COLORADO
School Safety Resource Center
Department of Public Safety

CRISIS RESPONSE IN THE AFTERMATH OF SUICIDE

2018 Youth Suicide Prevention & Intervention Symposium
Wednesday, February 28, 2018
10:00 – 11:30 AM

Christine R. Harms MS, Director
Colorado School Safety Resource Center, Department of Public Safety

This workshop is NOT designed to be an inclusive training on suicide assessments and response as schools/districts are urged to have a TRAINED mental health professional conducting their suicide assessments and leading their response.

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WHAT HAS BEEN YOUR EXPERIENCE WITH SUICIDE AT SCHOOL?

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Suicide in Colorado

In **2016**, there were:

- 45 HIV deaths
- 230 Homicides
- 627 Motor vehicle deaths
- 618 Breast cancer deaths
- 532 Influenza & Pneumonia deaths
- 937 Diabetes deaths
- **1,156 deaths by Suicide**

- **Colorado was ranked 5th (with NV) in suicides across the US in 2016.**

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Comprehensive Suicide Strategy

Administrative support as well as other key players

Team approach including community mental health and those that can assist with cultural information

Protocols/procedures*

- For helping students at risk
- For responding to a suicide (preventing contagion)

Training for mental health professionals

Training for ALL staff in signs and how to respond

Parent education

Student education

Screening process

* **Must be the first step before everyone is trained**

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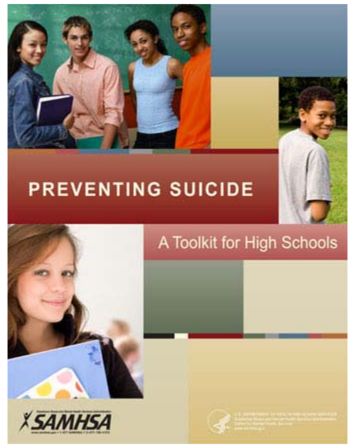
Substance Abuse & Mental Health Services Administration (SAMHSA)

High schools and school districts

To design and implement strategies to prevent suicide and promote behavioral health

Tools to implement a multi-faceted suicide prevention program that responds to the needs and cultures of student.



www.samhsa.gov

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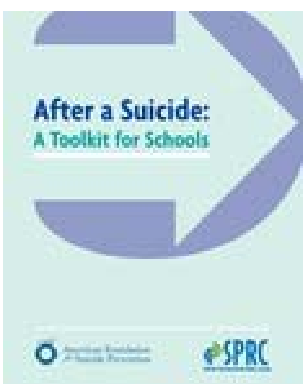
After a Suicide: A Toolkit for Schools



American Foundation of Suicide Prevention and the Suicide Prevention Resource Center created this resource for schools.

https://afsp.org/our-work/education/after-a-suicide-a-toolkit-for-schools/

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Facts About Suicide Contagion

- Contagion effected by the individual
- Suicide can have contagious effects far beyond the immediate social network of the victim i.e. social media
- Media coverage of suicides can significantly increases the rate of suicide:
    1. Repeated news coverage of the same story
    2. Front-page news coverage
    3. Larger size headlines
    4. Celebrity suicides have greater impact
    5. Portrayal of "rewards" such as the grieving family and significant other can foster revenge motivations for suicide especially among angry and dejected youth
    6. Media portrayal of suicide as "unavoidable" and "someone will be next"
    7. Presenting suicide as a political issue, e.g. as due to desegregation or job stress
    8. Victims shown as possessing desirable, high status qualities
- Teens particularly vulnerable due to portrayals in the media as well as direct knowledge of the person (clusters)

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Recommendations to Avoid Contagion or Copycat Suicides

- Share best practices for reporting a suicide with the media, *"Reporting on Suicide: Recommendations for the Media." at www.Reportingonsuicide.org*
- *Convey that suicide is complicated and never the result of one issue*
- *Those underlying issues that most likely contributed to the suicide can be addressed*
- *Avoid emphasizing or glorifying the suicide*
- *Talk about how suicide can be avoided and what resources are available both at school and in the community: Safe2Tell, National Suicide Prevention Lifeline, Colorado Crisis Services, Trevor Project*
- *Remind students that when someone dies, they aren't aware of the responses that come after*
- *Mention the tremendous pain of the family, friends and community when someone dies*

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Media Guidelines to Avoid Contagion or Copycat Suicides

