TRUMBULL PUBLIC SCHOOLS BOARD OF EDUCATION POLICY MANUAL	SECTION: **5000** CATEGORY: **Students** POLICY CODE: **5141.5/Suicide Prevention/ Intervention**

SUICIDE PREVENTION/INTERVENTION

Policy Statement

The Trumbull Board of Education recognizes that suicide has become a primary concern facing our country and, consequently, is a concern to this school system and the community it serves. The Board recognizes that suicide is a complex issue. The school may recognize potentially suicidal youth and school staff can conduct a crisis assessment to evaluate immediate level of risk; however, it cannot make clinical assessment of on-going risk and provide in-depth counseling. School staff must refer the youth to an appropriate place for such clinical assessment and counseling if it is deemed necessary.

Therefore, any school employee who may have knowledge of a suicide threat must take the proper steps to report this information to the school principal or his/her designee who will, in turn, notify the appropriate school officials, the student's family, and appropriate resource services.

The school system must provide Suicide Prevention Education to faculty/staff annually and to students as appropriate.

Adopted: 6/6/1989
Revised: 5/10/1993, 4/27/1999, 11/6/2006, 1/24/2017

References

- Connecticut General Statutes §§ 10-76u, 10-209

- Trumbull Board of Education Emergency/Disaster Guidelines Flipchart
- Trumbull Board of Education Policy Code 5141.4: Reporting of Child Abuse, Neglect, and Sexual Assault

Regulations

All school district professionals have a responsibility to share with a building principal observations of student behavior or information gathered about the student which appears to be related to the possibility of suicide.

The principal, in turn, has a responsibility to follow the attached guidelines. If circumstances of a particular situation indicate that actions other than those described would serve the best interests of a given student and the school system, the principal may consult with the designated school-based team (e.g., Early Intervention Team (EIT), Student Assistance Team (SAT), Planning and Placement Team (PPT)) and/or other appropriate personnel to make such a decision and shall make appropriate documentation of the circumstances and the resulting decision.

SPECIAL ISSUES IN USING PROCEDURES

Communication: The building principal shall maintain communication with the Superintendent of Schools about all suicides or suicide attempts and shall call on the Central Office for advice on how to proceed if any situation warrants. In turn, the Superintendent will keep the Board informed about suicide-related issues as appropriate. All communications must be kept confidential as appropriate.

Documentation: All actions taken by school personnel should be carefully documented. Such records should express facts, observable behaviors, and actions. They should be placed in the student's supplementary file. Following an incident of suicidal ideation, attempted or completed suicide, a daily log must be maintained. The log should document the actions taken by school personnel to monitor the student including contacts with the student, contacts with the student's parent/guardian, and contacts with private health care providers or agencies.

Contagion: Sometimes a suicide attempt or completed suicide will trigger other suicide attempts. There is no clear body of knowledge about how or why this occurs and what unique circumstances cause it. The best preventive measures against the contagion effect seem to involve careful identification and monitoring of students who may be in a risk category, efforts to reduce glamorization of the suicide, and carefully planned follow-up activities.

Anniversary Dates: The week, month, year anniversary of the death, or any other anniversary date, may trigger a delayed grief reaction or a suicide attempt modeled after the first. School personnel should be sensitive to this and intensify monitoring of students at these times.

Support: While Early Intervention Team members will probably be sensitive to each other's needs for support, it can also be helpful to have support service providers from an unaffected school or, secondarily, an outside professional available during and following crisis periods to "debrief" the team and offer support to individual members as needed.

Suicide at School: Most experts agree it is better to keep students at school where adult support systems are available than to send them home where no adult supervisors might be available to them. Students must only be released to their parents or other responsible adults should they ask to leave school early.

I. STUDENTS AT RISK FOR SUICIDE

General Procedures During School Hours: School staff who have identified a student who exhibits the signs as noted in Appendix A or who have other reason to believe the student is at risk for suicide must immediately bring that student's name to the attention of the principal or his/her designee. This must be done even if the student has confided in the staff person and asked the staff person to keep their discussion confidential. In such cases, the staff person would explain that he/she cannot keep confidentiality in these circumstances.

