Suicide Protocols:
Considerations for Safety and Support

Jeni Janek, MEd, LPC
ESC Region 12
Counseling Services

Points of Interest

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❖ **Look at how we got here for mental health as a consideration in our schools**
❖ **Discuss laws about mental health from the 86th legislative session**
❖ **Examine best practices and steps for suicide response protocols in our schools**

2

Disclaimer:

- - -

- **Scenarios? Keep confidentiality in the chat**
- **No diagnosing...not today**
- **Suicide and "gray" factors**
- **Considerations means CONSIDERATIONS**

3

How did we get here?

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

- - -

Facts about mental disorders in U.S. children

- ADHD, behavior problems, anxiety, and depression are the most commonly diagnosed mental disorders in children
  - 9.4% of children aged 2-17 years (approximately 6.1 million) have received an ADHD diagnosis.[2] Read more information on ADHD here.
  - 7.4% of children aged 3-17 years (approximately 4.5 million) have a diagnosed behavior problem.[3]
  - 7.1% of children aged 3-17 years (approximately 4.4 million) have diagnosed anxiety.[3]
  - 3.2% of children aged 3-17 years (approximately 1.9 million) have diagnosed depression. [3]

https://www.cdc.gov/childrensmentalhealth/data.html

4

How did we get here?

– – –

CDC Centers for Disease Control and Prevention
CDC 24/7: Saving Lives, Protecting People™

- Depression and anxiety have increased over time
  - "Ever having been diagnosed with either anxiety or depression" among children aged 6–17 years increased from 5.4% in 2003 to 8% in 2007 and to 8.4% in 2011–2012.[4]
  - "Ever having been diagnosed with anxiety" increased from 5.5% in 2007 to 6.4% in 2011–2012.[4]
  - "Ever having been diagnosed with depression" did not change between 2007 (4.7%) and 2011-2012 (4.9%).[4]
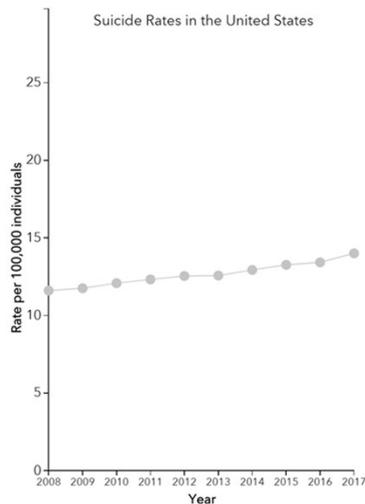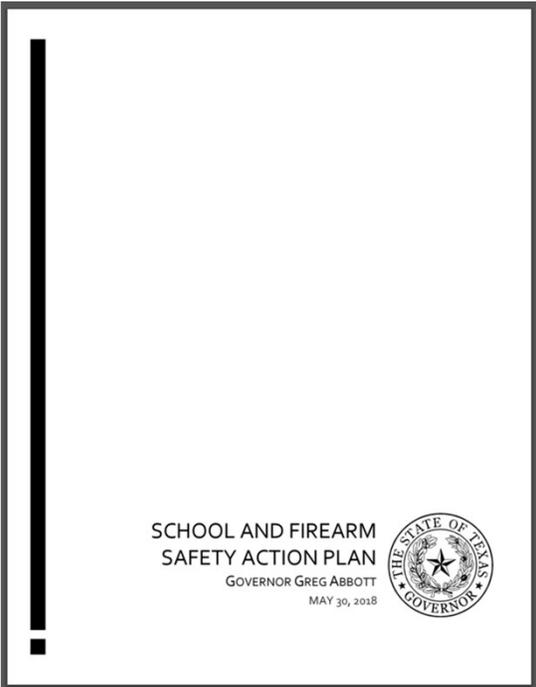
https://www.cdc.gov/childrensmentalhealth/data.html

5

American Foundation for Suicide Prevention

Suicide Rates in the United States

https://afsp.org/about-suicide/suicide-statistics/

6

Governor Abbott's School and Firearm Safety Action Plan

May 30, 2018

SCHOOL AND FIREARM SAFETY ACTION PLAN
GOVERNOR GREG ABBOTT
MAY 30, 2018

7

SB 460 Mental Health Detection
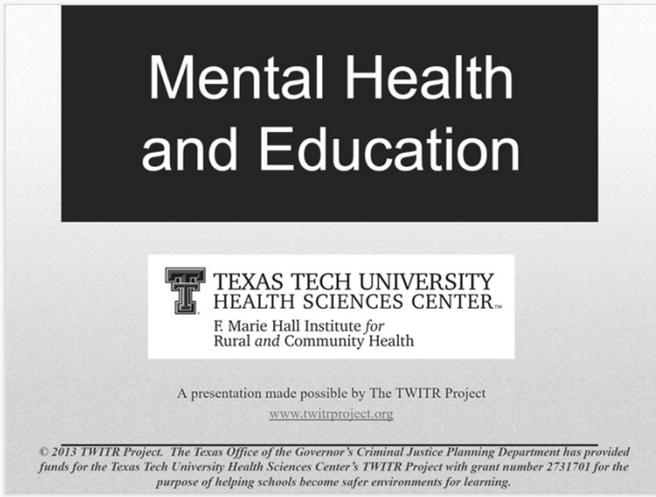
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Mental Health and Education

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER™
F. Marie Hall Institute *for* Rural *and* Community Health

A presentation made possible by The TWITR Project
www.twitrproject.org

© 2013 TWITR Project. The Texas Office of the Governor's Criminal Justice Planning Department has provided funds for the Texas Tech University Health Sciences Center's TWITR Project with grant number 2731701 for the purpose of helping schools become safer environments for learning.

8

Reactive Attachment Disorder Symptoms

- Destructive to self/others.
- Inability to feel guilt or remorse.
- Inappropriate or poor with relationships.
- May be consumed with thoughts of violence.
- Mumbling or repeating sentences such as, "I forgot." or "I don't know."
- Habitual lying.
- Manipulative. May be able to "charm" others.
- Unusual non-verbal communication.
- Significant control issues.
- Inability to see potential consequences.

