



# Suicide Intervention Protocol

A School Based Approach to Suicide Intervention

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# INTRODUCTION

## Purpose of Protocol

The U.S. Surgeon General promotes the adoption of suicide prevention protocols by local school districts to protect school personnel and to increase the safety of at-risk youth and the entire school community. This document is intended to help school staff understand their role and to provide accessible tools.

Schools are resourceful organizations whose staff members may be called upon to deal with crises on any given day. Schools are a good resource for support and stability for students and community members when a crisis occurs in their community.

## What Schools Need to Know

- School staff is frequently considered the first line of contact in reaching suicidal students.
- 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.
- 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.”
- Research has shown 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.
- 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 suicidal peers because they do not know how they will respond or think they can’t help.
- Regardless of how comprehensive suicide prevention and intervention may be in a community, not all suicidal behavior can be prevented.
- Advanced planning is critical to providing an effective crisis response. Internal and external resources must be in place to address student issues and to normalize the learning environment for everyone.

# EDUCATION

## **Staff training**

North Clackamas School District staff will receive training (or a refresher) regularly on the policies, procedures, and best practices for intervening with students at risk for suicide.

At least two staff members per school receive specialized training to intervene, assess, and refer students at risk for suicide. These two staff members at the elementary level are the school counselor and principal. At the middle and high school levels, the trained School Screeners are the school counselors and another trained backup staff member, typically an administrator.

This training should be a best practice and specific to suicide such as the internationally known ASIST: Applied Suicide Intervention Skills Training or Question, Persuade & Refer (QPR). These staff members are the trained School Screeners within each school. Administrators will ensure that all staff know who these School Screeners are within the school.



# INTERVENTION



## Protocol Overview

The risk of suicide is raised when any student, peer, teacher, school counselor, school administrator or other school employee identifies someone as potentially suicidal because s/he has directly or indirectly expressed suicidal thought (ideation) or demonstrated other clues or warning signs. It is critical that any school employee who has knowledge of a suicide threat report this information immediately and directly to a School Screener so that the student of concern receives appropriate attention. A suicide risk screening will need to be completed for every student expressing thoughts of suicide.

If imminent danger exists, phone 911. This is especially important if the student of concern has skipped school altogether or left the campus and concerns for safety relating to suicide exist.

1. Take immediate action. Contact the School Screener.
2. Take suicidal behavior seriously every time.
3. No student expressing suicidal thoughts should be sent home alone or left alone during the screening process.

If a student is having thoughts of suicide, there is a risk of suicide and a Suicide Risk Screening is initiated. If imminent danger is not present but a concern about suicide risk exists, the School Screener will initiate the Suicide Risk Screening process, which includes a Level 1 Suicide Risk Screening and may include a Level 2 Risk Assessment.

A **Level 1 Suicide Risk Screening** is conducted by a School Screener when risk of suicide is identified. The School Screener interviews the student and completes the *Suicide Risk Screening Form: Level 1, if necessary*. The School Screener consults with another trained screener to determine if a Level 2 Suicide Risk Assessment is warranted. If a student is having thoughts of suicide, there is suicide risk. The School Screener may also consult with the Clackamas County Crisis Line at 503-655-8585.

A **Level 2 Suicide Risk Assessment** by a Qualified Mental Health Professional may be necessary based upon information gathered in the Level 1 Suicide Risk Screening. A *Student Support & Safety Plan* is developed either following the assessment or upon the student's return to school.

## Suicide Intervention Protocol Flowchart

Suicidal event is recognized  
(ideation, attempt, gesture, etc)

Event is reported to a School Screener (do not send emails or leave message)

### GATHER INFORMATION

**IMMINENT  
DANGER**

### Call 911

Situations could include:

- Student ingests medication or harmful substance
- Attempts to leave campus
- Threatens with a weapon

School Screener gathers information, consults with another School Screener, and completes the pre-screener form.

### SCREENING NEEDED

**UNFOUNDED**

### If determination is NOT to move to Level 1 Screening:

- If needed, verify through consultation with another School Screener
- Inform administrator
- Contact parents/guardians if needed

### Suicide Risk Screening - Level 1

- Screener interviews student
- Screener consults with another trained screener.
- Screener determines need for Level 2 Risk Screening based on level of concern

### QMHP ASSESSMENT NEEDED

**LEVEL 1**

### Level 1 Response

- Screener contacts parents/guardians to inform and obtain additional information.
- Screener informs administrator.
- Screener calls DHS, if needed.

### Suicide Risk Screening - Level 2

Conducted by Qualified Mental Health Provider (QMHP)

- Screener facilitates referral to one of the following:
- Assessment by student's mental health therapist
- Assessment by Clackamas County Crisis Line or Mental health clinic
- Assessment by Emergency Room

**LEVEL 2**

### Level 2 Response

- Screener contacts parents/guardians to inform and obtain additional information.
- Screener informs administrator.
- Screener works with student and parent to complete support/safety plan as needed.

## Warning Signs for Suicide

There is no definitive list of warning signs for suicide and may include:

1. Ideation (Thoughts of Suicide) - Expressing suicidal feelings through talking, gesturing, writing, or drawing. Desire to die.
2. Suicide Plan - Having a plan for suicide and/or obtaining the means to follow-through on a suicidal attempt.
3. Unbearable Pain - Often as the result of a loss/crisis. Expressing they are suffering a great deal and feel there is no hope.
4. Displaying Signs of Depression - Such as a loss of pleasure in activities they used to enjoy, prolonged sad mood, changes in eating or sleeping patterns.
5. Making Final Arrangements - Saying good-bye as if they won't be seeing someone again. Giving away favorite possessions.
6. Self-Destructive Behavior - Such as the start of or increase in alcohol or drug use, risky sexual behavior, reckless driving.
7. Changes in Behavior - Such as pulling away from family, friends, or social groups; anger or hostility.

## Risk Factors for Suicide

There is no definitive list of risk factors for suicidal ideation and may include:

1. Previous Suicide Attempt - This significantly increases the likelihood that someone will complete suicide.
2. Exposure to Suicide - Friend or family member who attempted or completed suicide.
3. Abuse - Physical or sexual abuse, being mistreated.
4. Social Isolation - May lead to feelings of helplessness and depression. Lack of support. Unwilling to seek help.
5. Depression, Anxiety, Agitation - Primarily Major Depressive Disorder. Feeling trapped.
6. Access to Lethal Means - Such as guns, weapons, knives, medications in the house.
7. Perceived Major Trouble - Such as trouble at school, at home, or with the law.
8. Peer Victimization - Bullying, extreme embarrassment or humiliation.

