



Student Suicide: Best Practice Recommendations Working Group

Meeting Notes – January 26, 2018

8:00 AM – 3:00 PM

Present:

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The meeting came to order at 8:00 AM. Chris Harms thanked the group for agreeing to devote their time today to this working group.

The outline for the day was to look at the possible components of a district suicide strategy, discuss what is happening in the school districts present, and try to come to an agreement on recommendations for best practices including resources available to schools. These recommendations and resources would then be available to any schools in Colorado to adopt, adapt or ignore.

1. Board and/or Superintendent's Policy on Suicide:

- A number of districts had a crisis management or safety policy but not necessarily a policy specifically about suicide.
- One district has a policy of notifying parents when a student is suicidal. This is included in procedures for many of the districts.
- Some districts have policies about memorials for student deaths including suicide.



- Cherry Creek has a suicide policy JLDBA – Identification, Intervention and Postvention Procedures for Student Problems (Suicide Attempts) (Copy in the Resource Section)
- Thompson School District recently had a suicide policy introduced but it has not yet been adopted. (Copy in the Resource Section)
- Many of the districts had practices around the training of staff on suicide prevention without a policy.

Recommendations on Policy:

- The group unanimously recommend districts have a policy on suicide identification, intervention and postvention as a safety measure for students.
- The group also recommend districts have a policy on staff training and annual refresher training by various means so that the training does not become rote and therefore meaningless.
- It is recommended that district policy include a policy on memorials for suicide deaths of students and staff that aligns with policy on memorials for any death of staff or students.
- It was noted that parents have asked in districts if there is a policy on suicide prevention work in the district. This is an additional reason for policy.

Resources:

- [Cherry Creek's policy JLDBA](#)
- Generic policy in resources
- CASB for all CASB members

2. Training of Mental Health Professionals on Suicide

- A number of districts utilize ASIST (Applied Suicide Intervention Skills Training) as the baseline training for their mental health staff.
- Some districts have their own “in-house” mental health training for staff.
- One district utilizes QPR (Questions, Persuade and Refer) as their local higher education institution recommends QPR throughout the community, thus use of QPR aids with communication between and among community members.
- Most districts have their mental health staff (crisis teams) trained in the National Association of School Psychologists program, PREPaRE (Prevent, Reaffirm, Evaluate, Provide and Respond, Examine).

Recommendations for MH Professional Training:

- Mental health staff trained in suicide awareness, assessment, response and postvention.
- Mandatory training at the time of new mental health hires and available throughout the school year for any new hires after the start of school.
- A district-wide schedule for refreshers and all training to be documented.
- All school mental health professionals be trained in PREPaRE.

Resources

- The Colorado School Safety Resource Center trains staff in the components of an overall district suicide strategy. They do not train in the utilization of specific assessment tools. They also have two ASIST certified trainers who can train district personnel for the cost of the materials (approximately \$45/person).



- Depending upon the assessment tool utilized by the district, there are trainings both online and/or in-person for many of the published programs.
- Districts should investigate: ASIST (Living Works); Assessing & Managing Suicide Risk (AMSR) and the Columbia Screen.
- Many districts have in-house professionals trained in the PREPaRE model and are willing to open their trainings to other district mental health professionals. Check with CSSRC or Julia Wigert at CDE for possible collaborations.

3. All Staff Training

- Many districts do an overview of suicide prevention, intervention and postvention during new staff orientation for all new staff.
- Many districts review suicide prevention, intervention and postvention annually at the beginning of the school year orientation for all staff.
- One school district trains all staff in QPR, an evidence-based gatekeeper training, and another district uses SafeTalk. Another district has an online QPR module in process to be used for all staff. Another district uses ASIST for Bachelor posts and AMSR for graduate level posts. Signs of Suicide (SOS) is used by multiple districts. One district requires Counseling on Access to Lethal Means (CALM) training for Masters level staff.
- Many districts train all staff in Youth Mental Health First Aid. (Although it was noted that YMHFA's section on suicide is very brief.)
- One district reported using the Hearts Program to promote self-care for staff.
- Many districts use the "staff component" of the published suicide prevention programs to be used with their students such as Signs of Suicide and Sources of Strength.
- **Participants noted the importance of being clear in communications to parents of the difference between a risk assessment vs a psychological evaluation assessment.**

Recommendations:

- Provision to all staff of an overview training on the risk factors and warning signs of suicide, how to handle a suicidal disclosure and how to make a timely referral of a student suspected of being suicidal to the district or community mental health provider. The group believed this was a minimum level of staff training.
- Annual provision of this overview using a variety of techniques in an effort to keep the training meaningful.
- The provision of this training to include new hires (including administration) as on-boarded throughout the year.
- The committee felt that annual training on Safe2Tell is an important component of an overall suicide strategy.