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Post-Traumatic Stress Disorder (PTSD) Symptoms

- Emotional responses to triggers.
- Flashbacks, play referencing the event, nightmares, hallucinations.
- Physical complaints.
- Fear of specific people, places or events.
- Reported inability to remember the event.
- Inability to focus or concentrate.
- Self-medication.
- Anger/irritability.
- Impulsive behavior.
- Depression, hopelessness.

© 2013 TWITR Project

Emergency Protocol Decision Tree — 56

© 2013 TWITR Project

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86th Legislative Session- Mental Health Bills

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SB 11 - The School Safety Bill

1. **Threat Assessment Teams** mandatory in schools
2. Use of language for "**Trauma-informed care**" in educator training
3. Inclusion of mental health, ==**suicide prevention**==, **digital citizenship,** substance abuse, skills to manage emotions, and positive relationships in all health classes

HB 18 - The Mental Health Bill

1. "Grief and **trauma-informed care** integrated into language
2. *Greater than 25% of PD for educators, administrators, and counselors must be in grief and trauma-informed practices*
3. And more….

12

SB 11 contains:

– – –

(B) include strategies for ensuring any required professional development training for **suicide** prevention and grief-informed and trauma-informed care is provided to appropriate school personnel;

(C) include training on integrating psychological safety and **suicide** prevention strategies into the district's plan, such as psychological first aid for schools training, from an approved list of recommended training established by the commissioner and Texas School Safety Center for:

(i) members of the district's school safety and security committee under Section 37.109;

(ii) district school counselors and mental health professionals; and

(iii) educators and other district personnel as determined by the district;

https://legiscan.com/TX/text/SB11/id/2027985

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SB 11 Also contains:

– – –

Sec. 37.115. THREAT ASSESSMENT AND SAFE AND SUPPORTIVE SCHOOL PROGRAM AND TEAM. (a) In this section:

(1) "Harmful, threatening, or violent behavior" includes behaviors, such as verbal threats, threats of self harm, bullying, cyberbullying, fighting, the use or possession of a weapon, sexual assault, sexual harassment, dating violence, stalking, or assault, by a student that could result in:

https://legiscan.com/TX/text/SB11/id/2027985

14

Three Types of Threats:
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1. A person/student threatens harm to themselves
2. A person/student is threatening (or harms) another student
3. A person/student threatens to hurt or harm others (multiple people).

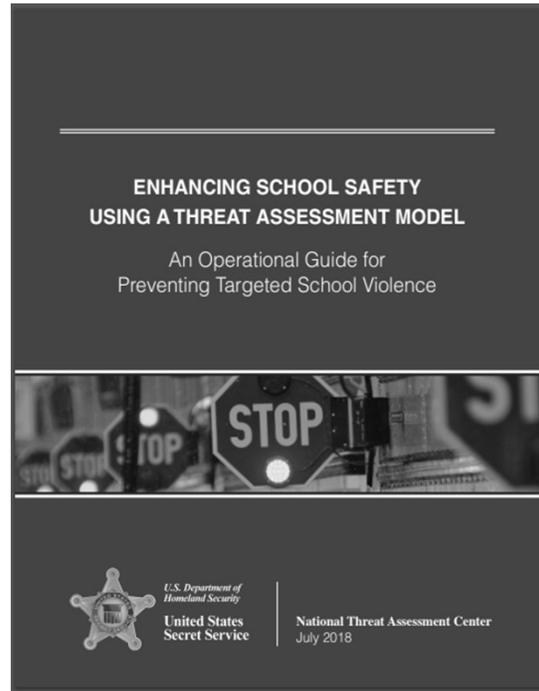15

Three Types of Threats:
---

1. Suicide / Suicidal ideation
2. Child Abuse (reporting through CPS) or a bullying scenario (check definitions*)
3. Homicide / Homicidal ideation.

16

Enhancing School Safety Using a Threat Assessment Model

US Department of Secret Service

https://www.dhs.gov/sites/default/files/publica
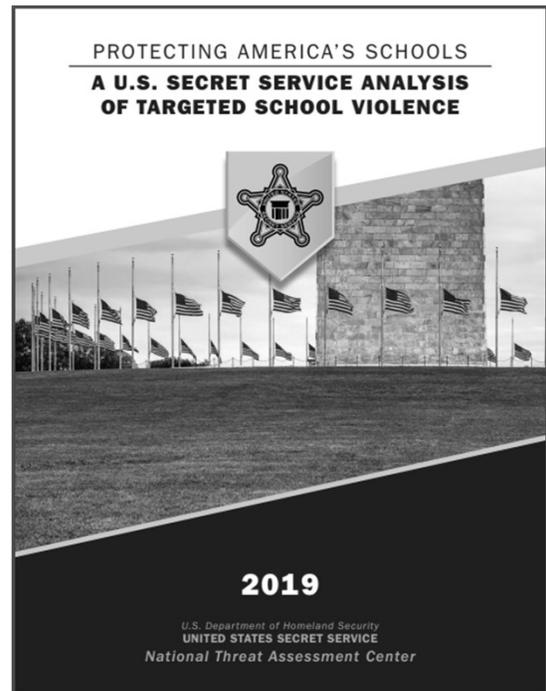tions/18_0711_USSS_NTAC-Enhancing-
School-Safety-Guide.pdf

17

Protecting America's Schools: A U.S. Secret Service Analysis of Targeted School Violence

US Department of Secret Service

https://miami.cbslocal.com/wp-
content/uploads/sites/15909786/2019/11/Sec
ret-Service-Report-On-Protecting-
Schools.pdf

18

SB 11 also contains:

– – –

> (h) On a determination that a student or other individual poses a serious risk of violence to self or others, a team shall immediately report the team's determination to the superintendent. If the individual is a student, the superintendent shall immediately attempt to inform the parent or person standing in parental relation to the student. The requirements of this subsection do not prevent an employee of the school from acting immediately to prevent an imminent threat or respond to an emergency.

https://legiscan.com/TX/text/SB11/id/2027985

19

SB 11 also contains:

– – –

> (i) A team identifying a student at risk of **suicide** shall act in accordance with the district's **suicide** prevention program. If the student at risk of **suicide** also makes a threat of violence to others, the team shall conduct a threat assessment in addition to actions taken in accordance with the district's **suicide** prevention program.

https://legiscan.com/TX/text/SB11/id/2027985

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Shopping for Protocols?