## Steps to Help a Suicidal Student

Take all suicidal behavior seriously.

1. Establish Rapport - Express your concern about what you are observing in their behavior.
2. Ask the Question - "Are you thinking about suicide?"
  - a. If "Yes" - Do not leave this student alone.
  - b. Things to Say - "Thanks for telling me, I am here to help."
3. Escort - Escort the student to the School Screener, School Counselor, or Administrator.

## **Students at Higher Risk for Suicide**

It is important for school districts to be aware of student populations that are at elevated risk for suicidal behavior based on various factors.

### **Youth Living with Mental and/or Substance Use Disorders**

Mental health conditions, in particular depression/dysthymia, attention-deficit hyperactivity disorder, eating disorders, intermittent explosive disorder, and conduct disorder are important risk factors for suicidal behavior among young people. An estimated one in four to five children have a diagnosable mental condition that will cause severe impairment, with the average onset of depression and dysthymia occurring between ages 11 and 14 years; therefore, school staff may play a pivotal role in recognizing and referring the student to treatment that may reduce risk and enhance overall performance and improve long-term outcomes. Though mental health conditions are a risk factor for suicide, the majority of people with mental health concerns do not engage in suicidal behavior.

### **Youth Who Engage in Self-Harm or Have Attempted Suicide**

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

### **Youth in Out-of-Home Settings**

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

### **Youth Experiencing Houselessness**

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

### **American Indian/Alaska Native (AI/AN)**

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

### **LGBTQ2S+ (Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Two Spirit) Youth**

The CDC finds that LGBTQ2S+ youth are 4.5 times more likely, and questioning youth are over twice as likely to consider attempting suicide as their heterosexual peers. One study found that 40 percent of transgender people attempted suicide sometime in their lifetime — of those who attempted, 73 percent made their first attempt before the age of 18. Suicidal behavior among LGBTQ2S+ youth can be related to experiences of discrimination, family rejection, harassment, bullying, violence, and victimization. For those youth with baseline risk for suicide (especially those with a mental health condition), these experiences can place them at increased risk. It is not their sexual orientation or gender identity that place LGBTQ2S+ youth at greater risk of suicidal behavior, but rather these societal and external factors: the way they are treated, shunned, abused, or neglected, in concert with other individual factors such as mental health history.

### **Youth Bereaved by Suicide**

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

### **Youth Living with Medical Conditions or Disabilities**

A number of physical conditions are associated with an elevated risk for suicidal behavior. Some of these conditions include chronic pain, loss of mobility, disfigurement, cognitive delays that make problem-solving a challenge, and other chronic limitations. Adolescents with asthma are more likely to report suicidal ideation and behavior than those without asthma. Additionally, studies show that suicide rates are significantly higher among people with certain types of disabilities, such as those with multiple sclerosis or spinal cord injuries.

### **Youth Screened for Suicide Before**

Studies show that those who have been screened for suicidal ideation are at higher risk and perhaps more likely to attempt suicide.

## How to Engage a Student in Crisis Online

*This excerpt was taken from the "Support For Suicidal Individuals on Social and Digital Media." This free toolkit was developed by the staff of the National Suicide Prevention Lifeline to help digital community managers and social media platforms establish safety policies for helping individuals in suicidal crisis.*

If you have identified an individual that is at risk of suicide or in suicidal crisis but doesn't seem to be at imminent risk, research suggests that the community moderator reach out to that individual directly, through a set of clear processes established by and best suited to the needs of your platform or community.

There are four factors to consider when developing your community's guidelines regarding engagement with at-risk individuals online:

1. Always consider a post about suicide to be serious and genuine. While we can imagine instances where a statement could be disingenuous or a joke, it is absolutely important to err on the side of caution and to recognize any concerning posts as an honest and true expression of suicidal crisis.
2. Develop a system of monitoring and responding to community members in a timely, uniform, and unbiased manner. Only offering a response to certain posters or with irregular frequency may come across as disengaged or insincere to your community members, while also raising the possibility that individuals in need of support may go unanswered.
3. Craft responses that are sensitive to the situation, yet realistic about your ability to support an at-risk individual. It is not your responsibility to provide total support for community members who are experiencing thoughts of suicide. Instead, aim to connect people to appropriate support services during a time of crisis.
4. Keep in mind the exception to all rules: imminent risk. If, in the course of communicating with an individual, you discover that this person is at imminent risk of suicide, reach out to emergency services immediately. Similarly, if another user reports to you that they have found a post that shows another user may be at imminent risk, have a procedure in place to manage the situation.

While we encourage active moderation and response online, we do not encourage community managers to take on the role of mental health care professionals. All engagement with an at-risk individual should be designed to provide appropriate support while connecting that individual to mental health or crisis resources like the National Suicide Prevention Lifeline, your local crisis center, or other local mental health providers. You can use the Substance Abuse and Mental Health Services (SAMHSA) treatment services locator to find resources in your area (See Resource List –U.S-Based).

Sample responses to a community post, message or comment:

1. "We are so sorry about the struggles you are going through and we want to help. Please call the National Suicide Prevention Lifeline: 1-800-273-TALK. The call is free and confidential, and crisis workers are there 24/7 to assist you."
2. "It sounds like you are having a really difficult time right now. If you need a little extra emotional support, please call the National Suicide Prevention Lifeline: 1-800-273-TALK. The call is free and confidential, and crisis workers are there 24/7 to assist you. The Lifeline is there for everyone."

3. “I am sorry to hear you are feeling so alone right now but hurting yourself is never the answer. There is hope and help available. Please call the Lifeline at 1-800-273-TALK (8255) or visit them online at [suicidepreventionlifeline.org](https://suicidepreventionlifeline.org). They are here for you 24/7/365.”
4. “Thank you for reaching out to us. We’re sorry to hear you are in so much emotional pain right now.
5. The National Suicide Prevention Lifeline’s crisis counselors are here for you any time at 1-800-273-TALK (8255). The call is free and confidential.”
6. “Thank you for reaching out to us during such a difficult time. We want to make sure you are supported. Please visit [suicidepreventionlifeline.org](https://suicidepreventionlifeline.org) for resources and 24/7 help.”

There may be times when a community member wishes to continue to directly engage with you for support beyond what you or your community feel appropriate providing. During instances of repeated engagement, continue to emphasize the importance of having the individual connect with the Lifeline, your local crisis center, or other mental health resources.