- Don't misrepresent suicide as a mysterious act by an otherwise healthy or high-achieving person
- Do not present suicide as a reasonable or understandable way of problem solving
- Suicide is an uncommon but fatal complication of mental and/or substance abuse disorders, which are treatable
- Suicide can be prevented with appropriate treatment
- Exercise care with photos of victims as it is not clear if the pictures increase contagion
- Do not provide a detailed description of the methods. Evidence shows that when enough details are given, vulnerable youth will commit suicide in the same spot and/or with the same methods
- Limit the prominence, length and number of stories
- Edit headlines to match and not sensationalize the story
- Provide local treatment resources with each story

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POSTVENTION

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Death of a Student: Suicide

Crisis intervention:

- Verify a suicide death has occurred (if possible)
- Collaborate with the school crisis team
- Assess the impact on the school and estimate the level of response
- Notify and plan with other involved personnel
  - District office
  - Other potentially affected school sites
  - Staff members affected by the death
- Contact the family of the suicide victim-School must know what can be shared
- Determine what information to share about the death and how to share

(Brock, S., 2006)

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Death of a Student: Suicide

- Determine how to share information
  - To students, staff & parents
  - Working with the media
- Identify students who will be significantly affected by the suicide including friends, others that have attempted, substance abusing students, and **AT RISK students**
- Have a referral procedure in place for staff to refer concerns
- Have a faculty psycho-educational meeting (caregiver training) Provide facts, dispel rumors
- Have helpers follow the victim's class schedule (class meetings)
- Meet separately with individuals physically or emotionally proximal to the suicide

(Brock, S., 2006)

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Crisis Intervention: Messaging Procedures and Objectives

1. Provide facts without details.
   - Students need to be able to distinguish facts from rumors.
2. The only one ultimately responsible is the victim.
   - Make sure they do not dwell on real or imagined guilt.
3. Portray the act as a permanent solution to temporary problems.
4. Need to understand death is permanent and victim will not gain satisfaction from postmortem events.
5. Discuss how survivors are different from victim.
6. Student's should not identify or romanticize victim's behavior or circumstances. **You do not want them to view suicide as coping strategy.**

Brock, S.E. 2002)

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Crisis Intervention: Processing Procedures and Objectives

7. Facilitate the expression of feelings about the suicide.
   - Students and staff should understand that not only grief, but also guilt, fear, anger & confusion are normal reactions.
8. State that there is no "right way" to feel after a suicide.
   - Students and staff should accept a number of different reactions as normal.
9. Point out that painful reactions to the suicide will be alleviated with time and talk.
   - Help them anticipate that they will be able to cope with this loss using emotional support.

(Brock, S.E. 2002)

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Crisis Intervention: Referring Procedures and Objectives

10. Acknowledge that people may have suicidal thoughts following a suicide of a significant other.
    - They should understand that fleeting thoughts of suicide are not unusual.
    - However, intrusive and persistent suicidal ideation is an indication to seek assistance.
11. Provide information about warning signs and available resources.
    - Help them recognize warning signs and know how to refer themselves or peers for intervention assistance.
12. Prepare students for the funeral, if appropriate.
    - Students who choose to attend the funeral should know what to expect.

(Brock, S. E. 2002)

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Contagion Issues

Keep these two principles in mind during funerals, memorials, interventions:

- Decrease guilt of survivors
- Increase psychological distance between survivors and suicide victim/homicide perpetrator

Watch for high risk individuals in high risk times
Personal vulnerabilities

Funerals may need extra support
Memorials should have careful consideration
Discuss funeral & memorial concerns with family, when possible
Assist victim's siblings and close friends
Best scenario is to have funeral outside of school hours
Allow attendance, but do not dismiss school
Have support staff at funeral
Encourage parents to attend with their child/policy?