Q SEARCH   ABOUT SPRC   CONTACT US   LOGIN

Suicide Prevention Resource Center
About Suicide   Effective Prevention   Resources & Programs   Training   News & Highlights   Organizations

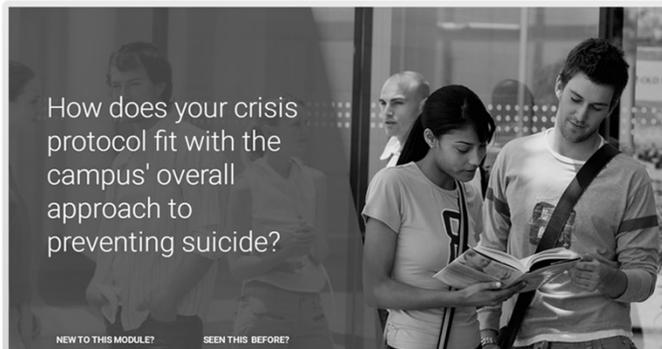SUICIDE PREVENTION LIFELINE   8 2 5 5   1 (800) 273 TALK

Also in This Section

Virtual Learning Lab: Campus Suicide Prevention
→ Prevention Planning
→ Collaboration
→ Crisis Protocols
→ Mental Health Resources

Crisis Protocols

PDF version of this page

How does your crisis protocol fit with the campus' overall approach to preventing suicide?

NEW TO THIS MODULE?   SEEN THIS BEFORE?

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https://www.sprc.org/crisis-protocols

Shopping for Protocols?

» Download a text version of this module: Crisis Protocols

About This Module

Crisis protocols that are specific to a suicide death, suicide attempt, and students' acute distress are essential because they will help a campus respond in an organized, timely, and compassionate way. Clear and consistent protocols that outline what to do and who to contact will also help minimize uncertainty and fear in others.

Ideally, crisis protocols should cover these key components:

Responding to the acutely distressed or suicidal student
Guidance on how to identify whether a student is at risk for suicide and what to do for him or her, even if help is refused

Establishing an emergency contact notification procedure
If a student is in crisis, who should be notified (e.g., family member, relative), and under what circumstances should the campus contact this person

Addressing issues around voluntary and involuntary psychiatric hospitalization
Considerations for determining if hospitalization is in the best interests of the student

Documenting encounters with the acutely distressed or suicidal student
Information that should be formally documented for each incident

Developing post-crisis follow-up plans
Continuity of care for a student after a crisis, including what do if the student shows signs of distress again

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https://www.sprc.org/crisis-protocols

Shopping for Protocols?

23

https://www.sprc.org/crisis-protocols

Complications

24

Complications…

_ _ _

- ❖ Inadequate or non-existent **suicide risk assessments**
- ❖ **Lack of training** on suicide prevention, intervention, and response
- ❖ Universal response to **all scenarios** regarding suicide ideation or language
- ❖ **Disagreement** between school, parents, or sometimes mental health entities regarding severity and plan for intervention/response

25

Complications…

_ _ _

- ❖ **Lack of access** to therapists
- ❖ Students staying at **Residential Treatment Centers (RTC)** and coming back to school without transition plans
- ❖ The expectation that a student is **'fixed'** after a stay in an RTC
- ❖ **Misunderstanding** about what happens at an RTC and the continuum of care **(Transition plans)**
- ❖ Contact with a mental health entity where there is **lack of agreement and/or misunderstanding** about recommendations (or other barriers)

26

Complications....

_ _ _

- ❖ **Educator-Parent-Student-Therapist** communication
- ❖ Students using suicidal ideation language as an **aversion** to school or activities (not serious intent, but serious reaction to their verbiage)
- ❖ Parents being told that their children can't attend school **without a psychological evaluation**
- ❖ Students sharing that their living environments are their **source of stress** relative to suicide ideation….