Resources:

- Gatekeeper trainings: [QPR](#) or [safeTalk](#) are offered periodically by community mental health centers as well as some sheriff's offices.
- Youth Mental Health First Aid is offered by Mental Health First Aid Colorado at <http://www.mhfaco.org/>
- **Free** online courses are available to districts from:



- SPRC's self-paced online courses - <https://training.sprc.org/>
- Ending Suicide for Secondary Educators - <https://www.larasig.com/suicide>
- Society for the Prevention of Teen Suicide - <http://www.sptsusa.org/>
- Jason Foundation -
<http://jasonfoundation.com/get-involved/educator-youth-worker-coach/professional-development-series/>
- PA Prevent Suicide Learning PA - <https://preventsuicidepalearning.com/>
- Check with your community mental health centers for possible staff training assistance.

4. Student Training

- Districts use a variety of student trainings on suicide and target various grade levels.
- A number of schools also utilize programs on depression awareness and mindfulness. One has a Trauma-Informed and Mindfulness module.
- The committee discussed the value of not only suicide prevention curricula but social emotional learning (SEL) curricula to support student self-esteem, making good choices, self-regulation, delaying gratification and the other skills taught in SEL and the secondary gains seen in these programs including suicide prevention and the increase in help seeking behaviors.
- Many of the districts conduct climate surveys to gauge student connectedness.
- One district received specific push-back from the community not to discuss suicide with students.
- One district is involving athletic directors in mental health for student athletes; "Huddle-Up" program is in the early stages.
- A number of districts have instituted "advisory" in all level schools as a means of creating better connections between staff and students. This is different than the traditional "homeroom" as staff facilitate activities designed to foster relationships.

Recommendations:

- Students to receive direct suicide information at least three times in their school career. This would happen minimally at elementary, middle and high school years utilizing promising practices or evidence-based programs as outlined in national clearinghouse reviews. Important to plan to include students who arrive after a scheduled presentation of information regarding suicide, when the next scheduled presentation of suicide prevention info may not be for a couple of years (reach out to those who missed the information).
- Additionally, the group emphasized the value of SEL programs at all grade levels as an effective deterrent to suicidal behavior in students. Having a peer component was seen as helpful.
- The CDE Health and Wellness standards place suicide under Standard 4: Prevention and Risk Management. [The group is hopeful that greater emphasis will be placed on suicide in the revised standards.](#)
- The group cautioned that suicide education with students needs to be balanced to avoid normalizing the behavior.
- Most of our schools employ climate surveys as a means of gauging student risk and protective factors and to inform curricula decisions. The group recommends this practice.
- Consideration to and utilization when possible of: Ancillary instruction in depression, mindfulness and other practices shown to have a positive effect on the reduction of suicide.



- Current research points to the effectiveness of suicide prevention and SEL programs when delivered by student mentors. The group recommends this method when possible.

5. Parent Education for Suicide Prevention

- The group discussed the difficulty of engaging parents in suicide education when there has not been a recent tragedy.
- It was suggested that schools creatively share information with parents beyond meetings through newsletters, website information, and information distributed during other school events such as Back to School Night, athletic contests, music and drama performances and academic conferences. One district is considering a Parent Night on topics embedded in mental health.
- Some districts use the parent component of the published suicide program they use with their students.
- Two districts mentioned using Screenagers as a model for starting conversations.
- Short videos on district websites are utilized by one district to educate parents on suicide.
- Some districts also give information on their website as to how they will handle a suicidal student at school so that parents can readily access that information.
- A few districts have reached out to their faithbased communities as a means of collaboration and engaging parents. **This underscores that suicide is a community problem not just a school issue.**
- It was mentioned that when student survey data results are to be shared with parents, participation at meetings is more robust.
- Some districts educate their parents about Safe2Tell.
- One district has a Mental Health and Wellness Parent Committee.
- Many districts publicize their YMHFA training to the community.
- Some districts have a Parent Academy open to any community members.
- Love & Logic is still offered by some community mental health agencies and some districts to parents.
- Many districts have a strong teen parent program.
- Many present noted parent engagement does not always mean their physical presence at and event/meeting.