Providing guidance on how community members can support users they learn are at imminent risk for suicide will create a safer and more supportive community as a whole. Feel free to use the information in the previous section

## **Level 1 Suicide Risk Screening**

(Student interview done by a School Screener)

**Risk Is Identified.** A concern for risk of suicide is brought to the attention of the School Screener by a staff member, student's peers, or from direct referral by the student. Contact the School Administrator. If the student is in possession of lethal means (such as guns, weapons, knives, medications), secure the area and prevent other students from accessing this area. Lethal means must be removed without putting anyone in danger. Call law enforcement to remove lethal means.

**Use Supervision.** A school staff person must stay with the student in a quiet, private setting to provide supervision and appropriate support until the School Screener meets with the student. If possible, this should be the person who identified the student at risk. All efforts should be taken to avoid sending the student home to an empty house.

**Use the Suicide Risk Screening Form.** The School Screener interviews the student and conducts a basic Level 1 Suicide Risk Screening. The Suicide Screening Form (located on page 14 and on the District website) is used by the School Screener to document the suicide risk level and to insure that the North Clackamas School District protocol is followed and appropriate actions are taken. It is also used by the School Screener to document the referral, if needed, for Level 2 Suicide Risk Assessment. When completed, the form will be filed in a locked filing cabinet similar to DHS reports. A copy of the form is also placed in the Counselor's working file of the school building.

Parents/guardians must always be notified when there are concerns for risk of suicide.

- If a student discloses thoughts of suicide or if the School Screener has reason to believe there is current risk of suicide, the School Screener will request that parent/guardian come to school to participate in the screening process and school support plan.
- If a student denies having thoughts of suicide and the School Screener does not have reason to believe there is current risk of suicide, it is still recommended that the Screener notify parent/guardian to share concerns.
- The Parent Letter/Information Sheet should be reviewed with and provided to parents (hard copy or electronic).
- If all methods to reach the student's parent/guardian are exhausted and contact cannot be made, access the following resources to consult regarding next steps.
  - **SafeOregon Tip Line:** 844-472-3367
    - <https://www.safeoregon.com/report-a-tip/>
  - **Clackamas County Child Welfare Hotline:** 971-673-7112
  - **Clackamas County Crisis Line:** 503-655-8585.
  - **Use 911** if the risk of self-harm is imminent.



**Child abuse or neglect.** If there is reasonable cause to suspect that a student has been or is likely to be abused or neglected, the School Screener or delegate must make a report of suspected abuse or neglect to:

- **SafeOregon Tip Line:** 844-472-3367
  - <https://www.safeoregon.com/report-a-tip/>
- **Clackamas County Child Welfare Hotline:** 971-673-7112
- **Use 988** National Suicide Prevention Lifeline.
- **Use 911** if the risk of self-harm is imminent.

**Use Consultation.** Upon completion of the Level 1 Suicide Risk Screening, the School Screener consults with another School Screener or with the Clackamas County Crisis Line to determine if a Level 2 Suicide Risk Assessment is warranted. At any point during the Level 1 Suicide Risk Screening, the School Screener can call the Clackamas County Crisis Line at 503-655-8585 to consult about the student or the situation. Sharing decision-making with another professional is best practice. The outcome of the consultation will be one of the following:

**Level 1 Suicide Risk Assessment IS NOT warranted.** School Screener develops the *Student Resource* Document with student and parent. The *Student Support & Safety Plan* is completed if necessary.

**Level 2 Suicide Risk Assessment IS warranted.** After consultation, if concerns about suicide are sufficiently high, the student is referred for a Level 2 Suicide Risk Assessment by a Qualified Mental Health Professional. A *Student Support & Safety Plan* may be developed as part of the re-entry process upon the student's return to school.

### **Developing the Student Support & Safety Plan**

(Can be a part of Level 1 and Level 2)

A *Student Support & Safety Plan* is **optional** after a Level 1 Suicide Risk Screening, and should be completed by the end of the next school day or upon the student's return to school. A *Student Support & Safety Plan may be helpful* following the Level 2 Suicide Risk Assessment. The development of a *Student Support & Safety Plan* may include the school administrator and counselor as well as the parents/guardians and the student, as appropriate. The *Student Support & Safety Plan* provides structure, designates the responsibilities of each person, and includes a review date to ensure follow through and coordinated decision-making. The *Student Resource Document* can also be used to assist with the development of the *Student Support & Safety Plan*.

Following all Level 1 or Level 2 response, the School Screener serves as the point person for follow up communication with parents/guardians and any existing community providers for each student that has been screened, and, if appropriate, schedules a meeting with student and parent/guardian to complete a *Student Support & Safety Plan* upon student's return to school.

## Level 2 Suicide Risk Assessment

(Done by a Qualified Mental Health Professional)

If upon completion of the Level 1 Suicide Risk Screening, the School Screener consults with another School Screener or the Clackamas County Crisis Line and determines that it is appropriate to proceed with a Level 2 Suicide Risk Assessment by a Qualified Mental Health Professional, then the School Screener facilitates a referral to one of the resources below (listed in order of preference). *Note: Permission to see a mental health provider requires parental/guardian permission unless the student is 14 years of age or older.* If a parent/guardian is unavailable or unwilling to consent to a Level 2 Suicide Risk Assessment, the School Screener should contact one of the below resources for consultation.

- **SafeOregon Tip Line:** 844-472-3367
  - <https://www.safeoregon.com/report-a-tip/>
- **Clackamas County Child Welfare Hotline:** 971-673-7112
- **Clackamas County Crisis Line:** 503-655-8585.
- **Use 988** National Suicide Prevention Lifeline.
- **Use 911** if the risk of self-harm is imminent.

**Student's primary mental health therapist:** The School Screener calls the therapist, provider, or agency. If School Screener cannot reach the therapist, the School Screener will utilize other options listed below. *It is not sufficient to leave a voicemail for the therapist.*

**Clackamas County Crisis Line at 503-655-8585:** The School Screener calls the Crisis Line (with the student, if appropriate) and requests assistance and support with determining level of risk and next steps. Make sure to indicate if an interpreter is needed. Possible Crisis Line actions may include:

- Triage of safety concerns to better understand the level of risk and assistance with the development of a safety plan with school staff, students and parents over the phone.
- Crisis Line may indicate that face-to-face assessment is needed and suggest that student and family go to Clackamas MHC located at 1121 SE 82nd Avenue, Suite O, Happy Valley, OR 97086. Clackamas MHC provides short term, crisis services to those individuals who do not have an existing mental health provider and are experiencing a mental health crisis. Clackamas MHC does not provide ongoing mental health services. This clinic primarily serves individuals that are not insured and those that have OHP. Individuals that are privately insured should seek assistance through their private health care plan to avoid being billed.