(Brock, S., 2002)

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Memorials

Do not memorialize the victim

- *No physical memorial or anything permanent*
- Do something to prevent other suicides
- Develop living memorials such as student assistance programs or prevention programs
- Mention the need to distance from victim and avoid glorifying the act
- Consider other student deaths and how to be consistent with all

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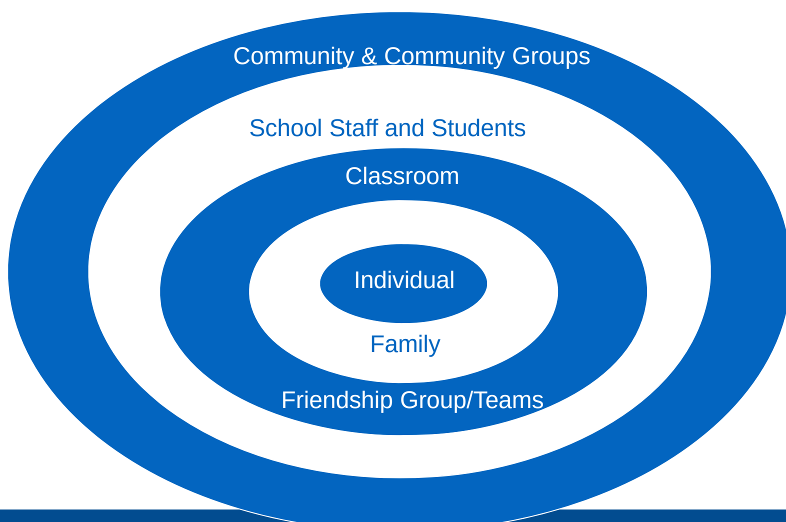
Postvention: Determining the Circle of Impact



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Risk Factors for Imitative Suicidal Behavior

- Facilitated the suicide
- Failed to recognize the suicidal intent
- Believed they may have caused the suicide or provided the means
- Had a relationship with the victim
- Identified with the victim, saw them as role model
- Had a suicide pact with the victim
- Has a personal history that includes suicide of family member or friend
- Has a history of prior suicidal behavior
- Has a history of psychopathology or hospitalization for emotional problems, drug or alcohol abuse
- Show symptoms of helplessness/hopelessness
- Has suffered significant life stressor or losses
- Has experienced recent death of loved one
- Lack social resources

(Brock, S.E., 2002; American Association of Suicidology)

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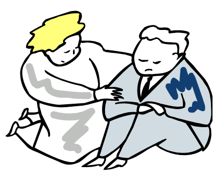
Helping Survivors of Suicide: A Special Path of Grief

- ❑ Actively listen
- ❑ Ask if and how you can help
- ❑ Let them talk at their own pace
- ❑ Be patient-repetition is important
- ❑ Use the loved one's or friend's name
- ❑ Your presence is important
- ❑ It is their process--do not tell them how they should feel or that you know how they feel
- ❑ Survivor of suicide groups can be helpful--find resources in your community



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Continue to Evaluate Needs

- **Staff** who are affected
- **Students** who are most affected
- Make sure staff **knows to seek help** or to refer
- Monitor **sibling needs** upon return to school
- Have **daily planning sessions** with crisis team, as needed
- Help family and teachers with **retrieval of personal belongings** of student, etc.
- Help to **anticipate anniversary** reactions

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Protocol for a Suicidal Student

- **Assessing the suicidal risk**
  - School mental health staff who have been trained in suicide risk assessment and receive the referral (What about FERPA?)
  - School can contact a mental health provider or the National Lifeline to identify a local provider who can conduct a suicide assessment
- Notifying parents
  - **Must ALWAYS be notified**
- Referring to a mental health provider
  - Consistent with school, district, state, tribal, Bureau of Indian Education or federal policies and laws
- Documenting the process!

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Protocol for Attempt at School

Infrequent but there still needs to be a protocol to include:

- Never leaving the student unattended by an adult
- Calling 911 or your local emergency provider
- Contacting the Student Risk Response Coordinator
- The Student Risk Response Coordinator
  - Contacts additional personnel as needed
  - Contacts the student's parents with a plan to meet them (at the nurse's office, hospital, whatever is appropriate)
  - Contact emergency medical services, if needed
  - After the immediate crisis, makes a plan to follow up with the parents and student regarding arrangements for medical and/or mental health services
  - Makes a plan for the student's return to school
  - DOCUMENT everything

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Plan for the Student's Return to School

This may difficult for the student

Reactions of others

Missed assignments

Possible adjustment to medications

Support and monitoring VERY important

Staff member to be point of contact

Re-entry process that engages the student and their parents along with school and outside providers

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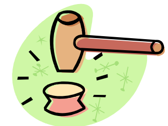
Legal Issues for Schools



Liability issues are related to *foreseeability and negligence*

Schools have *not* been thought of as responsible ultimately, but must demonstrate they made appropriate, “good faith” efforts to prevent suicide from occurring

School districts have been found liable for:

- not offering suicide prevention programs
- inadequate staff training
- providing inadequate supervision of at-risk students
- failing to notify parents when their children were suicidal

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RISK ASSESSMENT

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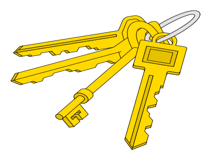
Key Components to Suicide Assessment

Criteria:

- Lethality of the current attempt or plan
- Evidence of a history of multiple attempts
- Evidence of drug or alcohol abuse
- Current stress levels and factors
- Emotional affect
- A suicidal plan
  - Access to means
  - Ability to carry out the plan
- Available resources



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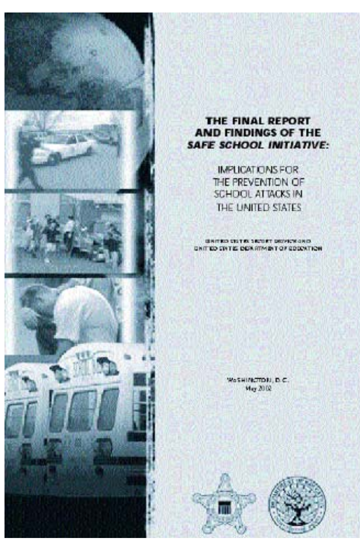
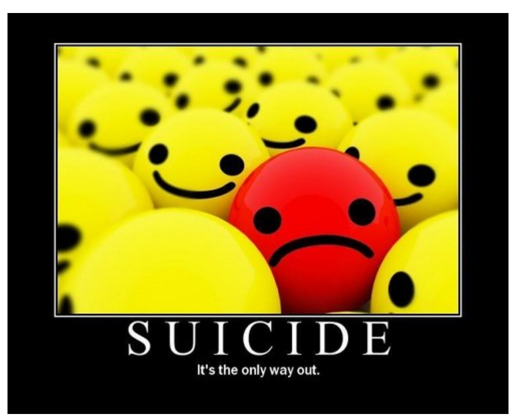
Threat Assessment/Suicide Connection





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Help Staff Understand Protocols

- Staff may hear the student's disclosure or be first witness to an attempt on school grounds
- Staff may be called for assistance
- Staff need to be supportive of students returning (within bounds of confidentiality)

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Common Myths about Youth Suicide

1. Asking questions or talking about suicide will increase the probability of its occurrence
2. Those who attempt suicide usually receive medical attention or treatment
3. Most young people who die by suicide usually leave a suicide note
4. Parents or caregivers are aware of their child's suicidal behavior

(Miller , D.N. & Eckert, T.L., 2009)

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Common *Myths* about Youth Suicide

5. Youth suicide is caused primarily by family or social stress rather than mental health problems
6. That individuals who talk about suicide are doing it to get attention and are not serious
7. Once a person decides to commit suicide there is little or nothing that can be done to prevent it

(Miller, D.N. & Eckert, T.L., 2009)

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Youth Ages 10-14

- Based on cognitive maturity their understanding of the finality of suicide is missing.
- Researchers suggest that rates of suicidal behavior are vastly under-reported in children.
- Many families conceal evidence of their child's suicide because of associated social stigma.
- Boys aged 10 to 14 attempt and complete suicide more than girls.

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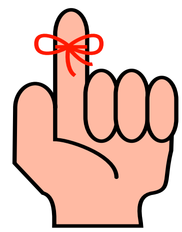
Concerns to Watch for During Discipline at School

- Safety must be considered
- All discipline should include a proactive, support plan – not just punitive
- **Child never left unsupervised**
- Removing structure can make them feel
- More out-of-control and contribute to the suicidal impulse
- Inform parents of precautions and/or concerns



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When a Student Refers a Friend

❖ Get background information

❖ Listen for situational factors

❖ Be aware of possible contagion issues

❖ Check for depression in referring student

❖ Release their responsibility & answer questions

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Other Issues in Estimating Risk

- Ask directly, check with other sources when possible.
- Contact the parent for more information and to gather additional risk or protective factor information.
- ***Be cautious:*** recommend an outside evaluation if indicators show high risk and if information is not certain.
- Don't underestimate impulsivity in youth.