Appropriate staff member(s) (Early Intervention Teams) gather background information prior to contacting the student unless there appears to be imminent risk of self-harm. This background check should be done with immediacy on the same day as the referral and may include:

- further discussion with the person who made the referral; and/or
- contact with other staff members to get data on recent student performance.

At the earliest possible moment following the collection of information, contact with the student will be made to determine the seriousness of the situation. This determination will be made by a school counselor, school psychologist, or school social worker. An assessment interview will be conducted following current best professional practices to ascertain the risk level of the student. (See Appendix C for guidance regarding completing an assessment interview.) The staff member conducting the assessment should have the opportunity to consult with colleagues over the phone or in person when needed. When possible and appropriate, two staff members can jointly conduct the assessment interview. This type of assessment does not need to be conducted in professional isolation; however, the confidentiality of the student should be maintained during any consultation. As stated earlier, at no time should the student be left unsupervised.

A. Critical Situation: The student has the intent to harm himself/herself, a specific plan for how he/she will do it, and immediate access to the method; in addition, he/she exhibits feelings of loneliness, hopelessness, helplessness, and the inability to tolerate any more pain.

   The building principal will assign a staff member who will stay with the student to offer support. This staff member should be the school counselor, school psychologist, or school social worker. In addition, he/she will explain to the student that someone will be contacting his/her parent/guardian because of deep concern.

   1. The assigned staff member (school counselor, school psychologist, or school social worker) will notify the parent(s) and request that they come to the school immediately. The following points should be covered in the meeting with the parents:
      - The seriousness of the situation.
      - The need for parents to assure the health and safety of their child by obtaining immediate outside professional support for their child.
      - The need for continued monitoring.
      - A request for parent(s) to sign a release of information form for communication between the school and the facility to which the student will be taken, the student's mental health provider, and/or other individuals as appropriate.
      - The principal or administrative designee will inform the parent(s) that the student will not be accepted back into school until a formal mental health evaluation has

taken place to assess the current status of the student. A school staff member(s) will complete the Suicide Intervention Report (Appendix D) and provide a copy of that to the parent so that it can be reviewed and signed by the professional who completes the mental health evaluation. A summary from the mental health professional is required to readmit the student into school. This summary should clearly indicate that the student was assessed and whether ongoing treatment will be in place as indicated on the Suicide Intervention Report (Appendix D). A mental health professional is any licensed health care or mental health care provider who has training to conduct mental health assessments. This includes, but is not limited to, pediatricians/physicians, psychiatrists, psychologists, school psychologists, social workers, professional counselors, and marriage and family therapists, who are not employees of the Trumbull Public Schools.

2. If the parent(s) cannot be contacted or if the parent(s) refuse to come to school and the team determines that a medical emergency exists, normal procedures will be followed for such emergencies. The building principal will oversee these arrangements. These procedures are listed in the Trumbull Board of Education Emergency/Disaster Guidelines Flipchart under the section titled Medical Problem or Accident. Emergency Medical Services (911) will be phoned and arrangements will be made to transport the student to an area hospital emergency department. The principal will explain that the school may be required to file a medical neglect report with the State of Connecticut Department of Children and Family Services (DCF). If a school employee suspects abuse or neglect, he/she is mandated to file such a report with DCF.

3. As a follow up, the assigned staff member will contact the family the next school day to discuss the family's plans to provide professional help and support to the student. Permission for communication between school and therapist/agency will be requested.

4. If the student attends school without the parent/guardian providing documentation that the child has gotten proper mental health care to address the needs of the child, the child will remain under the supervision of a school staff member. The parent/guardian will be contacted and informed that school staff have concerns regarding the mental health needs of the student which require that the parent/guardian take steps to provide the child with appropriate mental health care. The parent/guardian will be informed that, if the parent/guardian refuses to obtain appropriate mental health care, school staff will file a medical neglect report with the Department of Children and Family Services (DCF). DCF will then follow their procedures to insure that the child has gotten professional support.