**Hospital:** Assist with arranging transportation to a hospital. Note: presenting to an emergency room is for further assessment only and does not automatically mean the individual will be admitted "to a bed." For an individual to be admitted to a psychiatric unit, medical necessity must first be met.

Possible transportation options include:

- **Parent/Guardian.** School staff and parent/guardian should consider if this is a safe option (e.g. will the student remain safe in the car, will parents actually go directly to the Emergency Room, etc.)
- **School Resource Officer (SRO) or other police officer.** Police have, at times, been willing to transport to Emergency Rooms but this cannot be guaranteed and is largely dependent on availability. Local law enforcement protocol may be to handcuff and place any individual in the backseat of the car for safety reasons. Note - be careful if selecting this option as it can be traumatic for the student and others.
- **Ambulance.** This service is not typically free of charge and is largely dependent on insurance coverage benefits.

## Parent/Guardian Letter (translated)

Dear Parent or Guardian,

This letter is to document that a staff member completed a suicide screen for your child after a concern about suicidal ideation was reported. The screener will have shared information about the results of this report with you. The screener's contact information is listed at the bottom of this page.

At North Clackamas School District, we care about the health and well being of all of our students. Below you will find a list of resources you and your child can access in the event of new or continuing thoughts or feelings of suicide:

- Clackamas County Crisis and Support Line: 503-655-8585 (available 24/7)
- National Suicide Hotline: 800-273-8255
- Oregon YouthLine: Call 877-968-8491 or Text "teen2teen" to 839863
- The Trevor Project (LGBTQ): 866-488-7386
- Trans Lifeline: 877-565-8860
- National Suicide Prevention Lifeline: 988

If you have concerns about your child and suicidal ideation, we suggest the following while you consult a professional for mental health support:

- Supervise your child and spend time with them. Find out what would help them feel safe right now. Suggestions may include exercise, food/drink, sleep, reading, mindfulness activities, games/art.
- Seek professional help for your child. When a student is at risk for suicide, it is extremely important that they be seen by a qualified mental health professional for assessment and, if appropriate, ongoing counseling. We can assist you in finding these resources.
- Ensure that your child does not have access to firearms or other lethal means, including medications and other weapons/sharp objects at your house or at the home of neighbors, friends, or family members. Research shows that risk of suicide doubles if a firearm is in the house, even if the firearm is locked up.
- Your student will need support during times of crisis including reassurance that you love them and will get them the care they need. Take all threats and gestures seriously. Encourage open communication by being non-judgmental and conveying empathy.

If you have an immediate concern for your child's safety, please call the Clackamas County Crisis Line at 503-655-8585. Counselors are available 24 hours a day and can advise you on appropriate action to help keep your student safe. In case of an emergency, call 911 or go to a hospital emergency room.

Please let us know if we can support you or your child in any way. We are here to help.

School Screener \_\_\_\_\_

Phone/Email \_\_\_\_\_

Date of Screen \_\_\_\_\_

## Carta para Padres/Tutores

Estimado padre o tutor:

Esta carta es para documentar que un miembro del personal completó una evaluación de suicidio para su hijo(a) después de que se informara de una preocupación sobre ideación suicida. El evaluador habrá compartido información sobre los resultados de este informe con usted. La información de contacto del evaluador se encuentra en la parte inferior de esta página.

En el Distrito Escolar North Clackamas, nos preocupamos por la salud y el bienestar de todos nuestros estudiantes. A continuación, encontrará una lista de recursos a los que usted y su hijo(a) pueden acceder en caso de nuevos o continuos pensamientos o sentimientos de suicidio.

- Línea de apoyo y crisis del condado de Clackamas: 503-655-8585 (disponible las 24 horas, los 7 días de la semana)
- Línea directa nacional de suicidio: 800 -273-8255
- Oregon YouthLine: llame al 877-968-8491 o envíe un mensaje de texto con la palabra "teen2teen" al 839863
- The Trevor Project (*El Proyecto Trevor*) (LGBTQ): 866-488-7386
- Trans Lifeline: 877-565-8860
- National Suicide Prevention Lifeline (Línea de vida Prevención Nacional del Suicidio): 988

Si tiene inquietudes sobre su hijo(a) y la ideación suicida, le sugerimos lo siguiente mientras consulta a un profesional de apoyo de salud mental:

- Supervise a su hijo(a) y pase tiempo con él(ella). Descubra qué les ayudaría a sentirse seguros en este momento. Las sugerencias pueden incluir ejercicio, comida/bebida, sueño, lectura, actividades de atención plena, juegos/arte.
- Busque ayuda profesional para su hijo(a). Cuando un estudiante está en riesgo de suicidio, es extremadamente importante que lo vea un profesional de salud mental calificado para una evaluación y, si corresponde, asesoramiento continuo. Podemos ayudarle a encontrar estos recursos.
- Asegúrese de que su hijo(a) no tenga acceso a armas de fuego u otros medios letales, incluidos medicamentos y otras armas/objetos afilados en su casa o en la casa de vecinos, amigos o familiares. Las investigaciones muestran que el riesgo de suicidio se duplica si hay un arma de fuego en la casa, incluso si el arma de fuego está bajo llave.
- Su estudiante necesitará apoyo durante tiempos de crisis, incluida la seguridad de que lo(la) ama y que le brindará la atención que necesita. Tome en serio todas las amenazas y gestos. Fomente la comunicación abierta sin juzgar y transmitiendo empatía.

Si tiene una preocupación inmediata por la seguridad de su hijo(a), llame a la línea de crisis del condado de Clackamas al 503-655-8585. Los consejeros están disponibles las 24 horas del día y pueden asesorarle sobre las medidas adecuadas para ayudar a mantener a su estudiante seguro(a). En caso de emergencia, llame al 911 o vaya a la sala de emergencias de un hospital.

Háganos saber si podemos apoyarle a usted o a su hijo(a) de alguna manera. Estamos aquí para ayudar.

Evaluable escolar \_\_\_\_\_

Teléfono/Correo electrónico \_\_\_\_\_

Fecha de la evaluación \_\_\_\_\_

## Письмо для родителя/опекуна ребенка

Уважаемый родитель/опекун!

Данное письмо является документальным подтверждением того факта, что сотрудником округа была проведена психологическая проверка вашего ребенка на предмет суицид после того, как нам было сообщено о подозрении на суицидальные намерения. Специалист в данной сфере поделится с вами информацией о результатах указанной проверки. Контактная информация проверяющего будет указана в конце данного письма.

