both the general education and special education staff at the new school. The failure to follow these guidelines may have a significant fiscal impact on the District.

These procedures may be different than those you were told to follow in the past. These procedures supersede any earlier procedures. If you have any questions please contact Connie Bull at (503) 916-3140.

Constance J. Bull
Special Education Legal Counsel

Jollee Patterson
General Counsel

Students Who have Attempted Suicide, Cut on Themselves or Who have Been Admitted into a Psychiatric Hospital

Portland Public Schools
Department of Special Education
Constance Bull – Special Education Legal Counsel
February 13, 2006

This document addresses several questions that relate to the District's Special Education "Child Find" obligation and students who have attempted suicide, cut on themselves or have been admitted into a psychiatric hospital.

1. What is the District's "Child Find" obligation?	Under federal and Oregon special education law, the District has a legal duty to identify, locate and evaluate all resident children who may have a disability and need special education services. The District has an obligation to evaluate a student if it "suspects" that a student has a disability and needs special education services as a result of that disability. The District's obligation to conduct a special education evaluation of a student is independent of a parent's request for an evaluation.
2. Does the District's Child Find obligation apply to a general education student who has attempted suicide, cuts on him or herself, or has been admitted into a psychiatric hospital?	Maybe. These are extreme behaviors or events. When District staff learn that any of these have occurred, it places the District on notice. The District may have a duty to evaluate the student to determine if he or she is eligible for special education services as a student with a disability.
3. If a student is already eligible for special education and district staff are informed that the student has attempted suicide, cuts on him or herself or has been admitted into a psychiatric hospital, what is the District's obligation?	The District may have an obligation of further evaluate this student to determine eligibility under an additional disability category **and/or** to determine the student's educational needs (which must be addressed on the student's IEP).
4. Do all of the following questions and answers apply <u>both</u> to students who are not yet eligible for special education and those who are currently eligible for special	Yes. <u>See</u> Questions 2 and 3, above.

education services?	
5. What is the responsibility of general education teachers, counselors and administrators if they learn that a student has attempted suicide, cut on him or herself or has been admitted into a psychiatric hospital?	If staff learn that any of these events have occurred, he or she must report this information to the school's special education teacher or school psychologist.
6. What is the responsibility of the special education teacher or school psychologist when he or she receives this information?	The special education teacher or school psychologist must schedule a special education Evaluation Planning Team (EPT) meeting.
7. What is the membership of a special education EPT?	In this District, the membership of an EPT is the same as that of an Individualized Education Program (IEP) team. The following individuals must be on an IEP team: (1) the parent; (2) the student, where appropriate; (3) a District representative; (4) a special education teacher; (5) a general education teacher of the student; (6) an individual who can interpret the instructional implications of evaluation results; and (7) other individuals invited by the parents or school.
8. What is the function of the special education EPT?	A special education EPT decides whether the student will be evaluated for special education services. The EPT also determines what, if any, additional assessments are necessary to complete an evaluation if the team decides that the student should be evaluated. District staff provide the parent with prior written notice of the team's decision regarding whether or not the student will be evaluated.
9. Why doesn't a Building Screen Committee (BSC) at a school make this determination?	Schools in the District use BSC's to perform different functions. Some BSCs invite parents and functions like a special education EPT. Others do not. BCS's also do not use the District's special education meeting notice and prior written notice forms. For those reasons, the District's procedures for students who have attempted suicide, cut on themselves, or have been admitted into a psychiatric hospital require that a special education EPT make the decision regarding whether to evaluate the student.
10. What if the special education EPT convenes a meeting and decides	It is possible that the student's social interactions, behavior, attendance and/or grades may not be impacted at all or may not be impacted until a few months after returning to school.

that an evaluation is not warranted at this time?	For these reasons, it is critical that District staff monitor the student's progress. If the special education EPT decides not to evaluate the student when the student first returns to school, it **must reconvene in three months** to again review the student's educational performance. If a special education evaluation is warranted at that time, it must be completed. It is also important to have someone at the school continue to monitor the student's attendance, grades, behavior and social interactions if an evaluation is not warranted at that time.
11. What should general education staff, counselors or administrators do if they know that a student attempted suicide or was admitted to a psychiatric hospital six months ago? A year ago? Two years ago? **What if a student has not "attempted suicide" but has had "thoughts of suicide" or has a "plan of suicide?"**	Staff should inform the special education teacher or school psychologist. In these situations, the special education staff must make a case-by-case determination regarding whether the school should convene a special education EPT. This is done by considering all available information regarding the student's current level of functioning including attendance, grades, behavior, medical diagnosis and social interactions. If this information supports a "suspicion" that the student may have a disability and needs special education services, a special education EPT must be convened to make a final decision about whether the student should be evaluated. If there is any question about whether or not to convene an EPT, take the most cautious approach and convene an EPT. If this information indicates that the student has needs that are not currently addressed on his or her IEP, the EPT must be convened to determine whether an evaluation is necessary before adding services or goals to the student's IEP.
12. What if the parent refuses to attend the special education EPT meeting?	The special education EPT must follow the standard procedures for convening an IEP meeting without the parent.
13. What if the parent refused to give written consent for an evaluation?	If the team concludes an evaluation should be conducted, it should inform the parent and obtain the parent's written consent to conduct the evaluation. If the parent refused to give written consent, District staff should send the parent prior written notice that the district is formally proposing to conduct an evaluation and that the parent has refused to give written consent for the District to do so. A copy of the document must be placed in the student's special education green file. In addition, if the team believes that a child's safety is at risk because of the parent's refusal to give consent for an evaluation, contact your Special Education Program Administrator immediately.
14. What if the parent refuses to give written consent for the release of the student's psychiatric/psychology records or for District staff to speak to these	Without written parent consent, District staff will not be able to obtain records from the student's physicians, therapists or from the hospital he or she attended. They also will not be able to speak to the treating professionals. If the special education EPT decides the student should be evaluated, the team must determine what assessments it must conduct to determine eligibility or educational need. The inability to obtain these records or to speak to the

treating professionals?	student's treating professionals does not negate the District's obligation to conduct a special education evaluation (assuming the parent gives written consent to conduct an evaluation). Staff must document the parent's refusal to give consent to conduct an evaluation). Staff must document the parent's refusal to give consent to disclose confidential information and ensure that this document is placed in the student's special education green file.
15. Is a student's right to confidentiality violated by notifying staff at the student's new school?	No. The school psychologist, school counselor and the student's teachers at the new District school have a legitimate educational interest in knowing this information. Also, the District does not need written consent from the parent to share this information.
16. If I have any questions about this procedure, who should I contact?	If you have any questions about this procedure, you may contact the Special Education Program Administrator for your school.