Recommendations:

- District utilization of as many creative avenues as possible to share, not only suicide prevention but also suicide intervention, information with parents.
- Utilize community partners including the faith communities, libraries, rec centers, law enforcement agencies, civic groups and any other groups your district can identify.
- If you have a suicidal tragedy, it is an excellent opportunity to educate the community in suicide information. Your community mental health center can be called upon for assistance.

6. Suicide Assessment Tools

There is no common suicide assessment tool across the state and this working group was organized to try and find common ground on the use of an assessment tool.



(Please note that this section on assessment tools may refer to a stand-alone tool or a tool that is part of the overall suicide documentation forms about a particular student. Discussion and recommendations of other components of the documentation form will follow in subsequent sections of this document.)

- A number of districts are revising or researching a new assessment tool.
- A number of districts that use [ASIST](#) to train their mental health professionals, have (with the permission of the publisher, LivingWorks) adapted ASIST information into an assessment tool.
- Knowing that many of the hospitals across the state, the Colorado Crisis Services' contracted partners and institutions of higher education utilize the [Columbia](#) screening tools, a significant number of our schools have adopted the six-question Columbia screen with some additional documentation information necessary at a school.
- One district mentioned they found Assessing and Managing Suicide Risk, [AMSR](#), useful when there is someone who has some level of mental health training. This district provides AMSR training for school personnel, who then report they feel more confident/competent to deal with situations when a student discloses suicide ideation.
- Some of our largest school districts have assessment tools that have evolved from years of professional experience and they plan to continue to use these tools.
 - In many cases these districts utilize an "acute form" (much like a screen) which may even accompany the child to the hospital. It was noted that hospitals find a one-page form that comes with a student to the hospital is valuable information when they are continuing the assessment.
 - Following administration of the "acute form" is a "non-acute form" which is considered the district's full assessment form.
- It is important to note to parents that these assessments are "risk assessments" and not "psychological assessments" conducted in schools. School professionals are not authorized (and often not clinically trained) to conduct psychological assessments on students at schools.
- Many of the districts have a district committee or at least one district mental health professional that reviews all of the suicide assessments to be sure all necessary steps have been or will be taken to protect the student's safety.
- One smaller district has a professional from their community mental health center that reviews their suicide assessments as a safeguard for the student and the district.
- Where the documentation forms themselves or flags that a suicide assessment was conducted with a student are housed, varies across districts. Storage places might include on Infinite Campus, Power School, in the student's cumulative file or a file cabinet in the counseling office. Most districts are storing them electronically or moving to an electronic system.

Recommendations:

- If a district is not already using a well vetted assessment tool, the group recommends the district look to the Columbia screen with the added information as seen on the resources supplied by other districts.
- Consideration of the following information as districts determine the additional components to be included in their Assessment beyond the Columbia screen:
 - A caution that the student should NOT be left unattended.



- A checklist of all necessary notifications to include the school administrator, the parents and any one else designated by policy within the district to be notified, such as the head of psychological services, etc.
- Information about what prompted the assessment.
- Description of the warning signs and risk factors present.
- The student's current feelings and thoughts.
- The student's intent to harm themself.
- The student's suicide plan and if they have the means and ability to carry out the plan.
- Ask where they are planning to kill themself and assess homicidal ideation. If you believe others may be injured too, a threat assessment is warranted in addition to the suicide assessment.
- History of diagnosed mental illness and/or prior suicide preparation and attempts and dates when they occurred.
- Protective factors that are present such as support personnel, desire to feel better, etc.
- Mental health staff to be trained in whatever assessment tool is used.
- At least two trained mental health professionals to work as a pair to make a suicide assessment. In smaller districts that might not have two mental health professionals and must utilize an administrator as one member of the team, the administrator must be trained in the assessment process also.
- Always document steps taken to assess the student's safety and justify the decision that was reached regarding the next steps for the student.
- The district have in place a protocol to be followed.
- The group noted: Notification of Emergency form exists in the St Vrain Suicide Prevention Packet. It allows for the school staff to discuss treatment, beyond the school, with guardians and clearly stated that the district is not responsible for payment.

7. Safety Plan

- All districts required a safety plan after a student suicide assessment was conducted.
- Many districts use the same safety plan (Action & Intervention Plan, Response Management Plan and other titles) that are used with threat assessments.