В школьном округе North Clackamas мы заботимся о здоровье и благополучии всех наших учащихся. Ниже вы найдете список ресурсов, которыми вы и ваш ребенок можете воспользоваться и получить помощь в случае возникновения новых или продолжающихся суицидальных мыслей или настроений:

- Кризисная линия поддержки от округа Clackamas: 503-655-8585 (работает круглосуточно и без выходных)
- Национальная горячая линия по вопросам суицида: 800 -273-8255
- Горячая молодежная линия штата Орегон: позвоните по номеру 877-968-8491 или отправьте текстовое сообщение «teen2teen» на номер 839863
- The Trevor Project (поддержка членов LGBTQ сообщества): 866-488-7386
- Горячая линия помощи для трансгендеров: 877-565-8860
- Национальная линия помощи по предотвращению самоубийств: 988

Если у вас есть опасения относительно наличия у вашего ребенка суицидальных мыслей, то мы предлагаем следующий список действий, которые следует предпринимать, пока вы не воспользуетесь консультацией специалиста по психиатрической поддержке:

- Наблюдайте за своим ребенком и проводите с ним время. Узнайте, что поможет ему/ей почувствовать себя в порядке прямо сейчас. Это могут быть физические упражнения, определенная еда/питание, сон, чтение, психофизическая практика/медитация, игры, занятия искусством.
- Обратитесь за профессиональной помощью для вашего ребенка. Когда учащийся подвергается риску самоубийства, чрезвычайно важно, чтобы его осмотрел квалифицированный специалист в области психического здоровья для оценки ситуации и, при необходимости, продолжил постоянное консультирование. Мы можем помочь вам найти необходимую для этого информацию.
- Убедитесь, что у вашего ребенка нет доступа к огнестрельному оружию или другим смертоносным средствам, включая лекарства и другое оружие/острые предметы, в вашем доме или в доме соседей, друзей или членов семьи. Данные исследований показывают, что риск самоубийства удваивается, если в доме есть огнестрельное оружие, даже если оно находится под замком.
- Вашему ребенку понадобится поддержка во время кризиса, в том числе заверение в том, что вы его/ее любите и обеспечите необходимую заботу. Относитесь серьезно ко всем сигналам и признакам опасности. Поощряйте открытое общение, не осуждая и проявляя сочувствие.

Если у вас сложилось впечатление о крайне опасной ситуации относительно вашего ребенка, то позвоните в кризисную службу округа Clackamas по телефону 503-655-8585. Консультанты доступны 24 часа в сутки и могут посоветовать вам, какие действия следует предпринять для обеспечения безопасности вашего учащегося. В случае чрезвычайной ситуации позвоните по номеру 911 или обратитесь в отделение неотложной помощи больницы.

Пожалуйста, дайте нам знать, если мы можем как-то поддержать вас или вашего ребенка. Мы здесь, чтобы помочь вам.

Специалист по психологической проверке \_\_\_\_\_

Телефон/электронная почта \_\_\_\_\_

Дата проверки \_\_\_\_\_



## Thư Gửi Phụ huynh/Người giám hộ

Kính gửi Quý phụ huynh hoặc Quý giám hộ,

Lá thư này nhằm mục đích ghi nhận rằng chuyên gia của chúng tôi đã thực hiện quá trình sàng lọc và đánh giá nguy cơ tự tử cho con quý vị sau khi chúng tôi được báo cáo là có quan ngại về ý định tự tử ở cháu. Chuyên gia này sẽ chia sẻ kết quả của báo cáo này với quý vị. Thông tin liên lạc của chuyên gia đánh giá được ghi ở cuối trang này.

Tại Học khu North Clackamas, chúng tôi quan tâm đến sức khỏe và an sinh của tất cả học sinh của chúng tôi. Dưới đây là danh sách các nguồn hỗ trợ mà quý vị và con quý vị có thể tiếp cận trong trường hợp cháu tiếp tục có ý định hoặc cảm giác muốn tự tử:

- Đường dây Hỗ trợ và Chống Khủng hoảng của Quận Clackamas (Clackamas County Crisis and Support Line): 503-655-8585 (hoạt động 24/7)
- Đường dây nóng Quốc gia về Tự tử (National Suicide Hotline): 800-273-8255
- Đường dây Hỗ trợ Thanh thiếu niên Oregon: Gọi 877-968-8491 hoặc gửi tin nhắn với từ khóa “teen2teen” đến 839863
- Dự án Trevor (LGBTQ): 866-488-7386
- Đường dây Hỗ trợ Người chuyển giới (Trans Lifeline): 877-565-8860
- Đường dây Cứu hộ Tự tử Quốc gia (National Suicide Prevention Lifeline): 988

Nếu quý vị lo lắng về con mình và việc cháu có ý định tự tử, chúng tôi khuyên quý vị thực hiện những điều sau đây và đồng thời tham khảo ý kiến của một chuyên gia về dịch vụ hỗ trợ sức khỏe tâm thần:

- Giám sát con quý vị và dành thời gian cho chúng. Tìm hiểu điều gì sẽ giúp chúng cảm thấy an toàn ngay bây giờ. Gợi ý: tập thể dục, ăn/uống, ngủ, đọc sách, chánh niệm, trò chơi/nghệ thuật.
- Tìm kiếm sự trợ giúp chuyên nghiệp cho con mình. Khi một học sinh có nguy cơ tự tử, điều cực kỳ quan trọng là em ấy phải được gặp chuyên gia sức khỏe tâm thần để được kiểm tra và tư vấn liên tục nếu phù hợp. Chúng tôi có thể giúp quý vị tìm các nguồn hỗ trợ này.
- Đảm bảo con quý vị không tiếp cận với súng tay hoặc các phương tiện gây chết người khác, bao gồm thuốc men, vũ khí/vật sắc nhọn trong nhà của quý vị hoặc nhà của hàng xóm, bạn bè, người thân. Nghiên cứu cho thấy nguy cơ tự tử tăng gấp đôi nếu trong nhà có súng, ngay cả khi quý vị đã khóa súng lại.
- Con quý vị cần sự hỗ trợ khi gặp khủng hoảng, bao gồm những lời an ủi rằng quý vị thương yêu chúng và sẽ tìm cho chúng sự chăm sóc mà chúng cần. Nghiêm túc xem xét mọi lời đe dọa và cử chỉ của chúng. Khuyến khích chúng cởi mở trò chuyện cùng quý vị bằng cách bày tỏ sự đồng cảm và không phán xét.

Nếu quý vị có lo ngại ngay trong lúc này về sự an toàn của con mình, vui lòng gọi Đường dây Chống Khủng hoảng Quận Clackamas theo số 503-655-8585. Các cố vấn luôn sẵn sàng tư vấn cho quý vị 24/24 về những gì quý vị có thể thực hiện để giúp giữ an toàn cho con mình. Trong trường hợp khẩn cấp, vui lòng gọi 911 hoặc đến phòng cấp cứu tại bệnh viện.