27
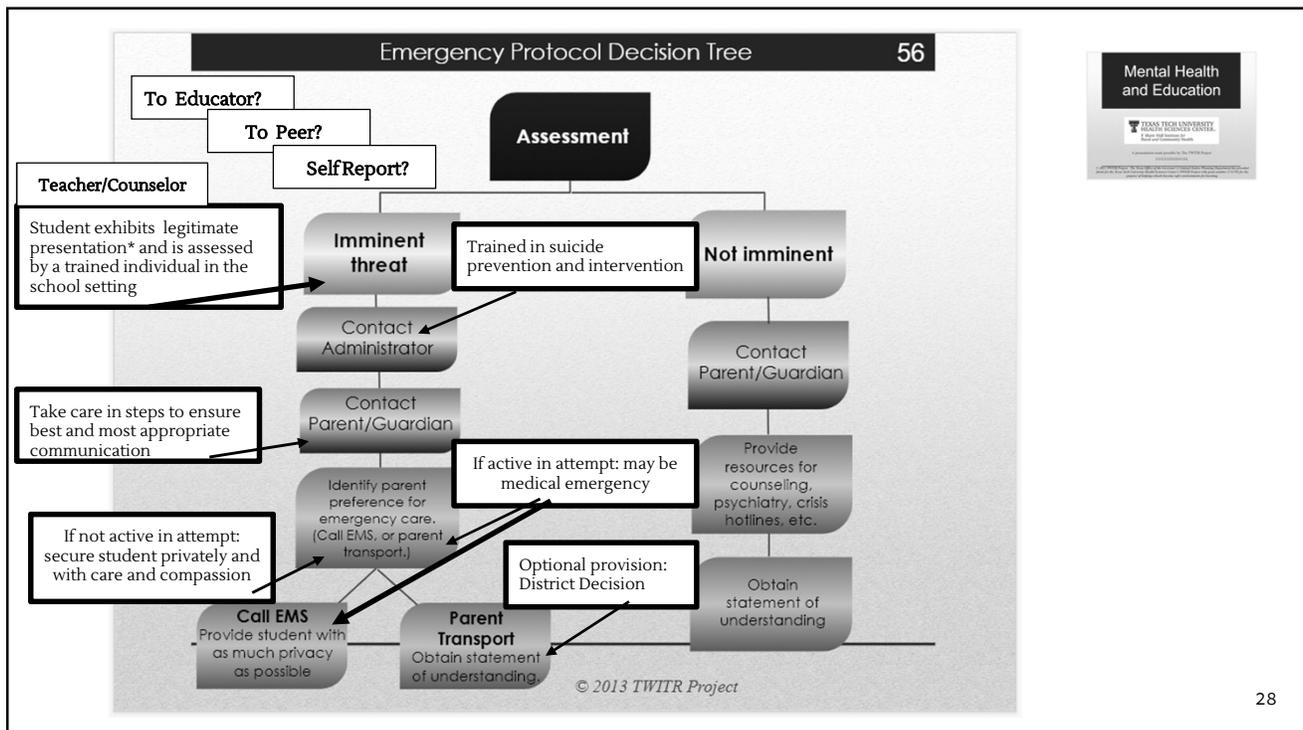
28
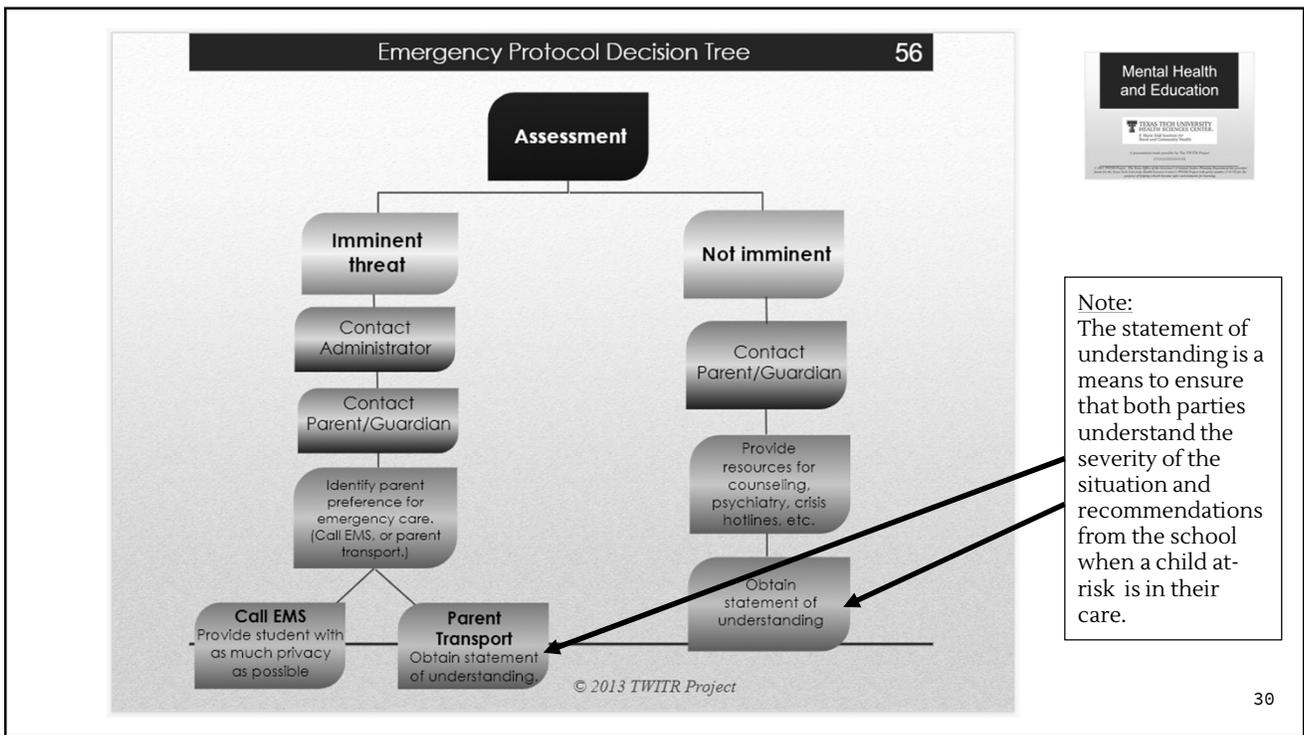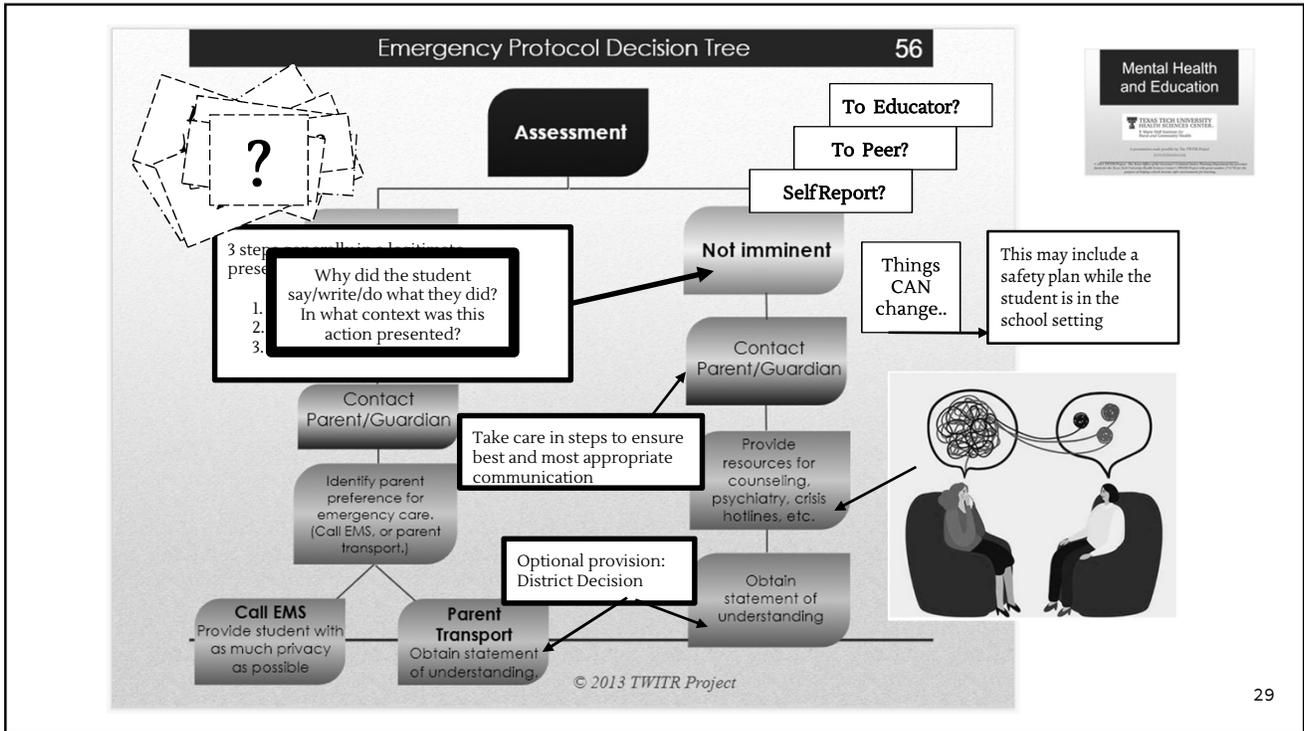
Suicide Protocol Standard Procedures