5. A plan of action for in-school support of the student will be discussed at the next Early Intervention Team meeting. A specially scheduled meeting may need to be held. The team will continue to monitor the student.

6. Parents must be informed by the assigned staff member of the Suicide Prevention/ Intervention Policy and that a copy of the report describing the incident and intervention will be filed in a confidential file located in the school and at the Central

Administration Office (Office of Pupil Services). This report will not be released to any outside agency without written parent consent.

7. A copy of the Suicide Intervention Report is sent to the Superintendent of Schools, the Director of Pupil Services, and the Department Chairperson for School Psychology and Social Work.

B. Potential Situation: The student has some intent to harm himself/herself and has thought about how he/she would do it. He/she has access to the method but does not have everything in place. Although the student may exhibit feelings of hopelessness, helplessness, and unbearable pain, he/she shows some willingness to accept help. The following action will be taken, the order to be determined by the specific situation:

1. The building principal will assign a staff member who will explain to the student that parent(s) will be contacted in order to arrange for professional help and to develop an appropriate support system. This staff member should be the school counselor, school psychologist, or school social worker. The assigned staff member will offer to speak to those people on the student's behalf.

2. Following the meeting with the student, the principal or the assigned staff member will:
   a. convene the Early Intervention Team to plan a course of action;
   b. contact the student's parent(s) to inform them of the seriousness of the situation and to request a meeting that day;
   c. obtain further information from the parent(s) concerning the student's mental health history including therapy and previous suicidal attempts or threats. If the student is currently being seen by a mental health professional, the principal will ask for parental permission to speak with that professional;
   d. communicate the need *to the parent* for suicidal risk evaluation;
   e. inform the parent of the Suicide Prevention/Intervention Policy and that a report will be written describing the incident and intervention;
   f. inform the parent that a copy of the report will be filed in a confidential file;
   g. the assigned staff member will take the lead for monitoring the case, maintaining a daily log, notifying the Department Chair for School Psychologists and Social Workers, and communicating with school staff, parent/guardian, and private health care providers or agencies.

3. If the parent refuses to come to school, the principal will explain that the school may be required to file a medical neglect report with the Department of Child and Family (DCF) Services.

4. As a follow up, the parent/guardian will be contacted by the assigned team member and informed that school staff have concerns regarding the mental health needs of the student which require that the parent/guardian take steps to provide the child with appropriate mental health care. The parent/guardian will be informed that, if the parent/guardian refuses to obtain appropriate mental health care, school staff will file a medical neglect report with the Department of Children and Family Services (DCF). DCF will then follow their procedures to insure that the child has gotten professional support.

C. General Procedures for Field Trips/After School Hours: If a staff member has become aware of a potentially suicidal student on a field trip or during after school hours, he/she should consider and decide upon the following actions:
- contact the parents.
- contact the police.
- contact the principal.

II. STUDENTS WHO ATTEMPT SUICIDE

A. In-School Attempt

1. The staff person who becomes aware of the attempt will remain with the student and will immediately send for the nurse and principal.
2. The nurse and principal will follow school medical emergency procedures to get immediate medical help for the student.
3. The parents will be contacted.
4. The actions and steps outlined in regulation I.A, Critical Situation, above will be followed.
5. If the attempted suicide is causing visible distress among students, staff may be asked to follow "Guidelines for Talking to Students about Suicide/Sudden Death" (Appendix B). An after-school meeting may be held to identify other "at risk" students and discuss concerns.
6. The principal in conjunction with the Early Intervention Team will develop a plan to monitor and support high-risk students.
7. A team member will be assigned to follow-up and monitor the student upon his/her return to school.
8. If appropriate, information will be shared with the principal of any sibling's school.