Vui lòng cho chúng tôi biết nếu chúng tôi có thể hỗ trợ quý vị hoặc con quý vị theo bất kỳ hình thức nào. Chúng tôi luôn sẵn sàng giúp đỡ quý vị.

Chuyên gia đánh giá của trường \_\_\_\_\_

Điện thoại/Email

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Ngày đánh giá

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## 家长 / 监护人信函

尊敬的家长或监护人：

这封信是为说明因担忧报告的自杀念头，工作人员为您的孩子完成了自杀筛查。筛查人员将与您分享有关该报告结果的信息。本页底部列出了筛查人员的联系信息。

在北克拉卡玛斯学区，我们关心所有学生的健康和福祉。如果出现新的或持续的自杀念头或感觉，您和您的孩子可以寻求下列资源的帮助：

- 克拉卡玛斯县危机与支持热线：503-655-8585（7 天 x 24 小时全天候服务）
- 全国预防自杀热线：800-273-8255
- 俄勒冈州青年热线：致电 877-968-8491 或发送短信“teen2teen”到 839863
- The Trevor Project (LGBTQ)：866-488-7386
- 跨性别者生命热线：877-565-8860
- 国家预防自杀生命热线：988

如果您对您的孩子和自杀念头感到担忧，我们建议您在向专业人士寻求心理健康帮助的同时采取以下措施：

- 监督您的孩子，花时间陪他们。了解有什么可以让他们现在获得安全感。建议可能包括锻炼、食物 / 饮品、睡觉、阅读、正念活动、游戏 / 艺术。
- 为您的孩子寻求专业帮助。当学生有自杀风险时，请务必求助于符合资格的心理健康专业人员，让他们对学生开展评估，以及在适当情况下提供持续心理辅导。我们可以帮助您找到这些资源。
- 确保您的孩子在您的家或者邻居、朋友或家庭成员的家中无法使用枪支或其他致命手段，包括药物和其他武器 / 锋利物品。研究表明，如果家里有枪支，即使枪支被锁起来，自杀的风险也会翻倍。
- 在危机时期，您的学生需要获得帮助，包括您向他们保证您爱他们，会让他们得到需要的照顾。认真对待所有威胁和姿势。鼓励坦诚开放沟通，不加评判，表现出同理心。

如果您对孩子的安全极为担忧，请拨打克拉卡玛斯县危机热线 503-655-8585。心理咨询师全天 24 小时为您服务，并会建议您采取适当行动，以帮助确保您的学生的安全。如果发生紧急情况，请拨打 911 或前往医院急诊室。

如果我们能以任何方式帮助到您或您的孩子，请告诉我们。我们随时提供帮助。

学校筛查人员 \_\_\_\_\_

电话号码 / 电子邮件 \_\_\_\_\_

筛查日期 \_\_\_\_\_

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# SUICIDE RISK SCREENING

## Referral Information

<input type="checkbox"/> Self-Referred	<input type="checkbox"/> School staff	<input type="checkbox"/> Parent/Guardian	<input type="checkbox"/> Friend	<input type="checkbox"/> Other
What information was shared that raises the concern about suicide risk?				

## Student Information

Date of contact:	Student Name:			ID:
D.O.B.:	Age:	Grade:	Screener:	
Parents/Guardians:			Contact #:	
Parents/Guardians:			Contact #:	
Language of Student:			Language of Parent:	
Interpreter:			Other:	

## Parent/Guardian Information

Parent/Guardian:	Date/Time:	
Was the parent/guardian contacted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was parent/guardian aware of suicidal thoughts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does the student have a mental health therapist or counselor?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, name / number:		
Other student health concerns/medications?		
Parent/guardian perception/level of concern of suicidal risk?		
Parent/guardian plan?		
Student picked up / transported / other?		

## Pre-Screener

The screening could stop after these initial questions are asked if all answers are no. The Screener may always move to a Level 1 screening regardless of the answers below. The Screener should document the conversation and place in the Suicide Screening File for historical reference.

1. In the past few weeks have you wished you were dead? (Explore the context of this question/remark. For example, the student says "I just want to die" when they meant to express frustration or anger.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. In the past few weeks, have you felt like you or your family would be better off if you were dead?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. In the past week, have you been having thoughts about killing yourself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Have you ever tried to kill yourself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are you thinking about killing yourself right now?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Notes:		
Informed:		
<b>- If YES to any of the above, this is considered a positive screen.</b>		

The Screener may consider using the Student Resource Document.

## Level 1 Screening Form

The ASQ NIMH tool may also be helpful:

[https://www.nimh.nih.gov/sites/default/files/documents/research/research-conducted-at-nimh/asq-toolkit-materials/asq-tool/screening\\_tool\\_asq\\_nimh\\_toolkit.pdf](https://www.nimh.nih.gov/sites/default/files/documents/research/research-conducted-at-nimh/asq-toolkit-materials/asq-tool/screening_tool_asq_nimh_toolkit.pdf)

<b>1.</b> Does the student say they are thinking about suicide? (Have you thought about hurting yourself? Do you want to die?)	__ Yes	__ No
<b>2.</b> Is the student experiencing emotional pain that feels unbearable? (Do you have such big feelings that you don't want to live anymore?)	__ Yes	__ No
<b>3a.</b> Does the student say they have a plan? (Have you made a plan to die?)	__ Yes	__ No
<b>3b.</b> Does the student have the means to carry out a plan? (Have you thought about how you would die? Do you have access to weapons?)	__ Yes	__ No
<b>4a.</b> Has the student made previous attempts? (Have you tried killing yourself before?)	__ Yes	__ No
<b>4b.</b> Has the student engaged in non-lethal self-harm? (Have you tried other things in the past to hurt yourself? Examples: cutting, scratching, not eating, etc. Have you hurt your body in other ways that are unhealthy, harmful or unsafe?)	__ Yes	__ No
<b>5.</b> Is the student using alcohol or drugs? (Are you taking any drinks, pills or medicine that are against the law or unsafe?)	__ Yes	__ No

<b>6a.</b> Does the student feel alone? (Do you feel lonely? How often are you feeling lonely now?)	___ Yes	___ No
<b>6b.</b> Does the student have trusted adults to talk to? (Do you have safe grown-ups or adults in your life to talk to about your feelings and things that are going on for you?)	___ Yes	___ No
<b>7.</b> What protective factors does this student have? (Do you have any of the following things in your life to help keep you safe? Friends, Pets, Interests, Activities/Sports, Church, Routines, Comfort at School, Family, Counselor/Mentor, Toolbox To Help You Regulate, Opportunities to Give Back)	___ Yes	___ No
<b>8.</b> Is this student receiving mental health services? (Do you have a counselor or therapist that you talk to about your feelings or have you had one in the past?)	___ Yes	___ No