INDIVIDUAL STUDENT SAFETY PLAN PROTOCOLS

Purpose	To establish and maintain consistent measures for school personnel to follow in cases when a student displays unsafe behavior AND is considered at risk for future unsafe behavior (i.e., threat to self or others including suicidal or homicidal ideation, cutting, firesetting, inappropriate sexual touching, pre-adjudicated by Youth Authority with court imposed safety plans, or returning from treatment with community imposed safety plans). An individual student safety plan is generally short-term and it, unlike a typical behavior plan, addresses specific behavior that is dangerous to the student and/or others.
Process	1. Create a plan considering student need, as well as school schedules and resources: • Who will do what? • How will plan be monitored? • What is the review schedule (plans should be working documents that are reviewed regularly and modified as indicated by student behavior or information from a qualified mental health provider) • How will the decision be made to terminate the plan? 2. Principal/designee completes PPS Individual Student Safety Plan online (http://www.pps.k12.or.us/departments/student-services/573.htm) using all available information (with participation of student, family, and relevant school personnel). If student safety needs are beyond the school's ability to provide for, deputy superintendent should be contacted immediately. If student is special education identified, contact the special education teacher on special assignment. 3. Principal/designee shares plan with all persons responsible for carrying out the plan (including substitutes and others who may supervise the student) in order that everyone understands their role in ensuring the student's safety. 4. Once Safety Plan is submitted online, an "Alert" will be placed on the student's eSIS record. The yellow Alert tab will have the following message: "Alert: Student has supervision record(s)." Specific information will not be entered in this location. 5. Individual Student Safety Plans are to be stored in the student's cum file and also in a notebook held in the principal's office in an easily accessible and confidential location for the duration of the plan. Summaries of the Plan will automatically be sent to Student Services through the online process. 6. Unless otherwise specified, the plan will be terminated at the end of the school year.
Project Management	Role and Responsibility of Safety Plan Coordinator: ▪ To establish Safety Planning meetings ▪ Monitor the plan and oversee the gathering of information ▪ Ensure communication lines are clear between involved parties Contact Integrated Student Support, Monica Parmley at 503.916.2000 ext. 71007 if you have questions or concerns.

INDIVIDUAL STUDENT SAFETY PLAN

An individual student safety plan, unlike a typical behavior plan, addresses specific behavior that is dangerous to the student and/or others.

Date:

Student Name:	D.O.B.	eSIS No.		Grade:
Special Education Eligible? ☐ No ☐ Yes	If yes, Casemanager:			
504 Eligible? ☐ No ☐ Yes	If yes, Casemanager:			

Contact Information		
Parent/Guardian:		
Cell Phone:	Home Phone: 503	Other:
Emergency Contact:		Phone:

Places Student May Be If Missing During School Hours	
On School Grounds:	
Off School Grounds:	

Medical Information	
Physician:	Phone:
Diagnoses:	
Medications:	
Allergies/Special Considerations:	

Description of Specific Unsafe Behaviors (Why student requires a safety plan)

CRISIS RESPONSE PLAN	
What to do if student exhibits above described behavior	Who will do what/backup staff

Warning Signs/Triggers	Strategies That Work	Strategies That Do Not Work

BEHAVIOR SUPPORTS	
What will staff, student, and family do to lessen the likelihood of unsafe behavior (i.e., supervision, transition planning, transportation to and from school, plan for unstructured time, closed campus, searches, etc.)?	Who/ Back up person?
How will plan be monitored?	Who/Back up person?
How will decision be made to terminate the plan?	Who/Back up person?

Current Agencies or Outside Professionals Involved		
Name	Agency	Phone
1.		
2.		
3.		
4.		

Student Safety Team Members		
Name/Signature	Title	Date
1.		
2.		
3.		
4.		
5.	Principal	
6.	Safety Plan Coordinator	

Next Review Date: (approximately two weeks from initiation of plan or last review date)

Portland Public Schools

YOUTH SUICIDE PREVENTION INTERVENTION & POSTVENTION GUIDELINES

A Resource for School Personnel

Developed by
The Maine Youth Suicide Prevention Program
A Program of Governor Angus S. King, Jr.
And the Maine Children's Cabinet and
Adapted by Portland Public Schools
June 2003

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I.

INTRODUCTION

PORTLAND PUBLIC SCHOOLS YOUTH SUICIDE PREVENTION, INTERVENTION, & POSTVENTION GUIDELINES

I. INTRODUCTION

Youth Suicide

The likelihood of students, faculty, or staff encountering a suicidal student is real, even at the elementary school level. Few events are more painful or potentially disruptive than the suicide of a student. Suicide is an issue among all educational and socioeconomic backgrounds. Contrary to popular belief, talking about suicide or asking someone if they are feeling suicidal will NOT put the idea in their head or cause them to kill themselves. There is evidence that suicide is preventable in many cases. Appropriate and timely crisis intervention helps school administrators to maintain control in a crisis and may help prevent copycat behavior.

The Importance of Suicide Prevention Guidelines

Many school administrators are seeking guidance in the development of comprehensive suicide prevention, intervention and postvention guidelines to assist their personnel in responding to suicidal behavior. The U.S. Surgeon General and clinical experts nationwide promote the adoption of suicide prevention protocols by local school districts to protect school personnel and to increase the safety of at-risk youth and the entire school community.

About these Guidelines

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 crises 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. These suicide prevention, intervention and postvention guidelines are designed for schools to use within existing protocols to assist at-risk students and intervene appropriately in a suicide related crisis. School Boards and school personnel may choose to implement additional supportive measures to fit the specific needs of an individual school community. The purpose of these guidelines is to assist school administrators in their planning. The guidelines do not constitute legal advice, nor are they intended to do so.

THE INTENT OF THIS DOCUMENT IS TO HELP SCHOOLS:

Understand the nature of youth suicide: the myths and facts; risk and protective factors; warning signs and clues; and appropriate intervention steps.

Establish school based protocols for suicide prevention, crisis intervention and postvention.

Build connections within a community and among regional support services.

Educate school personnel, parents, and students about effective suicide prevention and intervention.

Portland Public Schools
Youth Suicide Prevention
Education, Resources and Support—It's Up to All of Us

II.

RATIONALE FOR DEVELOPING AND IMPLEMENTING SUICIDE PREVENTION

II. Rationale For Developing And Implementing School Suicide Prevention And Intervention Protocols

A. Suicide is the second leading cause of death for Maine youth aged 15 - 24. The Maine youth suicide rate was higher than the national rate for 8 of the 10 years between 1991 and 1999. On average there are 20 suicides among 15 - 24 year olds and 1-3 suicides of youth under age 15 each year. Of every 5 youth suicides, 4 are males.

B. Suicide is an issue of concern to school personnel and many youth and families in Maine. According to Maine Youth Risk Behavior Survey data, 1 in 11 high school students in Maine attempt suicide. There are an average of 260 hospitalizations for self-inflicted injuries among Maine youth each year. Of every 10 youth suicide attempts, 9 are females.

C. Given the strong correlation between suicidal and violent behavior, preparation for responding to suicide crises may also help provide a framework to aid school personnel in responding to the threat of interpersonal violence among students. The perpetrators in all of the recent high-profile school shootings in the U.S. were also suicidal.

D. While 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 notifying parents, making appropriate referrals and securing outside assistance when needed.