B. Out-of-School Attempt

1. The staff person who receives the information concerning an attempted suicide will immediately contact the school principal, who will verify the information and actions taken by the parents.
2. The principal will determine if the situation warrants informing the full faculty.
3. If the attempted suicide is causing visible distress among students, staff may be asked to follow "Guidelines for Talking to Students about Suicide/Sudden Death" (Appendix B). An after-school meeting may be held to identify other "at risk" students and discuss concerns.
4. The principal, in conjunction with the Early Intervention Team, will develop a plan to monitor and support high-risk students.
5. The actions and steps outlined in regulation 1.A, Critical Situation, above will be followed.
6. A team member will be assigned to follow-up and monitor the student upon his/her return to school.
7. If appropriate, information will be shared with the principal of any sibling's school.

WARNING SIGNS

It is important to note that adolescence is often a time of change and mood swings. When considering possible warning signs of suicide, you should look for the pattern, the duration, the intensity, and the presence of a particular crisis event. You should measure these against what is perceived to be normal for a given adolescent.

Perhaps, most importantly, you should trust your instincts. When in doubt, seek help. Any young person exhibiting some combination of these signs is probably in need of some type of help.

EARLY WARNING SIGNS

- Sudden or unexpected changes in school behavior such as:
    - attendance,
    - academic performance,
    - peer relationships,
    - failure to complete work,
    - inability to concentrate,
    - disciplinary crisis, especially involving violence or aggression,
    - communicating about death, suicide through writing, artwork, or class discussion.
- Increased frequency and/or quantity of alcohol and other drug use;
- Sudden changes in appearance – especially neglect of appearance;
- Gradual withdrawal from friends, school, family; loss of interest in activities;
- Sudden or increasingly negative changes in personality and attitude;
- Depression (may be expressed as sadness or angry acting out);
- Sleep disturbances – inability to sleep, sleeping to "escape," e.g., pacing;
- Eating disturbances – loss of appetite, sudden weight gain or loss, eating disorders;
- Restlessness and agitation (especially if perceived as uncontrollable);
- Over-reaction to criticism; overly self-critical;
- Overwhelming feelings of failure, worthlessness;
- Failure or inability to derive pleasure from one's life, friends, activities;
- Exaggerated or long-term apathy and disinterest;
- Inability to recover from a loss; ongoing and overwhelming feelings of grief;
- Excessive frequency and intensity of mood swings (especially if perceived as uncontrollable);
- Persistent nightmare;
- Frequent expressions of hostility, anger, rage (especially if perceived as uncontrollable);
- Pessimism about life, about one's future;
- Persistent physical complaints (especially if no physiological basis can be found such as headaches, stomachaches, nausea, anxiety reactions);
- Difficulties in concentration, completing tasks, making decisions (especially if perceived as uncontrollable);
- Delusions or hallucinations; loss of touch with reality.

LATE WARNING SIGNS

- Threatening to commit suicide, openly talking about death, not being around, not being wanted or needed;
- Dropping out of activities; increasing isolation and withdrawal;
- Feelings of helplessness, inability to change or control one's life;
- Feelings of extreme humiliation, loss of status;
- Radical personality or behavioral change;
- Sudden or increasingly dangerous risk-taking behavior;
- Increasing feelings of aloneness, despair; perception that no one can help;
- Increasing loss of control over behavior;
- Making final arrangements; giving things away; putting one's life in order;
- Sudden and inexplicable improvement in behavior, appearance.