## Decision and Action

Decision: Do we proceed to Level 2 Suicide Risk Assessment?	
If NO, proceed below	If YES, proceed below
<p><u>Optional steps to take to complete Level 1:</u></p> <p><input type="checkbox"/> Communicate with parent/guardian</p> <p><input type="checkbox"/> Share risk factors present for student</p> <p><input type="checkbox"/> Give parent/guardian the Parent Letter / info Sheet (can email or give to student)</p> <p><input type="checkbox"/> Consider completing/sharing Student Resource Document</p> <p><input type="checkbox"/> Request that parents/guardians sign release of information forms for providers</p> <p><input type="checkbox"/> Consider completing the Student Support &amp; Safety Tool with student</p> <p><u>Required steps to complete Level 1:</u></p> <p><input type="checkbox"/> Notify school administrator and file original form.</p>	<p>Level 2 – In collaboration with School Screener, parent/guardian is referred to one of the Qualified Mental Health Providers below for Suicide Risk Assessment. Options available:</p> <p><b>1. Contact with Student's mental health therapist/agency</b></p> <p><input type="checkbox"/> Immediate phone conversation (leaving a voicemail not acceptable)</p> <p><input type="checkbox"/> Therapist comes to school</p> <p><input type="checkbox"/> Student transported from school to therapist</p> <p>Name of therapist: _____</p> <p>Contact telephone: _____</p> <p><b>2. Consult with Clackamas County Crisis Line (503-655-8585)</b></p> <p><input type="checkbox"/> Phone consultation</p> <p><input type="checkbox"/> Crisis Line recommends student be seen at Urgent Walk-In Clinic at 11211 SE 82nd Ave Happy Valley</p> <p><input type="checkbox"/> Crisis Line recommends student be seen by Qualified Mental Health Provider within their private insurance network</p> <p><b>3. Transportation to <u>hospital</u></b></p> <p><input type="checkbox"/> SRO/Law Enforcement transports</p> <p><input type="checkbox"/> Ambulance transports</p> <p><input type="checkbox"/> Parent/guardian transports</p> <p><input type="checkbox"/> Parent/guardian picked up</p> <p><input type="checkbox"/> Parent/guardian plan: _____</p>
	<p><input type="checkbox"/> Give parent/guardian the Parent/Guardian Letter / Info Sheet</p> <p><input type="checkbox"/> Request that parent/guardian sign release of information forms for providers</p> <p><input type="checkbox"/> Schedule time/meeting to complete followup</p> <p><input type="checkbox"/> Notify school administrator and file original form</p> <p><input type="checkbox"/> Consider completing/sharing Student Resource Document</p> <p><input type="checkbox"/> Consider providing copy of screening form to parent/guardian</p> <p><input type="checkbox"/> Consult School Social Worker to determine follow up</p>
Followup:	
(Name) _____ serves as a school point person for follow up with parents and community providers, and schedules meeting upon student's return to school.	
Signature and date:	
Name of person consulted with:	

## Notes

## Student Resource Document

Student Name:	
Completed By:	
Date:	
What struggling looks like for me:	
1. 2. 3.	
Strategies that help me when I'm struggling:	
1. 2. 3.	
People that provide a positive distraction to me when I'm struggling:	
1. 2. 3.	
Things I can do to make my environment safe:	
1. 2. 3.	
What are some things that are important to me and worth living for:	
People who I can ask for help at home, at school, and elsewhere:	
Name:	Phone:
Name:	Phone:
Name:	Phone:
Professionals or agencies I can contact during a crisis:	
Clinician Name:	Phone:
Clackamas County Crisis Line: 503-655-8585 National Suicide Prevention Lifeline: 800-273-8255 or 988 Trevor Project Lifeline: 866-488-7386 Oregon Youthline: 877-968-8491 or Text teen to teen: 839863	

## Student Support & Safety Tool

Student Name:	Date:
School:	Grade:
Screener (name) _____ will review the status of this plan on (date) _____ to: <input type="checkbox"/> Plan discontinued <input type="checkbox"/> Plan changed	
General Supports: <input type="checkbox"/> Student Resource Document <input type="checkbox"/> Clackamas County Crisis Line: 503-655-8585	
Student Support Options: <input type="checkbox"/> Decrease or eliminate pass time or unsupervised time <input type="checkbox"/> Increase supervision in the following settings: _____ <input type="checkbox"/> Designated safe place at school: _____ <input type="checkbox"/> Alert staff & teachers on need-to-know basis <input type="checkbox"/> Late Arrival/Early dismissal <input type="checkbox"/> Other schedule changes: _____ <input type="checkbox"/> Drug & Alcohol assessment/intervention with: _____ <input type="checkbox"/> Update existing 504/IEP, if applicable <input type="checkbox"/> Check-ins: _____ <input type="checkbox"/> Other: _____	
Family / Home Support Options: <input type="checkbox"/> Safety proof home (For example, does the student have access to a gun/weapon? If so, are they locked?) <input type="checkbox"/> Increase supervision in the following settings: _____ <input type="checkbox"/> Pursue mental health services: _____	
<input type="checkbox"/> Permission to release information form allows communication between school and providers	
Notes:          	
Student Signature:	Date:
Parent/Guardian Signature:	Date:
Form Completed By:	Date:

# POSTVENTION

Regardless of how comprehensive suicide prevention and intervention may be in a community, not all suicidal behavior can be prevented. It is equally as important to be prepared for prevention and intervention of suicide, as it is to be prepared in the event of attempts or completed suicides.

The school's primary responsibility in these cases is to respond to the tragedy in a manner which appropriately supports students and the school community that has been impacted. This includes having a system in place to work with the multitude of groups that may eventually be involved, such as students, staff, parents, community, media, law enforcement, etc.

## Key points

*(derived from After a Suicide: A Toolkit for Schools, 2011)*

1. Prevention after a suicide attempt or completion is very important.
2. Schools should be aware that adolescents and others associated with the event are vulnerable to suicide contagion or in other words increased risk for suicide. It is important to not "glorify" the suicide and to treat it sensitively when speaking about the event, particularly with the media.
3. It is important to address all deaths in a similar manner. Having one approach for a student who dies of cancer, for example and a different approach for a student who dies by suicide reinforces the stigma that still surrounds suicide.
4. Families and communities can be especially sensitive to the suicide event.