E. 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, as much as possible in a crisis, the learning environment for everyone.

F. Special issues such as copycat behavior, misinformation, rumors and hysteria must be considered when responding to suicidal behavior.

F. All school personnel need to know that protocols exist to refer at-risk students to trained professionals so that the burden of responsibility does not rest solely with the individual "on the scene."

H. School personnel, parents/guardians, and students need to be confident that help is available if/when they raise concerns regarding suicidal behavior. Studies show that students often know, but do not tell adults, about a suicidal peer because they do not know how they will respond or think they can't help.

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III.

COMPONENTS OF SCHOOL BASED SUICIDE PREVENTION

COMPONENTS OF SCHOOL BASED SUICIDE PREVENTION

These suicide prevention components are recommended for implementation in school systems to aid school personnel in identifying and assisting students at-risk of suicide:

A. Protocols to guide school personnel in responding effectively to suicidal behavior in troubled students, in those who threaten or attempt suicide, and in others potentially at risk in the aftermath of a death by suicide. Protocols clarify for school personnel their role in suicide prevention and crisis intervention and lessen the burden on individual school employees.

B. Agreements with crisis service providers (see a sample in Appendix F) that outline prevention and crisis intervention services to be provided to the school system including:

   1. Accepting student referrals and conducting student risk assessments.

   2. Educating the school community about youth suicide prevention.

   3. Assisting school staff with response in a crisis.

   4. Debriefing with school based crisis team members and other staff.

C. A **school community** knowledgeable about suicide prevention:

   1. ALL school personnel including administrators, counselors, teachers, custodians cafeteria workers, coaches, bus drivers, secretaries, education assistants, and other support staff receive a basic suicide prevention information awareness session (see **Appendix A**) that includes:

      a. A basic 3-step intervention to help a suicidal youth.
      b. Accurate and current information about school, community and state resources for help.
      c. Self-care guidelines for staff that work with a suicidal youth.

   2. **Suicide prevention information and resource materials** for parents including:

      a. Suicide warning signs and risk factors.
      b. Available resources to assist troubled youth.
      c. How to support grieving youth after the suicide of a friend or family member. (See **Appendix H**)

   3. **Suicide prevention education for students,** within comprehensive school health education, offered by faculty trained in a research based suicide prevention curriculum. Student education should only be done after *protocols are established and school personnel are educated.*

Suicide prevention education for students includes:

a. Information on suicide risk factors and warning signs.
b. A strong focus on building help seeking skills and reducing the barriers of turning to an adult for help.
c. An accurate and current list of resources where students can find help both within and outside of the school community.

D. **Designated school personnel** specifically trained in suicide prevention and available to each school building to screen, intervene, and refer a suicidal youth.

E. **A range of responsive support services** for at-risk students including:

1. Groups where they can learn and practice life skills.

2. Student Assistance Teams or other school based case management teams that identify, follow and refer at-risk students for needed services.

3. Substance abuse prevention and other specialized services.

4. School-based or school-linked mental health services.

5. School Resource Officers (law enforcement officers).

F. **A school climate** that promotes safety and respect for all students and school personnel including:

1. Consistently enforced disciplinary, harassment and civil rights policies.

2. Specific safety procedures to support the personal safety of students and staff.

3. Knowledgeable, informed and caring staff.

4. Staff development training and student education in protecting and respecting others.

5. Clean and safe school buildings and grounds.

6. Opportunities for meaningful student participation within the school community.

7. An environment that encourages parent involvement in ways that benefit students and school personnel.

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IV.

COMPONENTS OF SCHOOL BASED SUICIDE INTERVENTION

IV. Components Of School Based Suicide Intervention

A. Suicide Intervention Protocols Within The School Crisis Response Plan

The Student Services Department has developed a crisis response plan and team to effectively respond to schools in the time of need and crisis. Protocols to effectively assist students in a crisis involving suicidal behavior are a critical component of school crisis response plans.

These protocols aid school personnel in intervening effectively with suicidal students. School administrators play a crucial role in establishing a school climate that requires all school personnel to be familiar with and responsive to suicide crisis intervention protocols. All school personnel must cooperate fully in implementing intervention protocols in order to help prevent a youth suicide. *Crisis response plans work best when administrators involve faculty and staff in their development.*

Goals Of A Suicide Intervention Plan

1. Outline specific actions to be implemented in response to suicidal behavior.
2. Clearly designate specific individuals and alternates in each building to respond to a variety of crisis situations. It is especially important that school personnel and students know whom to contact if a student demonstrates any signs of suicidal behavior.
3. Identify pre-arranged contacts, referral resources and procedures with local crisis service personnel, police and emergency medical service providers so that these necessary services are readily accessible in a crisis.
4. Establish documentation procedures and forms.
5. Outline follow-up steps for school personnel to take after an intervention with students.

B. Guidelines For When The Risk Of Suicide Has Been Raised

The risk of suicide is raised when any peer, teacher, or other school employee identifies someone as potentially suicidal because s/he has directly or indirectly expressed suicidal thoughts (ideation) or demonstrated other clues or warning signs. (See **Appendix A** for a list of warning signs)

1. Take the threat of self-harm seriously.
2. Take immediate action. Contact the building administrator or designee to inform him/her of the situation.
3. A teacher or other school personnel close to the student talks with him/her in a quiet, private setting to clarify the situation and provide appropriate support.

4. The designated staff person trained in suicide prevention is contacted to meet with the student. The trained staff person talks with the student and does a basic screening that includes specific inquiry as to suicide plan.

5. Parents must always be notified when there appears to be any risk of self-harm, unless it is apparent that such notification will exacerbate the situation (see #6 below). The individual who notifies the parent should be an administrator or other person who has the experience/expertise and/or a special relationship with the student and parents. Resource information should be provided if needed. The same person should follow-up with the parents within a few days to determine what has been done and the next steps.

6. When the school administrator knows, or has reasonable cause to suspect, that a student has been or is likely to be abused or neglected, he must make a report of suspected abuse or neglect to the Department of Human Services by calling 503-731-3100. Teachers and other school personnel are to inform the school administrator of suspected abuse so that the administrator can make the report. Teachers, guidance counselors, social workers and other "school officials" are all mandated reporters for suspected child abuse and neglect under Oregon law. In the event that a school staff member determines that a student under age 18 appears to be at risk of attempting suicide and the parent/guardian refuses to obtain services for him/her, a report should be made to DHS for neglect - failure to seek necessary mental health treatment, which may place the child at risk of serious harm. The DHS will conduct an assessment to determine if abuse or neglect does exist and to engage the family voluntarily in meeting the treatment needs of the child. If the parents still will not seek treatment and the DHS believes that this places the child at risk of serious harm, a Court Order will be sought ordering the required treatment services.

7. If deemed necessary, or if the student refuses to give any information, contact the prearranged crisis service agency or call the statewide crisis hotline 503-731-3100 to access the appropriate crisis intervention agency in your area. This call should result in obtaining consultation with a professional with the skills, authority and responsibility to formally assess the student for suicidality and the necessary level of care.