— — —

1. Reporting
2. Assessment
3. Notification
4. Intervention/Response
5. Referral? Therapy? Residential Treatment (RTC)?
6. **Back to school…**

Then what?

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Suicide Protocol Standard Procedures

— — —

1. <mark>Reporting</mark>
2. Assessment
3. Notification
4. Intervention/Response
5. Referral? Therapy? Residential Treatment (RTC)?
6. Back to school...

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Did you know…

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SB 179 calls for
schools to have at
least one reporting
mechanism for
cyberbullying
threats. Students
must have one
anonymous option for
reporting cyber
threats.

33

Conside Confidentiality

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Threat R
How did you find out:

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34

Considering reporting Elements:

Make the documentation work for you

1. Easily **accessible**
2. Easily **utilized***
3. **Training** for students, educators, parents
4. Reports go to a **reliable source**
5. **Action** is taken* including involvement from the Threat Assessment Team
6. **Cased documented** as monitored, active, or ――closed

35

It all starts with reporting: Students often know more about what is going on in school than we do

36

Keep in mind....

———

- **FERPA requirements when handling student data and confidentiality**
- **Protect your resources**
- **What we learn may be the "tip of the iceberg"**
- **Digital impact/involvement**
- **ASK the right questions...**

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Suicide Protocol Standard Procedures

———

1. Reporting
2. <mark>Assessment</mark>
3. Notification
4. Intervention/Response
5. Referral? Therapy? Residential Treatment (RTC)?
6. Back to school...

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Disclaimer:

This scale is intended to be used by individuals who have received training in its administration. The questions contained in the Columbia-Suicide Severity Rating Scale are suggested probes. Ultimately, the determination of the presence of suicidal ideation or behavior depends on the judgment of the individual administering the scale.

http://cssrs.columbia.edu/wp-content/uploads/C-SSRS_Pediatric-SLC_11.14.16.pdf

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November 13, 2017

Suicide Assessment

Mental Health
and Education

TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER.
F. Marie Hall Institute for
Rural and Community Health

This form should be completed by the district appointed person(s).

1. Have you thought about what it would be like if you were not around?
   If no, document and refer student to counselor.
   If yes, proceed to the next question.

2. Have you ever thought about hurting yourself or committing suicide?
   If no, document and let student know you would like for him to talk to the counselor.
   If yes, proceed to next question.

3. Can you tell me exactly what you have been thinking of doing?
   If ambiguous; document and escort him to talk to the counselor.
   If reasonable, proceed to next question.

4. When was the last time you thought about it?
   (Now, yesterday, last week, last month, etc.)
   If within the last 24 hours, proceed with emergency protocol.
   If within the last week, proceed with contacting counselor, administrator, parents and
   complete statement of understanding (attached).

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SUICIDE
PREVENTION
LIFELINE
1-800-273-TALK (8255)

GET HELP   LEARN   GET INVOLVED   PROVIDERS & PROFESSIONALS

National Suicide Prevention Lifeline

We can all help prevent suicide. The Lifeline provides 24/7, free and confidential support for people in distress, prevention and crisis resources for you or your loved ones, and best practices for professionals.