Precipitating Events: Often one event will seem to trigger a suicide or suicide attempt. The most common of these seem to be:

Loss of a close relationship through:

- Death
- Divorce
- Break up with boyfriend/girlfriend
- Suicide of a friend, family member, or someone youth has known or identified with
- Unexpected loss of status with peers or failure to achieve such status
- Serious fight with parents or close peer
- Being arrested for a crime (especially if incarcerated)
- Sudden or unexpected failure or setback
- Recent traumatic event (e.g., moving, car accident, a major loss, disciplinary crisis) that makes facing the future seem impossible
- Anniversary of someone else's suicide or death
- Fear of a major change in life status such as graduation, moving
- Actual major life changes such as college or staying behind while friends go to college

GUIDELINES FOR TALKING TO STUDENTS ABOUT SUICIDE/SUDDEN DEATH

1. Prepare students for the serious and tragic nature of the information you are about to share with them. Say that it is expected that this news will upset many of them and that both you and other staff are there to help them get through this.

2. Announce the facts of the situation and what actions are being taken as a result (e.g., all classes are being informed, counseling centers are being set up, etc.).

3. Allow students to react; pay special attention to the following:
   a. Dispel any rumors or unconfirmed information.
   b. Stress that we each react differently to tragedies and must respect one another's feelings and ways of reacting.
   c. Point out that grief, sadness, anger, guilt, fear, and disbelief are all normal reactions to such news.

4. Convey a sense of acceptance for all the feelings expressed; avoid judgmental or value statements about anyone's feelings.

5. Note that some people's feelings will be stronger than others and that individual help is available (name where and with whom) for those who want to discuss their feelings further with someone.

6. If a student's reactions seem particularly intense or you feel unable to respond to them adequately, strongly encourage the student to seek assistance from one of the designated counseling centers. Offer to accompany the student to the center after class. Refer to Early Intervention Support Services.

7. If students have questions you are unable to answer or if you are feeling uncomfortable in the discussion, summon an Early Intervention Support Team member to assist you.

8. Encourage students to be supportive of one another but stress the importance of seeking help or encouraging their friends to seek help from adults if their feelings seem more intense or persistent than "normal."

9. Reassure students that they are not responsible for what happened – discourage guilt and unrealistic "hindsight regrets." Instead, focus discussion on how they might use what they now know to avoid similar tragedies in the future.

10. Stress that the feelings students now have are temporary and will diminish with time; display your own sense of assurance that things will get better.

11. In cases of suicide, avoid glamorizing the death or dead person. Stress that this was a tragic and unnecessary event. Avoid memorial tributes.

12. In cases of suicide, avoid focusing on the details or circumstances that led up to the person's death; stress that suicide is a permanent solution to a temporary problem and focus discussion

on how the person might have gotten help to avoid this tragic ending. Stress that suicide is not a normal reaction to life's setbacks.

13. Allow students who do not want to participate in the discussion to study quietly in the room or seek assistance from one of the counseling centers. Do not assume that the lack of visible reaction means the student has no reaction.

14. Allow as much time as students seem to need for the discussion. Try to move discussion toward how students can help one another express sympathy for the family and help to prevent (in the case of suicide) similar tragedies.

15. End the class by reminding students of the counseling and support services that are available.

GUIDELINES FOR COMPLETING AN ASSESSMENT INTERVIEW

It is understood that there is no single method for conducting an interview with a student who is potentially at-risk for suicidal ideation. However, there are certain aspects of the student's functioning and support system that should be considered when assessing risk. The student should be questioned about the following risk and protective factors and when possible the parent(s) should also be interviewed regarding these factors.

RISK FACTORS

Biopsychosocial

- Mental disorders, particularly mood disorders, schizophrenia, anxiety disorders, and certain personality disorders (e.g., borderline, antisocial)
- Alcohol and drug use
- Feelings of hopelessness
- Impulsive and/or aggressive tendencies
- History of trauma or abuse
- Some major physical illnesses
- Previous suicide attempt
- Family history of suicide

Environmental

- Relational or social loss
- Easy access to lethal means (e.g., guns)
- Local clusters of suicide that have a contagious influence

Sociocultural

- Sense of isolation (especially for female adolescents) and lack of social support
- Stigma associated with help-seeking behavior
- Barriers to accessing mental health care and substance abuse treatment
- Certain cultural and religious beliefs (e.g., that suicide is a noble resolution of a personal dilemma)
- Exposure to and influence of others who have died by suicide, including media influence