8. Document actions taken as required by school protocol.

C. Guidelines For Medium To High Risk Situations

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

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

2. The staff person "on the scene" takes immediate action to inform the building administrator who will locate the trained staff person designated to respond to such situations.

3. The staff person talks with the student, staying calm and listening attentively. It is crucial to keep the student under continuous adult supervision until the designated trained staff person arrives.

4. The trained staff member conducts a basic suicide risk assessment with the student to determine the lethality of the threat. This includes:

   a. Determining if the student has a plan.
   b. Asking if the student has lethal means on their person or accessible elsewhere.
   c. Consulting with a crisis service provider if necessary to obtain an assessment of the student's mental state and a recommendation for treatment.

5. If the student is in possession of lethal means, secure the area and prevent other students from accessing this area. Lethal means must be removed without putting anyone in danger. It is best to call in a trained law enforcement officer to remove lethal means. Law enforcement officers have special training to de-escalate a situation that can very quickly become dangerous (i.e. possession of a gun or knife).

6. The administrator (or designee) contacts the parents or guardians to:

   a. Notify them of the situation and request that they come to school.
   b. Provide them with a full report upon arrival at school.
   c. Discuss and advise them on steps to be taken.
   d. Release the student to the parents/guardians with referrals and resources (names and phone numbers).
   e. Inform the parents/guardians that you will follow-up with them on actions taken.
   f. If the parent/guardian refuses to obtain services for a child up to age 18, and the child is believed to be in danger of self-harm, a report should be made to DHS for neglect – failure to seek necessary mental health treatment which may place the child at risk of serious harm. DHS will conduct an assessment

to determine if abuse or neglect does exist and to engage the family voluntarily in meeting the treatment needs of the child. If the parents still refuse to seek treatment and DHS believes that this places the child at risk of serious harm or at immediate risk of serious harm, a Court Order will be sought ordering the required treatment services.

7. NO STUDENT IN THIS SITUATION SHOULD BE SENT HOME ALONE.
8. In the event that the situation requires transportation to a hospital emergency department, crisis services and/or law enforcement should be contacted to assess the situation and expedite the transition to the hospital.
9. Document actions taken as required by school protocol.
10. Debrief with all staff members who assisted with the intervention.
11. Follow up with parent/guardian as arranged.

D. Guidelines for Responding to a Student Suicide Attempt on School Premises

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

Procedures For Assisting The Suicidal Student:

1. Keep the student safe and under close supervision. Never leave the student alone. Designate one or more staff members to stay with and support the individual in crisis while help is being sought.
2. Notify the school administrator or designee who will immediately communicate with designated individuals such as crisis or student assistance team members, the school nurse, social worker or counselor, emergency medical professionals, community crisis service providers, law enforcement and the superintendent of schools.
3. Notify the parents/guardians of what has occurred and arrange to meet them wherever appropriate.
4. Consult with crisis service agency staff as necessary to assess the student's mental state and to obtain a recommendation for needed treatment.
5. If the youth does not require emergency treatment or hospitalization and the immediate crisis is under control, release the student to the parent/guardian with arrangements for needed medical treatment and/or mental health counseling.
6. In the event that the situation requires transportation to a hospital emergency department, crisis services, EMS and/or law enforcement should be contacted to assess the situation and expedite the transition to the hospital.

7. Explain that a designated school professional will follow-up with parents and student regarding arrangements for medical and/or mental health services. (See **Appendix D)**

8. Establish a plan for periodic contact with the student while away from school.

9. Make arrangements, if necessary, for class work assignments to be completed at home. If the student is unable to attend school for an extended period of time, determine how to help the student complete his/her requirements.

10. Other school policies that apply to a student's extended absence should be followed.

Procedures For Assisting Other Students During a Crisis:

11. During the crisis, clear the area of other students immediately. It is best to keep students in current classrooms and provide a supportive presence until the emergency situation is under control. Experienced or trained staff may be able to help students in the following ways:

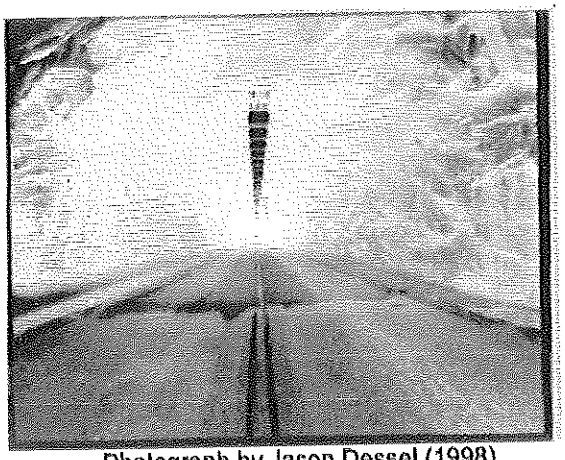
    a. Engage them in discussion of how to support each other.
    b. Encourage them to express their feelings.
    c. Discuss feelings of responsibility or guilt.
    d. Talk about fears for personal safety for self and others.
    e. Together, list resources for students to get help and support if needed.

12. The superintendent or designee alerts principals at schools attended by siblings, who in turn will notify counselors, nurses, and others in a position to help siblings and other students who might be affected.

13. Mobilize the school based crisis team, with support from community crisis service providers, to help staff address the reactions of other students. When other students know about a suicide attempt, steps must be taken to avoid copy-cat behavior among vulnerable at-risk students. (*Note: At-risk students may be friends and relatives of the student and other students who may not know the individual, but who themselves are troubled.)

Suggested Steps:

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



Photograph by Jason Dessel (1998)

OREGON YOUTH SUICIDE PREVENTION

YOUTH SUICIDE PREVENTION INTERVENTION & POSTVENTION GUIDELINES

A Resource for School Personnel

Developed by
The Maine Youth Suicide Prevention Program
A Program of Governor Angus S. King, Jr.
And the Maine Children's Cabinet
May 2002

Modified for Oregon by
Jill Hollingsworth, MA
Looking Glass Youth and Family Services
November 2007 (2nd revision)

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Readiness Survey

To assess your present level of readiness to assist individuals at-risk for suicide use the following instrument:

Suicidal behavior (fatal and non-fatal) is one of the most traumatic occurrences with which school personnel may be faced. Advanced planning to prevent youth suicide and to intervene quickly and effectively with the least disruption to school routine is paramount.

While the following is not an exhaustive list, these questions will help guide you to develop necessary school protocols suggested to address suicide prevention, intervention and postvention. If you answer "no" to any of these questions, consider changing your school's procedures to increase your school's readiness.