📞 1-800-273-8255

CRISIS TEXT LINE |

USA
MENTAL HEALTH FIRST AID

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Suicide Protocol Standard Procedures
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```
1. Reporting
2. Assessment
3. Notification
4. Intervention/Response
5. Referral? Therapy? Residential Treatment (RTC)?
6. Back to school...
```

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Assessment: ==No Imminent Risk== of Self Harm
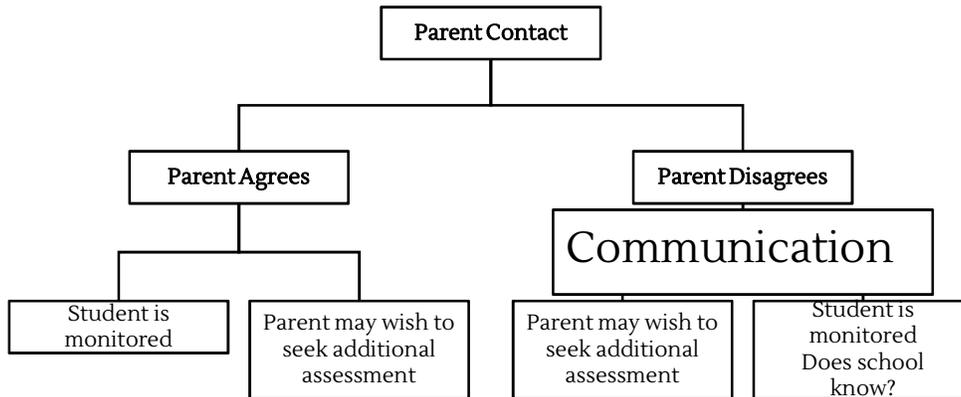
```
                        ┌──────────────────┐
                        │  Parent Contact  │
                        └──────────────────┘
              ┌──────────────────┐   ┌──────────────────┐
              │  Parent Agrees   │   │ Parent Disagrees │
              └──────────────────┘   └──────────────────┘
                                     ┌──────────────────┐
                                     │  Communication   │
                                     └──────────────────┘
   ┌────────────┐ ┌────────────┐ ┌────────────┐ ┌────────────┐
   │ Student is │ │Parent may  │ │Parent may  │ │ Student is │
   │ monitored  │ │wish to seek│ │wish to seek│ │ monitored  │
   │            │ │additional  │ │additional  │ │Does school │
   │            │ │assessment  │ │assessment  │ │know?       │
   └────────────┘ └────────────┘ └────────────┘ └────────────┘
```

==*Students may not be barred from the school setting for not having a psychological evaluation.==

45

What we can do from our perspective (schools)

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1. **Support the student** when they are with us in the school environment. Observe, monitor, collaborate
2. Try to maintain a **positive and non-judgmental** relationship with the parent/guardian
3. Help **educate the parent(s)** with resources and supports so they can be best equipped to help
4. Keep **communication open** in case the situation changes.
5. It may be necessary for an **intervention plan** in the school environment.

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What might a "Non-Imminent Threat" look like?

— — —

1. **May** have ideation or language (verbal/written)
2. No specified plan (or plan is vague)
3. No apparent acquiring of means
4. Inconsistent presentation of signs or symptoms
5. Student **may** not exhibit a full understanding of what they are saying when they make a statement or disclosure that alludes to suicide ideation
6. Student **may** use verbiage in a context that is not consistent with the actual presentation of suicide language (i.e. upset about a test grade and saying "I could just kill myself", or using KMS in text or speak)
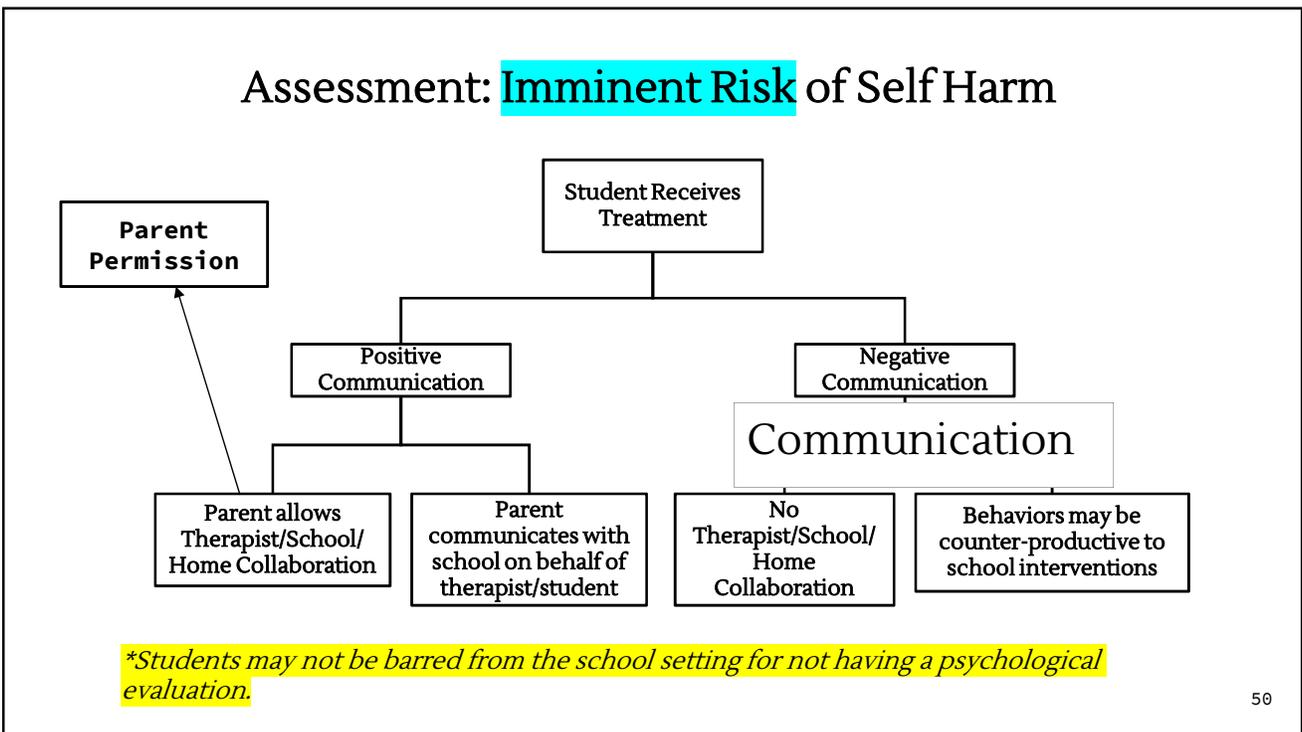
47

Things to Keep in Mind

Non-Imminent Threat

1. Student safety first
2. Things may change in severity