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Special Issues: Self-injury

Self-injury usually involves the intentional self-destruction of body tissue *without deliberate suicidal intent*

Self-injury provides a rapid, but temporary, relief from stress and tension, a sense of security or control, and/or decreases in distressing thoughts or feelings

You will note the difference in thinking pattern

The function of the behavior is different:

An individual attempting suicide is trying to end his/her life, the individual engaging in self-injury is typically trying to **feel better**

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(Kanan, Finger & Plog, 2008)

Self-injury and Suicide Risk

- Self-injury typically begins in early adolescence
- The number of children and youth engaging in self-injury is likely underestimated and increasing
- May occur in more than one way, be sure to ask about other forms of harm/recklessness
- Screen for possible suicide risk
- Look for co-morbidity (depression, anxiety, substance abuse)
- Notify parents and help provide understanding of the behavior and any recommendations
- Large awareness campaigns are not recommended due to contagion effect

(Kanan, Finger & Plog, 2008)

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YOUR UNIQUE POSITION TO SUPPORT STUDENTS

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How Does a Depressed or Suicidal Person Look?

- Warning signs are almost always present
- 25-33% of people who attempt once, will have another attempt within 1 year (2nd attempt is often more lethal)
- Of individuals who are in mental health treatment, approximately 80% denied suicide thoughts to their practitioner prior to taking their lives
- Some can hold up a mask and hide many symptoms
- Look for major changes of ANY kind in the person's behavior

Slides courtesy of AspenHope

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If your gut says worry….

WORRY!

- ❖ Stay with them
- ❖ Talk now - don't wait until the next time you see them
- ❖ Don't talk in a public, open space – Talk in private
- ❖ Turn off your phones, close doors
- ❖ Give yourself plenty of time
- ❖ If they talk to you then say they are "ok"… still get them to a mental health professional
- ❖ Go with them and stay!
- ❖ Be part of their FUTURE!!!

ASPENHOPECENTER 925-5858

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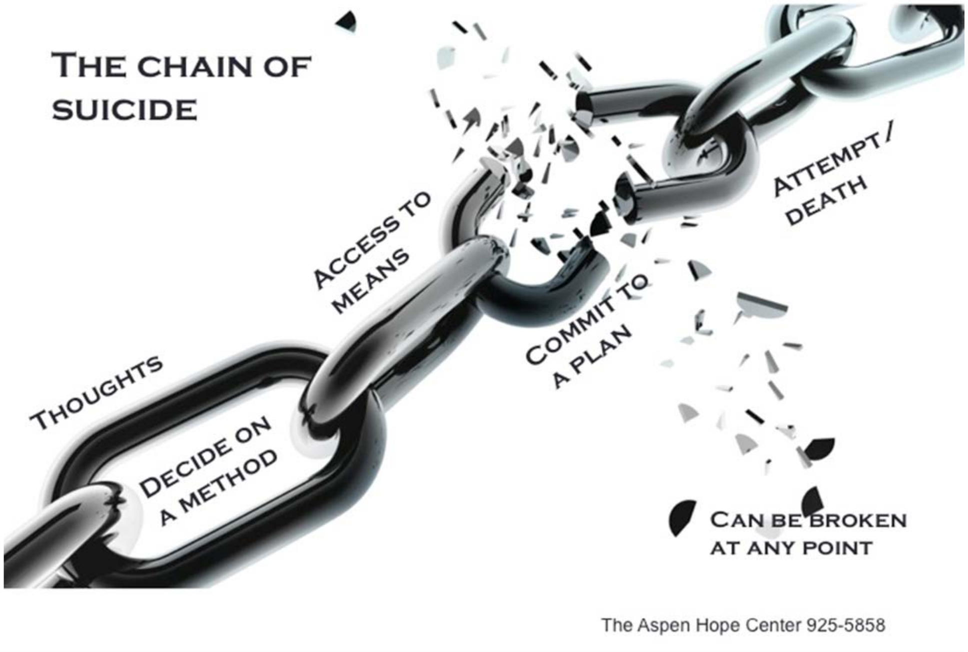

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How Do I Talk with Them?

- Be Genuine
- Natural and most common response is to try and convince people life is worth living
  - Wait, this comes second
- First find out specifics – Listen, listen, listen!
- The more you know the better you can help

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You HAVE to ask!

Start out indirect

"Do you ever wish you could go to sleep and not wake up?"

"Have you ever taken an action that might be perceived as life threatening?" such as buying a gun, riding bike into traffic, scoping out a place of danger that could cause death accidentally.

Ask "Have you ever had thoughts of killing yourself?"