Administrative Questions – Suicide Prevention/Intervention

1. Does your school have an up-to-date crisis plan? Yes No
2. Does the crisis response plan have solid administrative support? Yes No
3. Does the crisis plan have written protocols on how to manage suicidal (student and/or staff) behavior? Attempt on campus? Attempt off campus? Yes No
4. Have crisis team members been identified? If so, are individuals from both the school and the community involved on the crisis team? Yes No
5. Do they meet on a regular basis? Yes No
6. Does your school have specific staff (and back-ups) identified to intervene with a student at risk of suicide? Yes No
7. If yes, to 6, do other staff and the student body know the person/people identified?? Yes No
8. Is your entire staff trained in a Best Practice or Evidence-based Practice in suicide prevention? Yes No

9. Does the staff program focus on identification, help seeking skills, attitudes and behaviors that increase help seeking, and how to refer a student at risk of suicide? Yes No

10. Has someone been designated to contact the parent/guardian when suicide risk is suspected? Yes No

11. Have procedures been developed if the parent/guardian is unreachable? Yes No

12. Does your school have community resources prepared to assist a student at risk of suicide? Yes No

13. Does your school have a formal Memorandum of Agreement (MOA) with the local crisis service provider outlining the services to be provided to the school system such as risk assessments, crisis management, and/or debriefing school staff in the aftermath of a crisis? Yes No

14. Does the MOA include debriefing parents and community members in the event of a suicide? Yes No

15. Does the MOA include guidelines for the school receives feedback on the outcome of the referrals that are made? Yes No

16. Has a policy for maintaining confidentiality of sensitive student information been created and disseminated to all school personnel? Yes No

17. Has a Best Practice or Evidence-Based suicide prevention program been incorporated into the health classes? Yes No

18. Does the student program focus on identification, help-seeking skills, attitudes and behaviors that increase help seeking, and how to refer a student at risk of suicide? Yes No

17. Are there protocols concerning how to help a student re-enter school after an absence or hospitalization for mental illness including suicidal behavior? Yes No

18. Have steps been developed to encourage parents to get help for their children, including the removal of lethal means? If the parent refuses? Yes No

19. Are behavioral health services readily available to youth? Yes No

After a Suicide (Postvention)

20. Do your procedures include a section about working with the media, parents of the deceased, student body, staff and other parents in the event a student at your school completes suicide? Yes No

21. Do you have a designated spokesperson? Yes No

22. Is this spokesperson prepared to call the parents of the deceased to convey the importance of disclosing the cause of death and determine funeral arrangements? Yes No

23. Are there procedures for identifying close friends/ vulnerable students/siblings of the deceased, possibly in other buildings, and plans to support them? Yes No

24. Has a plan been developed that explicitly details what to do following a suicidal crisis to avoid copycat behaviors (contagion)? Yes No

25. Are there clear parameters around the school's role following any student/staff suicide that take into consideration the fact that following a suicide, whole-school and/or permanent memorials are NOT recommended? Yes No

Protocol

26. Has all staff been provided with school protocols for suicide prevention, intervention and postvention? Yes No

27. Have confidentiality guidelines been provided and discussed with ALL staff? Yes No

28. Do school personnel understand that all suicidal ideation/ behavior must be taken seriously and reported? Yes No

29. Are procedures in place to debrief staff in the event of a crisis? Yes No

Parent-Related Questions

30. Are opportunities provided for parents to learn about suicide prevention specifically risk factors, warning signs and the importance of restricting lethal means? Yes No

31. Have parents been told what the school is doing to prevent and address the issue of suicide, what will be done if their son or daughter is thought to be at risk, and what will be expected of them? Yes No

Facts You Need to Know About Suicide

Misinformation about suicide stands in the way of providing assistance to those in danger. To be an effective gatekeeper, it is important to dispel the "myths" of suicide with some basic facts about suicide and suicidal people. Knowledge about suicide gives us the confidence to recognize suicidal behavior and intervene in constructive, responsible ways.

The facts listed below are not prioritized in any way. They are all important. The numbers are only for ease in reference.

Fact #1

Talking about suicide or asking someone if they feel suicidal will not put the idea in their head or cause a person to kill themselves.

Most people thinking about suicide want very much to talk about how they are feeling and are relieved when someone else recognizes their pain. To avoid the subject of suicide can be deadly. Once you ask someone about suicide and they respond "yes," you must be prepared to stay calm, take the time to listen, persuade them to get help, and help them identify resources.

Fact #2

Few attempted or completed suicides happen without some warning.

The survivors of a suicide often say that the intention was hidden from them. It is more likely that the intention was not recognized. Research has demonstrated that in over 80% of completed suicides, a warning sign or signs were given.

Fact #3

There are no special/certain types of people who commit suicide.

Suicidal behavior cuts across all socioeconomic boundaries. People of all ages, races, faiths, and cultures die by suicide, as do individuals from all walks of life, all income levels. Popular, well-connected people who seem to have everything going for them as well as those who are "down and out" die by suicide. Suicidal youth come from all kinds of families--rich and poor, happy and sad, two-parent and single-parent. Most who die suffer from serious mental illness;

many of whom have not been diagnosed; some have no diagnosable mental illness. We have to pay serious attention to all suicidal talk and behavior.

Fact #4 **Suicidal young people can help themselves.**

When contemplating suicide, young people develop a distorted perception of their actual life situation and what solutions are appropriate for them to take. However, with support and constructive assistance from caring and informed people around them, young people can gain the life skills necessary to manage their lives. They do not want to die, they want their pain to go away.

Fact #5 **Suicide "secrets" and/or "notes" must be shared.**

Where the potential for harm, or actual harm, is disclosed then confidentiality cannot be maintained. A sealed note with the request for the note not to be opened is a very strong indicator that something is seriously amiss. A sealed note can be a late sign in the progression towards suicide. Never promise to keep a friend's suicidal thoughts a secret.

Fact #6 **Depression, anxiety, mood disorders, substance abuse, and conduct disorders are the most common factors found in suicidal youth. Some, however, have no diagnosable underlying illness.**

While mood disorders, conduct disorders, and substance abuse are the most common co-morbid factors, they may or may not be present when a person attempts or dies by suicide. Suicide comes from having more pain than is manageable. In fact, some people who are suicidal appear to be happier than they have been in a long time because they believe they have found a "solution" to all of their problems. Also, extremely depressed people often do not have the energy to kill themselves. Suicidal behavior is very complicated and to a large degree remains a mystery.

Alcohol/drugs and suicide often go hand in hand. Alcohol and other forms of substance abuse cloud judgment and even people who don't normally drink will often do so shortly before killing themselves. Alcohol is a factor in at least a fourth of youth suicides.

Fact #7 — Suicide is preventable.

It is simply not true that "once suicidal, always suicidal." Young people can gain the life skills, wisdom, and maturity necessary to manage their lives. Most people who are considering suicide will be suicidal for a relatively short period of time. Most young people are suicidal only once in their lives. Given proper assistance and support, there is a strong possibility that there will not be another suicidal crisis. The more effort that is made to help an adolescent identify stressors and develop problem-solving skills during the post-suicidal crisis period, and the more time that passes, the better the prognosis.

Fact #8 — Youth most commonly share their thoughts, problems, and feelings with other youth.

Evidence shows that suicidal youth are far more likely to confide their suicidal thoughts and plans with peers rather than adults. Some adolescents 'ask' for help through non-verbal gestures rather than express their situation verbally to others.