Recommendations:

- A safety plan to be completed after all suicide assessments.
- Parents to be notified anytime a student is suicidal.
- In cases where there is imminent risk to the student and they are taken immediately to the hospital, a safety plan to be developed upon their return to school.
- Using the same familiar plan that is used after a threat assessment is effective and efficient.
- Be sure all chosen follow-up steps are reasonable, implemented and documented.
- The plan to include scheduled regular follow-up checks.
- Be aware that young people contemplating suicide may be thinking also of harming another.

8. Reentry Meeting

- All districts hold a reentry meeting for students after hospitalization for suicide (if the district is aware of the hospitalization).



- The group discussed how difficult it can be to get this information from parents.
- One district has an MOU with the local hospital that the hospital will obtain permission for consenting parents to share information with the school.

Recommendations:

- Districts to attempt to secure MOUs (Release of Information) with community mental health center and hospitals for parent signature so that parental consent for information sharing between providers and the school can be obtained.
- A reentry meeting to be conducted whenever a student returns from an emergency room visit or hospitalization due to a suicide attempt.

Documentation:

- Most districts, in consultation with their legal counsel, have very detailed documentation forms that cover actions from the initial awareness that a student might be suicidal to the safety plan and subsequent follow up sessions ensuring a student's safety.
- Many of the districts have included copies of these documentation forms in the resources they have provided.
- Many are moving to keeping all documentation forms electronically.

Resources:

- **The following districts have shared their suicide documents: (These will all be in the Google docs, if that is acceptable to each district.)**
 - [Adams 12 School District](#)
 - [Cherry Creek Schools](#)
 - [Cheyenne Mountain School District](#)
 - [Denver Public Schools](#)
 - [Douglas County School District](#)
 - [Generic Samples](#)
 - [Jefferson County Schools](#)
 - [Littleton Public Schools](#)
 - [St. Vrain Valley](#)

Suicide Programs Utilized by at least one of the districts that was part of the working group:

- [Playworks](#) (to teach kids structured playground)
- Peer led [QPR](#)
- [Riding the Wave \(elementary\)](#)
- [Safe to Tell](#)
- [Second Act \(high school\)](#)
- [Signs of Suicide \(SOS\)](#)(elementary and secondary)
- [Sources of Strength](#) (secondary)

A list of suicide programs can be found in the CSSRC's [Resources for Youth Suicide Prevention and Intervention](#) with descriptions and links to websites can be found.



Social Emotional Learning Programs (SEL) -

- [Botvin's Life Skills](#)
- [Brain Wise](#) (elementary & some middle schools)
- [Bully Proofing Your Schools](#)
- [Incredible Years](#)
- [In Focus](#) (Developed in Boulder and has minimal cost of \$30. St. Vrain Valley using it and reports it is driven by teachers, not by counselors.)
- [No Place for Hate](#)
- [RISE Resiliency Curriculum](#)
- [School Connect](#) (middle school)
- [Second Step](#) (elementary)
- [Seven Mind Sets](#)
- [The Leader in Me](#)
- [Why Try](#)

The [Collaborative for Academic, Social and Emotional Learning](#) has an excellent guide to SEL programs including appropriate ages, research, etc. about the programs.

Climate Surveys-

- Center for the Study and Prevention of Violence [Climate Surveys](#).
- Colorado Education Initiative [Climate Survey Toolkit](#)
- Comprehensive School Climate Inventory, [National School Climate Center](#).

Other considerations:

- ❖ **Self Injury assessment:** When a student has been self-injuring, a suicide assessment must also be conducted. If there is no suicidal ideation, then a self injury assessment and safety plan are necessary with scheduled follow-ups and documentation. Of course, parents must always be notified.
 - Cherry Creek School District's sample?
- ❖ **Threat assessment:** Due to the strong connection between school violence and suicide, a student who is suicidal should also be questioned about where they are considering killing themselves to assess for homicidal risk. If you believe there is homicidal risk, a threat assessment must also be conducted along with the suicide assessment. More information and materials for threat assessment can be found at the www.Colorado.gov/CSSRC under "Resources," "Threat Assessment."
- ❖ **MOUs with first responders:** Having MOUs with community mental health centers and hospitals was recommended above in relation to parental consent and later information sharing. Also consider having MOUs with your first responders who might be called upon to transport a student to the hospital. Consider questions such as: Can the student be transported without handcuffs?; Can a school staff member accompany the student?;