## What Should a School Do?

1. If needed, contact the North Clackamas School District Crisis Response Team (school principal contacts level director). The Crisis Response Team is a team of people who have extensive training in crisis response, who have a shared philosophy, and who have clear tasks or jobs to do on crisis days. At this time, the North Clackamas Crisis Response Team is prepared to support in the following areas of need:
  - a. Identify staff that will take the lead in the event of a suicide. One of these staff should remain in contact with the Suicide Prevention Coordinator.
  - b. Identify students who may need additional care and create a "handle with care" list for those who may need additional support.
  - c. Media/External communication
  - d. Internal communication with students and staff
  - e. Student Safe Room
  - f. Adult Safe Room
  - g. Staff debriefing facilitation
  - h. Security at both the originating and alternative sites
  - i. Short-term staff substitution
2. If the family has not given permission to share the cause of death was a suicide, then school staff are unable to share this information. Refer to the After a Suicide: A Toolkit for Schools document for helpful language around when you do and do not have permission.

3. Share accurate, factual, and need to know only information about the death with both staff and students. Talking in detail about the method can create images that are upsetting and can increase the risk of imitative behavior by vulnerable individuals. The focus should not be on how someone killed themselves but rather on how to cope with feelings of sadness, loss, anger, etc. If this information is to be shared it should be for a very specific reason and done so on a need to know only basis.
4. Allow staff an opportunity to express their own reactions and grief; identify anyone who may need additional care (office staff, teachers, counselors, bus drivers, administrators, janitors, lunch room staff, etc) and create a “handle with care” list for those who may need additional support.
5. As indicated by OAR 309-027, the Local Mental Health Authority (LMHA) / County Suicide Prevention Coordinator will coordinate and lead postvention response for suicide deaths of youth 24 and below.
6. Provide appropriate staff (e.g., homeroom teachers or advisors) with a scripted Sample Death Notification Statement for students and arrange coverage for any staff person who is unable to manage reading the statement. News of a death should not occur over a loudspeaker or in an assembly but in smaller groups.
7. Prepare for student reactions and questions by providing staff with the handouts Tips for Talking about Suicide and Facts about Suicide in Adolescents.
8. Communicate to parents/guardians about the death and what support the school offered. Parents may need guidance on how to talk about suicide with their children and how best to support them at this difficult time.
9. Students often wish to memorialize a student who has died, reflecting a basic human desire to remember those we have lost. However, it can be challenging for schools to strike a balance between compassionately meeting the needs of grieving students and appropriately memorializing the student who died without risking suicide contagion among other students who may themselves be at risk. It is important to memorialize the individual in a way that does not inadvertently glamorize or romanticize either the individual or the death.
10. Identified staff should review and discuss the resource, After a Suicide: A Toolkit for Schools, 2011. This resource is the latest comprehensive document dealing with this subject. It can be found at: [www.sprc.org](http://www.sprc.org) or [www.afsp.org](http://www.afsp.org).
11. Identified staff should meet once a year to establish roles and responsibilities in the event that there is a death.
12. After a death from suicide, consult the website resources referenced above. In addition, communicate with appropriate community partners, such as the County Suicide Prevention Coordinator, for assistance and resources.
13. Be aware that persons may still be traumatized months after an event. Be aware of anniversary dates that may be especially hard for the school community. Refresh staff on prevention protocols and be responsive to signs of risk.

### **Postvention Process Review Request**

To request the district to review the actions of a school response to suicidal risk, a request may be submitted in writing through the [district's public complaints process](#).

# CONFIDENTIALITY

## HIPAA and FERPA

All school employees are bound by laws of The Family Education Rights and Privacy Act of 1974; commonly known as FERPA.

Outside partners providing services like mental health or primary care who are working in NCSD schools with students are bound by HIPAA. Both, school staff and outside partners working in schools, are mandatory reporters.

There are situations when confidentiality must NOT BE MAINTAINED; if at any time, a student has shared information that indicates the student is an imminent risk of harm/danger to self or others, that information MUST BE shared. The details regarding the student can be discussed with those who need to intervene to keep the student safe. This is in compliance with the spirit of FERPA and HIPAA known as “minimum necessary disclosure.”

## Request from Student to Withhold from Parents/Guardians

The School Screener can say “I know that this is scary to you, and I care, but this is too big for me to handle alone.” If the student still doesn’t want to tell their parents/guardians, the School Screener can address the fear by asking, “What is your biggest fear?” This helps reduce anxiety and the student gains confidence to tell parents/guardians. It also increases the likelihood that the student will come to that school staff again if they need additional help.

### **EXCEPTIONS for Parent/Guardian Notification: Abuse or Neglect**

Parents/guardians need to know about a student’s suicidal ideation unless a result of parental abuse or neglect is possible. The counselor or School Screener is in the best position to make the determination. The school staff will need to let the student know that other people would need to get involved on a need-to-know basis.

If a student makes a statement such as “My dad/mom would kill me” as a reason to refuse, the school staff can ask questions to determine if parental abuse or neglect is involved. If there is no indication that abuse or neglect is involved, compassionately disclose that the parent needs to be involved.

# RESOURCES

1. Clackamas County Crisis Line
  - a. 503-655-8585
  - b. <http://www.clackamas.us/behavioralhealth/crisis.html>
2. National Suicide Prevention Lifeline
  - a. 1-800-273-TALK (8255)
  - b. 988
3. <http://www.suicidepreventionlifeline.org/>
  - a. National Suicide Prevention - Learn the Warning Signs wallet card or [brochure](#)
4. [Support for Suicidal Individuals on Social and Digital Media](#)
5. Trevor Project Lifeline – LGBTQ
  - a. 866-488-7386
  - b. <http://www.thetrevorproject.org/>
  - c. Trevor Project brochure - [http://b.3cdn.net/trevor/6986cb6b7b4fa11e01\\_g0m6i2xr1.pdf](http://b.3cdn.net/trevor/6986cb6b7b4fa11e01_g0m6i2xr1.pdf)
6. Oregon Youthline
  - a. 1-877-968-8491
  - b. [OregonYouthLine.org](http://OregonYouthLine.org)
  - c. Text teen2teen to 839863 for text support
7. Clackamas County Department of Human Services Child Abuse Hotline
  - a. 971-673-7112
8. Passport To Languages
  - a. 866-533-4998
  - b. Enter your three digit Unit/Bldg. # with a 50 in front and a 0 at the end.
9. Clackamas County Non-Emergency Police and Fire Dispatch
  - a. 503-655-8211



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