While it is common for young people to be defensive and resist help at first, these behaviors are often barriers imposed to test how much people care and are prepared to help. For most adolescents considering suicide, it is a relief to have someone genuinely care about them and to be able to share the emotional burden of their plight with another person. When questioned some time later, the vast majority express gratitude for the intervention.

Fact #9 — Suicide is not painless ... not an "easy way out."

Many suicide methods are very painful. Fictional portrayals of suicide do not usually include the reality of the pain. The pain to the suicide victim, of course, extends to the survivors of the victim, too.

Fact #10 — Most suicidal youth are not mentally ill.

Although suicidal adolescents are likely to be extremely unhappy and may be classified as having a mood disorder, such as depression, most do not have a diagnosed mental illness. However, there are small numbers of individuals whose mental state meets psychiatric criteria for mental illness and who need psychiatric help.

Fact #11

People who show marked and sudden improvement after a suicide attempt or depressive period may be in great danger.

The three months following a suicide attempt are critical, especially if the person shows sudden improvement. The apparent lifting of the problems could mean the person has made a firm decision to kill himself and feels better because of this. The initial support and attention may be waning, and life is returning to "normal." The person may be facing the same problems and may have the energy to plan the next attempt. It is a very dangerous time.

Fact # 12

People who talk about suicide may very well attempt or complete suicide.

Talking about suicide makes people uncomfortable. Talking about suicide can be a plea for help and it can be a late sign in the progression towards a suicide attempt. Seven of every ten suicide attempts or completions are preceeded by talk of suicide. All talk of suicide must be taken seriously. Those who are most at risk may also show other signs apart from talking about suicide. It is crucial to remove lethal means from the environment of someone who is talking about suicide.

Fact #13

Suicide is not inherited.

Although suicide can be over-represented in families, there is no "suicide" gene. Members of families share the same emotional environment and the completed suicide of one family member may well raise the awareness of suicide as an option for other family members. Suicide is seen as one model for "coping" in some families and, therefore, its continued expression in certain families should be taken very seriously as a "risk factor."

Fact #14

Suicidal behavior is not just a way to get attention.

All suicide threats and attempts must be treated as though the person has the intent to die. Do not dismiss a suicide threat or attempt as simply being an attention-gaining device. It is likely that the young person has tried to gain attention and, therefore, this attention is needed. The attention that they get may well save their lives.

Fact #15

There is strong evidence that sexual minority youths are more likely than their peers to think about and attempt suicide.

Risk due to discrimination, victimization, or identity confusion because of sexual orientation, as with race and ethnicity, are important factors to consider in youth suicide prevention. Research studies vary greatly in their estimates of gay, lesbian, bi-sexual, transgender, and questioning (GLBTQ) youths who die by suicide. Recent analyses of research indicate that even though adolescents who report same-sex romantic attractions or relationships are at more than two times the risk for suicide attempts, the overwhelming majority report no suicidality at all. Further research needs to be done on the risk factors as well as the unique strengths that characterize the lives of sexual minority adolescents.

Fact #16

Any concerned, caring friend can be a "gatekeeper" and may very well make the difference between life and death.

All people who interact with suicidal adolescents can help them by way of providing emotional support, encouragement, information, and resources. Psychotherapeutic interventions also rely heavily on family and friends providing a network of support.

Fact #17

Not every death is preventable.

No matter how well intentioned, alert, and diligent people's efforts may be, it is impossible to prevent all suicides. Human nature is difficult to predict. It is important to realize that we will not be able to save everyone. It is important to understand that the only person responsible for the suicide is the person who decides to kill himself or herself. It is equally important to be sensitive to the fact that some people make very impulsive decisions, leaving no time for intervention.

Rate, Number, and Ranking of Suicide for Each U.S.A. State, 2001*

Rank-	State [Region] ('00 rank)	Rate	Number
01	New Mexico [M] (03)	19.8	362
02	Montana [M] (04)	19.3	175
03	Nevada [M] (02)	18.4	387
04	Wyoming [M] (05)	16.8	83
05	Colorado [M] (07T)	16.3	722
06	Alask a [P] (01)	16.1	102
07	Idaho [M] (16T)	15.9	210
07	West Virginia [SA] (11T)	15.9	286
09	Oklahoma [WSC] (09)	14.8	515
10	Arizona [M] (06)	14.5	767
10	Oregon [P] (07T)	14.5	505
12	Arkansas [WSC] (13)	14.2	382
13	Florida [SA] (11T)	14.1	2,314
13	Utah [M] (10)	14.1	321
15	South Dakota [WNC] (18T)	13.8	105
16	Delaware [SA] (32T)	13.6	108
17	New Hampshire [NE] (32T)	13.3	167
18	Missouri [WNC] (20)	12.9	725
19	Maine [NE] (23T)	12.5	161
20	North Dakota [WNC] (32T)	12.4	79
20	Tennessee [ESC] (15)	12.4	711
22	Kentucky [ESC] (16T)	12.2	495
23	North Carolina [SA] (21T)	12.1	997
24	Washington [P] (21T)	11.9	712
25	Wisconsin [ENC] (30)	11.8	639
26	Indiana [ENC] (27)	11.7	715
26	Vermont [NE] (18T)	11.7	72
28	Alabama [ESC] (14)	11.5	512
28	Mississippi [ESC] (37)	11.5	328
28	South Carolina [SA] (28T)	11.5	467
31	Georgia [SA] (35T)	11.1	935
31	Hawaii [P] (25T)	11.1	136
31	Virginia [SA] (31)	11.1	797
34	Louisiana [WSC] (35T)	11.0	493
35	Nebraska [WNC] (25T)	10.9	187
36	Kansas [WNC] (23T)	10.8	293
	U.S.A. TOTAL	**10.8**	**30,622**
37	Ohio [ENC] (41)	10.7	1,219
38	Michigan [ENC] (40)	10.5	1,051
39	Iowa [WNC] (39)	10.4	304
39	Pennsylvania [MA] (28T)	10.4	1,276
39	Texas [WSC] (38)	10.4	2,225
42	Minnesota [WNC] (43T)	9.6	480
43	Illinois [ENC] (46)	9.1	1,139
44	Maryland [SA] (43T)	8.4	454
45	Rhode Island [NE] (47)	8.3	88
46	California [P] (45)	8.2	2,831
46	Connecticut [NE] (42)	8.2	283
48	District of Columbia [SA] (51)	7.0	40
49	New Jersey [MA] (48)	6.9	588
50	Massachusetts [NE] (49T)	6.7	426
51	New York [MA] (49T)	6.6	1,253

Caution: Annual fluctuations in state levels combined with often relatively small populations can make these data highly variable. The use of several years' data is preferable to conclusions based on single years alone.

