

(School District or ISD)

SUICIDE - STUDENT
(Policy/Guidelines – SAMPLE)

The Board of Education recognizes that depression and self-destruction are problems of increasing severity among children and adolescents. A student who suffers the psychological disability of depression cannot benefit fully from the educational program of the schools, and a student who has attempted self-destruction poses a danger both to himself/herself and to other students.

The Board directs all school personnel to be alert to the student who exhibits signs of unusual depression or who threatens or attempts suicide. Any such signs or the report of such signs from another student or staff member should be taken with the utmost seriousness.

The Superintendent shall develop and implement administrative guidelines whereby members of the professional staff understand how to use an intervention procedure which includes the following:

Step 1 - Stabilization

Step 2 - Assessment of the Risk

Step 3 - Use of Appropriate Risk Procedure

Step 4 - Communication with Appropriate Parties

Step 5 - Follow-up

Throughout any intervention, it is essential that Board policies and District guidelines regarding confidentiality be observed at all times.

SUICIDE INTERVENTION PROCESS

In compliance with Board of Education policy, any time a staff member encounters a situation in which a student appears to be contemplating suicide; the following process should be followed carefully.

Step One - Stabilize the Situation

- A. Under no circumstances is a suicidal student to be left alone.
- B. Converse with the student immediately to determine if she/he has any dangerous instrumentalities (weapon, substance, or other material capable of inflicting a mortal

wound) on or nearby his/her person.

- C. If the student will allow, immediately remove any dangerous instrumentalities from the student and the student's environment.
- D. If the student will agree, accompany him/her to a prearranged, non-threatening place away from other students and other people but where there is another adult and a telephone close by. If the supervisor can be notified without leaving the student, do so as quickly as possible. If the student will not agree, stay calm and remain with him/her until someone comes.

Either the Director (if available) or the staff member should proceed to Step Two without delay.

Step Two - Assess the Risk

- A. Stay relaxed and talk calmly to the student to assess the risk of the student harming himself/herself. Listen intently to what the student is saying and avoid giving advice. Keep questions nonjudgmental.
- B. If the student will not relinquish a dangerous instrumentality, use EXTREME RISK PROCEDURE (Step Three A).
- C. If the student is in imminent danger of harming himself/herself, use SEVERE RISK PROCEDURE (Step Three B).
- D. If the student is not in imminent danger of harming himself/herself, use MODERATE RISK PROCEDURE (Step Three C).

Step Three - Take Appropriate Action

- A. EXTREME RISK PROCEDURE
 1. Contact the police.
 2. Keep the student engaged in conversation as well as reassuring him/her until the police arrive.
 3. After the police arrive, and if good rapport has been established with the student, remain present to provide continuity and support as the police attempt to get the student to relinquish the dangerous instrumentality.
 4. Contact the student's parents and inform them of what has transpired and of the actions being taken.
- B. SEVERE RISK PROCEDURE

1. Determine if the student's distress is the result of parental abuse, neglect, or exploitation. If so, notify Protective Services immediately, give them the facts, request them to intervene, and follow their instructions. If not, call the (Designated Health Care Facility) immediately, give them the facts, request them to intervene, and follow their instructions.
2. If neither agency will intervene before the end of the school day, call the emergency squad.
3. Make sure the student's parents have been contacted.

C. MODERATE RISK PROCEDURE

1. Try to determine the reason(s) for the student's distress. Contact the parents, give them the facts, and ask them to come to the school right away.
2. Assist the parents in making contact with an agency or resource person who can provide appropriate intervention.

Step Four - Communicate

- A. Inform the appropriate members of the District staff such as the school psychologist, the student's teachers, and/or school social worker of the facts and the actions being taken. Alert them that they need to observe the District's confidentiality requirements, although the occurrence was not something that developed during counseling.
- B. **If the parents request**, inform the student's close friends of the facts and the actions being taken.

Step Five - Follow-Up

- A. Determine the extent to which emergency or short-term procedures were completed properly.
- B. Find out if arrangements have been made for long-term clinical and/or support services.
- C. If neither short-term procedures nor long-term services were properly conducted or pursued, consult with the Superintendent to determine appropriate action.
- D. Maintain continuing contact with the student to communicate interest in his/her welfare and support of the long-term services being provided.
- E. Remain alert to the possibility of "copy-cat" suicide attempts by other students.

F. Evaluate Steps A - E.

SUICIDE POSTVENTION PROCESS

If, in spite of all intervention efforts, a suicide should occur, implement the District's Crisis Intervention Plan.

If additional guidance is needed, contact the American Association of Suicidology, 4201 Connecticut Avenue, Washington, D.C. 20008. (202) 237-2280.

SUICIDE REPORT FORM

Student's Name: _____ Date: _____

Name of Person Making Initial Report: _____

Name/Position of Person Handling Case: _____

Student Interview by: _____

Comments:

Parent/Responsible Person Contacted: _____
(Name)

Parent Contact Made By: _____ Date: _____

Parent Contact Witnessed By: _____

Follow-up Taken:

Follow-up Done By: _____

Comments:

Other People/Organizations Contacted:

This form is to be filed in the student's confidential file separate from the student's curriculum folder.

ASSESSMENT OF SUICIDE RISK

Student Name _____ I.D.# _____ Date _____ Counselor _____

PROBABILITY OF ATTEMPT **LOW** _____ **MEDIUM** _____ **HIGH** _____

Instructions: Use as a check list and average for final assessment. Each item carries the same weight.

	Low	RISK Medium	High
Suicide Plan			
A. Details	_____ Vague	_____ some specifics	_____ knows when, where, how
B. Availability of means	_____ not available, will have to get	_____ available, has close by	_____ has in hand
C. Time	_____ no specific time or in future	_____ within a few hours	_____ immediately
D. Lethality of method	_____ pills, slash wrists	_____ drugs & alcohol, car wreck,	_____ violent action, carbon monoxide
E. Chance of intervention	_____ others present most of the time	_____ others available if called upon	_____ no one nearby; isolated
Previous Suicide Attempts	_____ none or one of low lethality	_____ several low or 1 medium lethality, history of repeated threats	_____ 1 high lethality or several moderate
Stress	_____ no significant stress	_____ moderate reaction to loss, pressure, or change	_____ severe reaction to loss, pressure or change
Symptoms			
A. Coping Behavior	_____ daily activities continue as with little change	_____ some daily activities disrupted; disturbance in eating, sleeping, school work	_____ gross disturbances in daily functioning
B. Depression	_____ mild, feels slightly down	_____ moderate, some moodiness, sadness, irritability, loneliness and decrease of energy	_____ overwhelmed with hopelessness, sadness, feels worthless
Resources	_____ help available; significant others concerned and willing to help willing to help	_____ family & friends available but unwilling to consistently help	_____ family & friends not available or are hostile, exhausted, injurious
Type of Communication	_____ direct expression of feelings and suicidal intent	_____ interpersonalized suicidal goal ("They'll be sorry – I'll show them")	_____ very indirect or non-verbal expression of internalized suicidal goal (guilt, worthlessness)
Life Styles	_____ stable relationships, personality, & school performance	_____ recent, acting out behavior and substance abuse; acute suicidal behavior in stable personality	_____ suicidal behavior in unstable personality, repeated difficulties with peers, family, teachers, etc.
Medical Status	_____ no significant medical problems	_____ acute but short term or psychosomatic illness	_____ chronically debilitated, or acute, catastrophic illness
<u>TOTAL CHECKS</u>	_____ LOW	_____ MEDIUM	_____ HIGH