PROTECTIVE FACTORS

- Effective clinical services for mental, physical, and substance use disorders
- Easy access to various clinical intervention and support for help-seeking
- Restricted access to highly lethal means of suicide
- Strong connections to family and community
- Skills in problem solving, conflict resolution, and nonviolent handling of disputes
- Resiliency, self-esteem, optimism, and empathy
- Cultural and religious beliefs that discourage suicide and support self-preservation

SUICIDE CRISIS INDICATORS

A suicide crisis is a time-limited occurrence in which an individual is in immediate danger of suicide. Indicators of a suicide crisis, sometimes referred to as warning signs, help identify individuals in immediate need of attention.

- Suicidal statements or suicide notes
- Ominous utterances (speaking of going away, or of others being better off without them)
- Marked changes in behavior (e.g., trouble sleeping or eating, loss of interest in usual activities, neglect of self-care)
- Intense affective state in combination with depression
- Preoccupation with death, afterlife, and violence in the context of sad or negative feelings
- Precipitating event (e.g., marked reaction to loss of loved one)
- Statements of hopelessness
- Deteriorating functioning in school, at work, or socially
- Telltale actions (e.g., buying a gun, putting one's affairs in order)
- Increased use of alcohol or drugs
- Other self-destructive behavior (e.g., loss of control, rage explosions)
- Recent incarceration

Trumbull Public Schools
SUICIDE INTERVENTION REPORT

(CONFIDENTIAL)

Date of Report:
Student's Name:
Student's Phone Number:
Student's Address:
Parent(s)/Guardian(s)' Names & Phone Numbers:

School:
Staff Member(s) Completing This Report:

A. Reason for Referral

1. Who made the referral?
___ Student self-referred
___ Staff member
___ Parent/guardian
___ Student's peer
___ Other: _____

2. The student exhibits feelings of:
___ Loneliness
___ Hopelessness or Helplessness
___ Depression
___ Anxiety/Agitation
___ Being emotionally overwhelmed; inability to cope with stressors
___ Other – please specify: _____

3. Other related concerns
___ Recent death of a loved one
___ Sudden drop in grades
___ Changes in appetite or sleep patterns
___ More withdrawn than usual
___ More energized than usual
___ Problems with drug or alcohol use
___ Other – please specify: _____

B. Summary of Student's Current Risk

1. Does the student have a specific plan for how he or she will harm self? If yes, please describe the plan.

_____

_____

_____

_____

2. Does the student have immediate access to the method? Please explain.

_____

_____

_____

_____

In order for _____ to return to school, he/she needs to receive a mental
(*Student's Name*)
health evaluation by a mental health professional* and the following pages need to be completed and signed by the person who completed the evaluation.

*A mental health professional is any licensed health care or mental health care provider who has training to conduct mental health assessments. This includes, but is not limited to, pediatricians/physicians, psychiatrists, psychologists, school psychologists, social workers, professional counselors, and marriage and family therapists, who are not employees of the Trumbull Public Schools.

c: Superintendent (Destroyed after review)
Confidential File – Office of Pupil Personnel and Special Services

Documentation of Mental Health Evaluation

Recommendations for Immediate Care: _____

_____

_____

_____

_____

Recommendations for After Care: _____

_____

_____

_____

_____

Recommended date for student to return to school: _____

Completed by:

_____
Name/Title

_____
Address

_____
Telephone Numbers

I have completed this form regarding _____ and I reviewed attached
(Student's Name)
"Trumbull Public Schools Suicide Intervention Report" on pages 1 & 2 above.

_____
Signature of Person Completing Mental Health Evaluation

The listing below is a free provider for mental health evaluations of students at risk for suicide in our region of the state.

Emergency Mobile Psychiatric Services (EMPS) Telephone Number: 1-866-242-7818
EMPS Provider: Child Guidance Center of Greater Bridgeport