Region [Abbreviation]	Rate	Number
Mountain [M]	16.2	3,027
South Atlantic [SA]	12.1	6,398
East South Central [ESC]	11.9	2,046
West South Central [WSC]	11.3	3,615
West North Central [WNC]	11.2	2,173
Nation	**10.8**	**30,622**
East North Central [ENC]	10.5	4,763
Pacific [P]	9.3	4,286
New England [NE]	8.5	1,197
Middle Atlantic [MA]	7.8	3,117

2001

Source: Arias, E., Anderson, R.N., Kung, H.C., Murphy, S.L., & Kochanek, K.D. (2003). Deaths: Final data for 2001. *National Vital Statistics Reports, 52*(3). Hyattsville, MD: National Center for Health Statistics. [Data to be published in the CD-ROM entitled *Vital Statistics of the United States, Mortality, 2001.*] (p. 91, Table 30).
[data are by place of residence]
[Suicide = ICD-10 Codes X60-X84, Y87.0]

Note: All rates are per 100,000 population.

* Including the District of Columbia.

Suicide State Data Page: 2001
26 September 2003

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"to understand and prevent suicide as a means of promoting human well-being"

Visit the AAS website at:
http://www.suicidology.org

For other suicide data, and an archive of state data, visit the website below and click on the "Recent Suicide Statistics" link:
http://mypage.iusb.edu/~jmcintos/

U.S.A. SUICIDE: 2001 OFFICIAL FINAL DATA

	Number	Per Day	Rate	% of Deaths
Nation	30,622	83.9	10.8	1.3
Males	24,672	67.6	17.6	2.1
Females	5,950	16.3	4.1	0.5
Whites	27,710	75.9	11.9	1.3
Nonwhites	2,912	8.0	5.6	0.9
Blacks	1,957	5.4	5.3	0.7
Elderly (65+ yrs.)	5,393	14.8	15.3	0.3
Young (15-24 yrs.)	3,971	10.9	9.9	12.3

Group (Number of Sui.)	Rate
White Male (22,328)	19.5
White Female (5,382)	4.6
Nonwhite Male (2,344)	9.3
Nonwhite Female (568)	2.1
Black Male (1,627)	9.2
Black Female (330)	1.7
Hispanic (1850)	5.0

Completions: ***suicide rate increased slightly in 2001 (from 2000) after declines for six consecutive years and a steady 2000 rate***

- Average of 1 person every 17.2 minutes killed themselves.
- Average of 1 old person every 1 hour 37.5 minutes killed themselves.
- Average of 1 young person every 2 hours 12.4 minutes killed themselves. (If the 279 suicides below age 15 are included, 1 young person every 2 hours 3.7 minutes)
- 11th ranking cause of death in U.S.—3rd for **young** ⟶
- 4.1 male deaths by suicide for each female death by suicide.
- Suicide ranks 11th as a cause of death; Homicide ranks 13th

Cause	Number	Rate
All Causes	32,252	80.7
1-Accidents	14,411	36.1
2-Homicide	5,297	13.3
3-Suicide	3,971	9.9

Attempts (figures are estimates; no official U.S. national data are compiled):

- 765,000 annual attempts in U.S. (using 25:1 ratio)
- 25 attempts for every death by suicide for nation. 100-200:1 for young; 4:1 for elderly.
- 5 million living Americans (estimate) have attempted to kill themselves.
- 3 female attempts for each male attempt.

Survivors (i.e., family members and friends of a loved one who died by suicide):

- Each suicide intimately affects at least 6 other people. (estimate)
- Based on the over 742,000 suicides from 1977 through 2001, estimated that the number of survivors of suicides in the U.S. is 4.45 million (1 of every 64 Americans in 2001); number grew by nearly 184,000 in 2001.
- If there is a suicide every 17 minutes, then there are 6 new survivors every 17 minutes as well.

Suicide Methods	Number	Rate	Percent of Total		Number	Rate	Percent of Total
Firearm suicides	16,869	5.9	55.1%	All Other	13,753	4.8	44.9%
Suffocation/Hanging	6,198	2.2	20.2%	Poisoning	5,191	1.8	17.0%
Falls	651	0.2	2.1%	Cut/pierce	458	0.2	1.5%
Drowning	339	0.1	1.1%	Fire/flame	147	0.1	0.5%

U.S.A. Suicide Rates 1990-2001
(Rates per 100,000 population)

Group/ Age	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
5-14	0.8	0.7	0.9	0.9	0.9	0.9	0.8	0.8	0.8	0.6	0.8	0.7
15-24	13.2	13.1	13.0	13.5	13.8	13.3	12.0	11.4	11.1	10.3	10.4	9.9
25-34	15.2	15.2	14.5	15.1	15.4	15.4	14.5	14.3	13.8	13.5	12.8	12.8
35-44	15.3	14.7	15.1	15.1	15.3	15.2	15.5	15.3	15.4	14.4	14.6	14.7
45-54	14.8	15.5	14.7	14.5	14.4	14.6	14.9	14.7	14.8	14.2	14.6	15.2
55-64	16.0	15.4	14.8	14.6	13.4	13.3	13.7	13.5	13.1	12.4	12.3	13.1
65-74	17.9	16.9	16.5	16.3	15.3	15.8	15.0	14.4	14.1	13.6	12.6	13.3
75-84	24.9	23.5	22.8	22.3	21.3	20.7	20.0	19.3	19.7	18.3	17.7	17.4
85+	22.2	24.0	21.9	22.8	23.0	21.6	20.2	20.8	21.0	19.2	19.4	17.5
65+	20.5	19.7	19.1	19.0	18.1	18.1	17.3	16.8	16.9	15.9	15.3	15.3
Total	12.4	12.2	12.0	12.1	12.0	11.9	11.6	11.4	11.3	10.7	10.7	10.8
Men	20.4	20.1	19.6	19.9	19.8	19.8	19.3	18.7	18.6	17.6	17.5	17.6
Women	4.8	4.7	4.6	4.6	4.5	4.4	4.4	4.4	4.4	4.1	4.1	4.1
White	13.5	13.3	13.0	13.1	12.9	12.9	12.7	12.4	12.4	11.7	11.7	11.9
Nonwh	7.0	6.8	6.8	7.1	7.2	6.9	6.7	6.5	6.2	6.0	5.9	5.6
Black	6.9	6.7	6.8	7.0	7.0	6.7	6.5	6.2	5.7	5.6	5.6	5.3

15 Leading Causes of Death in the U.S.A., 2001
(total of 2,416,425 deaths; 848.5 rate)

Rank & Cause of Death	Rate	Deaths
1 Diseases of heart (heart disease)	245.8	700,142
2 Malignant neoplasms (cancer)	194.4	553,768
3 Cerebrovascular diseases (stroke)	57.4	163,538
4 Chronic lower respiratory diseases	43.2	123,013
5 Accidents (unintentional injuries)	35.7	101,537
6 Diabetes mellitus (diabetes)	25.1	71,372
7 Influenza & pneumonia	21.8	62,034
8 Alzheimer's disease	18.9	53,852
9 Nephritis, nephrosis (kidney disease)	13.9	39,480
10 Septicemia	11.3	32,238
11 Suicide [Intentional Self-Harm]	**10.8**	**30,622**
12 Chronic liver disease and cirrhosis	9.5	27,035
13 Homicide [Assault]	7.1	20,308
14 Essential hypertension and renal disease	6.8	19,250
15 Pneumonitis due to solids and liquids	6.1	17,301
- All other causes (Residual)	140.8	400,935

Old made up 12.4% of 2001 population but represented 17.6% of the suicides.
Young were 14.0% of 2001 population and comprised 13.0% of the suicides.