3. Interventions while at school may be in order
4. Ideation/verbiage alone **may not*** constitute immediate ejection
5. Document, document, document

— — —

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Assessment: Imminent Risk of Self Harm

Therapist

LMHA

Agency

Parent Contact

Safety/Intervention Plan ?

Parent Agrees

Parent Disagrees

Communication

Student receives treatment

Student does *not* receive treatment*

No Therapist/School/ Home Collaboration

Behaviors may be counter-productive to school interventions School may respond*

*Students may not be barred from the school setting for not having a psychological evaluation.

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Assessment: Imminent Risk of Self Harm

Parent Permission

Student Receives Treatment

Positive Communication

Negative Communication

Communication

Parent allows Therapist/School/ Home Collaboration

Parent communicates with school on behalf of therapist/student

No Therapist/School/ Home Collaboration

Behaviors may be counter-productive to school interventions

*Students may not be barred from the school setting for not having a psychological evaluation.

50

Suicide Protocol Standard Procedures

———

1. Reporting
2. Assessment
3. Notification
4. <mark>Intervention/Response</mark>
5. Referral? Therapy? Residential Treatment (RTC)?
6. Back to school...

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In School…

Non-Imminent Threat Scenario

1. **Confidentiality**
2. Interventions **appropriate** to the situation
3. **Monitoring** by educators *("privacy is a privilege")*
4. Contact with **counselor**
5. Contact with **parents** as needed

———

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School-Therapist Connection

— — —

- ❖ **Confidentiality**
- ❖ **Appropriate documentation**
- ❖ **Collaboration is the key**
- ❖ **Monitoring and update**
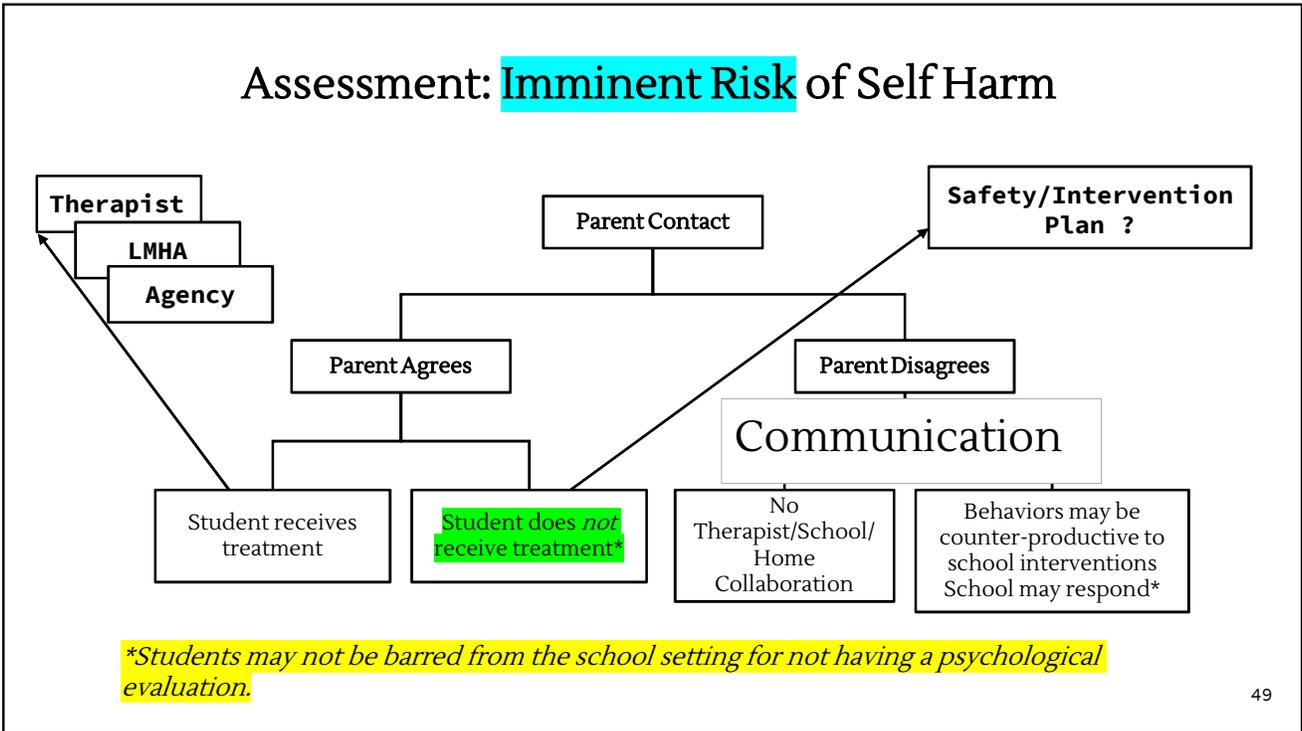- ❖ **Support therapies (as appropriate) in multiple environments**

53

Things to Keep in Mind

Imminent Threat

1. Student safety first
2. Things may change in severity
3. Interventions while at school may be in order
   a. Privacy restrictions
   b. Safety plans
   c. Limit access to means
4. Document, document, document
5. *Liaise with LPC, LMFT, SW (per HB 18)*

— — —

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Suicide Protocol Standard Procedures

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1. Reporting
2. Assessment
3. Notification
4. Intervention/Response
5. <mark>Referral? Therapy? Residential Treatment (RTC)?</mark>
6. Back to school...

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HB 18

(4) assist students in returning to school following treatment of a mental health concern or suicide attempt.

~~intervention or suicide prevention; and~~