OR jump right to direct

Ask "*How* would you carry this plan out?"

Then ask "How long have you had these thoughts?"

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Oh No... What Now?

You do not need to feel burdened – YOU have help

They have trusted you with this – feel honored

Stay calm, don't panic

Make sure to not brush it off

If statements are said while the person is intoxicated, bring it back up when they are sober

If said while intoxicated, stay with them

YOU are not alone in helping them!

ASPENHOPECENTER 925-5858

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Questions are Crucial

- ❖ If they start talking, do not interrupt
- ❖ Listen openly
- ❖ Keep asking more questions, gain specifics
- ❖ Don't judge them or the situation
- ❖ Careful of word choice
  - Don't beat around the bush and ask, "You won't do anything crazy will you?"
  - To a suicidal person, suicide is not crazy, it is a logical next step

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ASPENHOPECENTER 925-5858

Offer messages of HOPE

- ❖ Offer HOPE
- ❖ Give reassurance
- ❖ Tell them you will be there for them
- ❖ Don't make promises you cannot keep
- ❖ Explain to them why it is important to refer them to a mental health provider
- ❖ Don't leave them alone!!
- ❖ If you can't ask the questions, find someone who can

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Suicide Prevention in Schools

- Consider a variety of prevention strategies.
- Have community resources identified prior to beginning a program.
- Use evidence-based programs:
  - Substance Abuse and Mental Health Services Administration (SAMSHA) – National Registry of Evidenced Based Prevention Programs (NREPP)
  - Suicide Prevention Resource Center (SPRC) – Evidence Based Prevention Programs (EBPP)
- Primary Prevention consider:
  - Curriculum
  - Screening
  - Gatekeeper Training
  - Hotline/Tipline

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Suicide Prevention Programs

Curriculum: (See Colorado School Safety Resource Center Prevention/Intervention Guide for Schools) such as:

American Indian Life Skills Development

CARE

CAST

LEADS

Lifelines

Reconnecting Youth

SOS – Signs of Suicide

Sources of Strength

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Suicide Prevention in Schools

Gatekeeper Trainings:

- Training natural community caregivers
- Expands community support system
- Research is limited but promising
  - Durable changes in attitudes, knowledge, intervention skills have been seen
- Examples:
  - QPR(Question, Persuade & Refer)
  - ASIST (Applied Suicide Intervention Skills Training)

Suicide Prevention in Schools

Hotlines/Tiplines:

- 1-800-SUICIDE
- 1-800-273-TALK (a.k.a. 1-800-APE-TALK)
- Trevor Helpline (GLBTQ) 1-800-850-8078
- Safe2Tell 1-877-542-SAFE
- **Colorado Crisis Services (1-844-493-TALK) (8255)**

Provide Information about Community Supports and Resources

Provide information about 24 hour Help Lines for all students at-risk

Helplines/Tiplines:
- 1-800-SUICIDE
- 1-800-273-TALK (a.k.a. 1-800-APE-TALK)
- Trevor Helpline (GLBTQ) 1-800-850-8078
- Safe2Tell 1-877-542-SAFE

Talk to family about using 911 in case of emergency or the Colorado Crisis Services

Hospital and Outside Evaluation Resources

What are your BEST resources???

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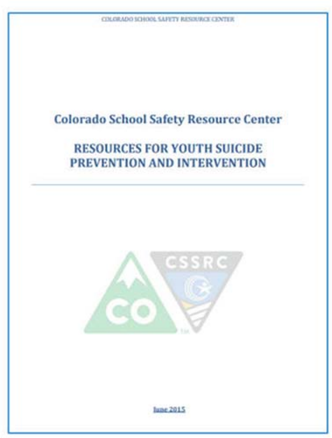
Colorado School Safety Resource Center

- Resources for schools in Colorado
- Twenty-one programs
- Designated as either National Registry of Evidence-Based Programs or
- Suicide Prevention Resource Center- Best Practices Registry
- Updated July 2014


COLORADO SCHOOL SAFETY RESOURCE CENTER

Colorado School Safety Resource Center

RESOURCES FOR YOUTH SUICIDE PREVENTION AND INTERVENTION

CSSRC

June 2015

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www.Colorado.gov/CSSRC - On Twitter at: @CoSSRC

Thank you for caring about students and your time today.
Have a safe, successful rest of the school year!

Please contact us with any questions or requests for information:

Christine.harms@state.co.us