Official data source: Arias, E., Anderson, R.N., Kung, H.C., Murphy, S.L., & Kochanek, K.D. (2003). Deaths: Final data for 2001. *National Vital Statistics Reports, 52*(3). Hyattsville, MD: National Center for Health Statistics. DHHS Publication No. (PHS) 2003-1120. [Data to be published in the CD-ROM annual volume entitled *Vital Statistics of the United States, Mortality, 2001.*]
Population figures source: Table I, p. 106, of the National Center for Health Statistics (Arias et al., 2003) publication above.

$$\text{suicide rate} = \frac{\text{number of suicides by group}}{\text{population of group}} \times 100{,}000$$

Suicide Data Page: 2001
26 September 2003
Prepared for *AAS* by John L. McIntosh, Ph.D.

RBH
Your road to better health

Reliant Behavioral Health, L.L.C.

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ACUTE SIGNS AND SYMPTOMS FOLLOWING CRITICAL INCIDENTS

Not everyone goes through each phase or symptom;
Most individuals will experience some of the following symptoms to varying degrees of intensity.

I. IMPACT PHASE: within the first 24 hours

PHYSICAL	COGNITIVE	BEHAVIORAL	EMOTIONAL	SPIRITUAL
* Shock * Hypothermia * Fight/flight * Insomnia * Trembling * Nausea	* Perceptual distortion * Difficulty with decisions * Repeated thoughts of the incident * Memory lapses	* Decreased/increased talking * Agitation * Decreased/increased motion	* Tearfulness * Numbing * Re-experience emotions * Excitability * Helplessness	* Disorientation of beliefs (the ground cracks open) * Experience meaningless (why?) * One's dream being shattered * Feeling betrayed * Up-rooted/disconnected * Abandonment * Guilt (am I being punished?)

II. RECOIL PHASE: 1 to 10 days

PHYSICAL	COGNITIVE	BEHAVIORAL	EMOTIONAL	SPIRITUAL
* Fatigue * Low energy * Nightmares * Fitful Sleep * Decreased or increased appetite	* Repeated thoughts * Poor concentration * Psychogenic amnesia * Self-doubt ("what if...") * Confusion	* Decreased sexual interest * Withdrawn from family/friends * Avoiding things that produce memories of incident * Increased use of drugs/alcohol	* Denying emotions * Fear of losing control * Hypervigilance * Irritability	* Reassessing ultimate beliefs/values * Hyper-religious * Disaffection * Distrust/Lack of trust * Retreating to aloneness/ loneliness

III. COPING PHASE: 10 days to several months

Symptoms listed above may occur at less frequent, milder levels. Symptom distress gradually declines. Occasional, spontaneous, short-term return of symptom intensity may be triggered by sights, sounds, smells, or events that bring back mental images of the incident.

If many of the above symptoms continue to be distressing or interfere with life functions for longer than 30 days, OR if distressing symptoms do not occur until 6 months following incident, then you may be experiencing Post-Traumatic Stress Disorder to some degree. Evaluation by a psychologist or professional knowledgeable about the diagnostic criteria for P.T.S.D. can help determine a productive course of action. Consultation with the Employee Assistance Program can be helpful.

SYMPTOMS THAT OCCUR WITHIN THE FIRST 30 DAYS AND GRADUALLY BEGIN TO LESSEN *ARE NOT* P.T.S.D. THEY ARE UNPLEASANT, INTRUSIVE, PAINFUL, BUT NATURAL, HUMAN REACTIONS FOLLOWING A CRITICAL INCIDENT.

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HELPFUL ACTIVITIES AFTER A CRITICAL INCIDENT

1. Physical exercise within 24 hours.
2. Allow plenty of rest, while at the same time sticking to a normal schedule.
3. Balanced nutrition.
4. Know that it's OK to feel numb and in shock for awhile - this is normal.
5. Avoid boredom.
6. Talk about reactions and feelings with people who are genuinely concerned about you. Use your support systems: family, friends, co-workers, etc.
7. Don't fight dreams and flashbacks - they are **distressing** and **normal.**
8. Organize and attend a Critical Incident Support Session.
9. If distressing symptoms continue for 6 weeks or more, call the EAP.
10. Avoid major decisions. Accept that you may be more absentminded and forgetful.
11. Remind yourself that you will survive and things will get better.
12. Maintain a balanced sense of humor.

Helpful Coping, increased by:

- Ability to identify the stressors.
- View the problem as shared by the family, not the property of one person.
- Clearly express the problem (reject the commandments of masculinity).
- Evidence of role flexibility (adjust to meet the needs of the situation).
- Evidence of high family (or work group) cohesion.
- Absence of substance abuse/dependence.
- Adopt a solution-oriented approach instead of blaming.

III. Community Action to Prevent Suicide and Resources

Local Resources

*Local Mental Health
*Local Public Health
*Prevention Programs
*School Counselors
*School Crisis Response Team(s)
*Suicide Prevention Programs (SAFE:TEEN, Columbia TeenScreen, Etc.)
*Commission on Children and Families
*Faith Community
*Health Providers (Physicians, ER Departments, Hospitals)
*First Responders (EMT's, Police, Fire Dept.)
*Child Fatality Review Team
*Youth Service Programs and Organizations

Statewide Resources

*Statewide Plan for Youth Suicide Prevention
http://www.dhs.state.or.us/publichealth/ipe/suicide.cfm
*Suicide Intervention Training (ASIST and QPR)
http://www.co.josephine.or.us/jcmhd/suicideprevention.htm (ASIST)
http://www.qprinstitute.com/ (QPR)
*American Foundation for Suicide Prevention Northwest (AFSP NW)
http://www.afspnw.org/home.html
*Oregon Safe Schools and Communities Coalition
http://www.oregonsafeschools.org/
*Suicide Bereavement Support Groups
*The Dougy Center
http://www.dougy.org/
*1-800-SUICIDE Hotline (1.800.784.2433)
http://www.hopeline.com/
*State Agency Team for Youth Suicide Prevention
*State Government (Injury Prevention, MH & Addiction Services, CC&F)

National Resources

*National Strategy for Suicide Prevention
http://www.mentalhealth.org/suicideprevention/default.asp
*Suicide Prevention Resource Center
http://www.sprc.org/index.asp
*American Association of Suicidology (AAS)
http://www.suicidology.org/index.cfm
*American Foundation for Suicide Prevention (AFSP)
http://www.afsp.org/index-1.htm
*Suicide Prevention Advocacy Network (SPAN)
http://www.spanusa.org/
*National Depression Screening Day
http://www.mentalhealthscreening.org/depression.htm