(5) include procedures:

(A) to support the return of a student to school following hospitalization or residential treatment for a mental health condition or substance abuse; and

(B) for suicide prevention, intervention, and postvention.

https://legiscan.com/TX/text/HB18/id/2019718

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RTCs

— — —

❖ **Assess/Evaluate**
❖ **Stabilization of the young person**
❖ **Plan for ongoing support (outpatient)**
❖ **Liaise with family**
❖ **Coordinate with schools**
❖ **Typically 3-5 day stay**
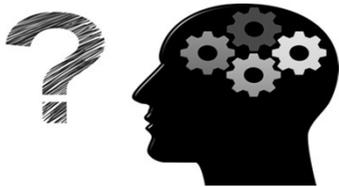
"ER for Mental Health"

57

Suicide Protocol Standard Procedures

— — —

1. Reporting
2. Assessment
3. Notification
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5. Referral? Therapy? Residential Treatment (RTC)?
6. <mark>Back to school...</mark>
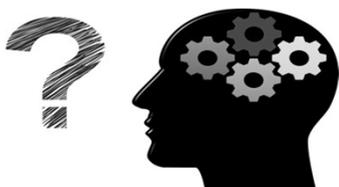
58

Things to Keep in Mind

Return after RTC

❖ **Hospitalization is Hospitalization**
❖ **Ideal to have notice to the school prior to student re-entry (meeting is best)**
❖ **Medication?* side effects?**
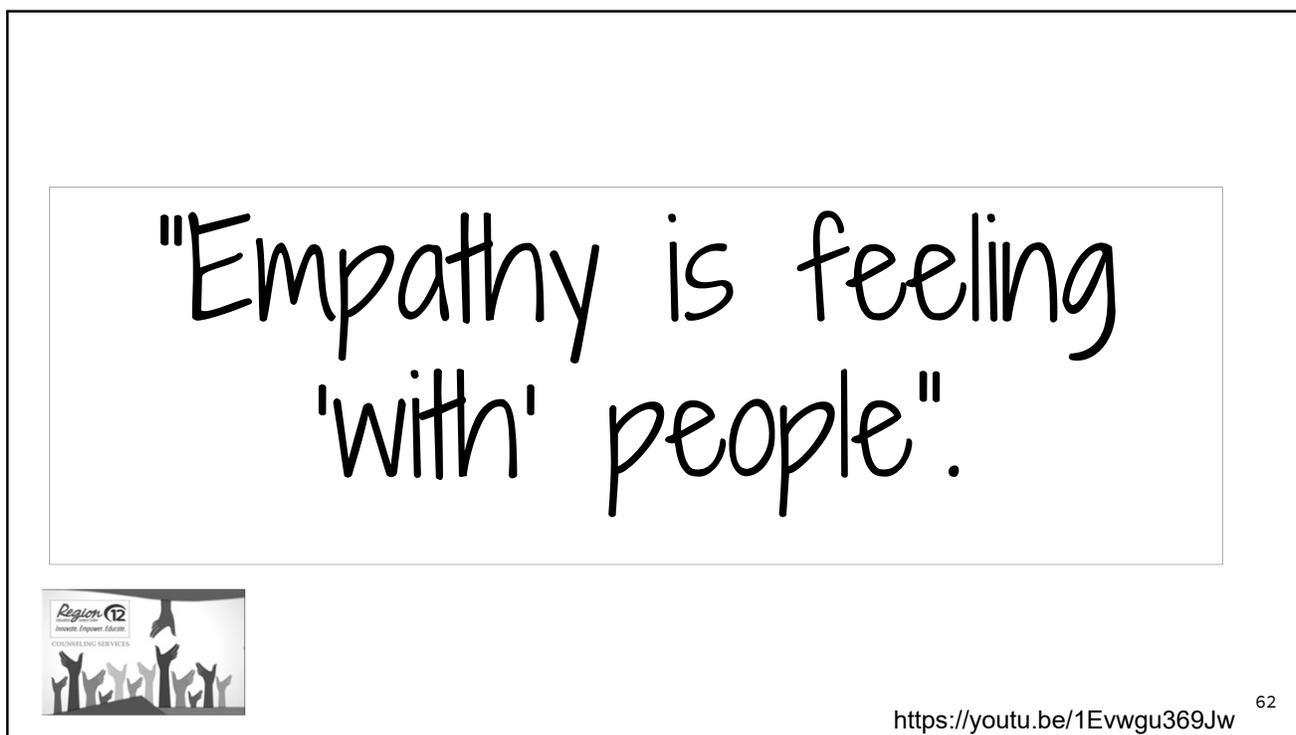❖ **A specified plan may be needed (504?)**

— — —

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Things to Keep in Mind

Re-entry

❖ **Student may be approached by students/adults who wonder about absences**
❖ **Missed work in class**
❖ **Social acclimation**
❖ **Empathy vs. Sympathy..**

— — —

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https://youtu.be/1Evwgu369Jw
61

"Empathy is feeling 'with' people".

https://youtu.be/1Evwgu369Jw
62

"What makes something better is connection".

https://youtu.be/1Evwgu369Jw

63

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ESC Region 12
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Office: 254-297-1124
Cell: 254-224-7145

Resources

— — —

https://www.cdc.gov/childrensmentalhealth/data.html

https://youtu.be/UA8kZZS_bzc

https://afsp.org/about-suicide/suicide-statistics/

https://www.counseling.org/docs/default-source/vistas/school-shootings-and-student-mental-health.p

https://acestoohigh.com/aces-101/

https://srhd.org/media/documents/ACES20Original1.pdf

https://youtu.be/XHgLYI9KZ-A

https://www.ncjfcj.org/sites/default/files/Finding%20Your%20ACE%20Score.pdf

65

Resources

— — —

https://legiscan.com/TX/text/HB18/id/2019718

https://youtu.be/1Evwgu369Jw

https://childmind.org/

https://youtu.be/BJGJN1rNKwA

https://legiscan.com/TX/text/SB11/id/2027985

https://miami.cbslocal.com/wp-content/uploads/sites/15909786/2019/11/Secret-Service-Report-On-Protecting-Schools.pdf

http://cssrs.columbia.edu/wp-content/uploads/C-SSRS_Pediatric-SLC_11.14.16.pdf

66

Resources

— — —

https://legiscan.com/TX/text/HB18/id/2019718

https://www.sprc.org/crisis-protocols

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