GUIDELINES FOR STUDENT/STAFF SUDDEN DEATH

Following a traumatic death, people can feel a sense of loss for at least 2 years. Frequently, aftereffects are felt as a pervasive sense of malaise among students and school staff. School staff can be devastated well into the next school year, and there may be a change in attitude toward teaching. Some staff may increase their emotional distance from students. Students tend to be fearful of getting close to one another, fearing the loss of another classmate or friend. The need to cope adaptively is necessary. These guidelines are written to help deal with these concerns and to establish procedures for student sudden death.

GUIDELINES

Day of a Sudden Death

1. Upon notification of the sudden death of a student or staff member, the building Principal will notify the Director of Student Services or the Administrative Assistant for Guidance and Counseling. One of these individuals will notify the Superintendent and the Assistant to the Superintendent for Communications.

2. The Principal will initiate a "call tree" to all faculty and support staff, informing them of the sudden death and requesting their arrival at school 30 minutes earlier to attend a special faculty meeting.

3. Telephone conferences with the district's crisis team will be held to plan tentative activities for the next day (the day after the sudden death).

First Day After a Sudden Death

1. The school Principal meets with the crisis team 30 minutes before meeting with faculty to plan the aftermath of the sudden death.

2. The Principal reviews the available facts of the case with all faculty and support staff to dispel rumors, to discuss the plan of the day, and to allow for faculty and support staff to express feelings. Faculty/staff are encouraged to lend support to one another.

3. A member of the district crisis team describes some of the feelings the students may be experiencing following the death of a classmate: disbelief, anger, denial, sadness, and loss. Suggestions are reviewed on ways to handle expressions of grief in their classes.

4. A crisis center will be established in the school building. Additional Student Services staff from other buildings may be called in to assist with the crisis. A member of the crisis team will make phone calls to parents of students who are particularly upset or may be at risk. The crisis center may be kept open after school hours and into the evening to assist students, parents, and staff.

GUIDELINES FOR STUDENT/STAFF SUDDEN DEATH (CONTINUED)

5. Peer helpers may be assembled to work through their feelings, and the crisis team will offer them some guidelines for helping troubled students.

6. A letter from the Principal may be sent home with students notifying parents of the sudden death and providing them with information regarding the stages of grief and listing reading materials that are available in the school media center on the subject of death.

7. School staff are assembled at the end of the school day. The Principal or his/her designee conducts the meeting and does the following:

    a. Allows for the expression of feeling and mutual support.
    b. Reviews the events of the day.
    c. Reviews the characteristics of high-risk students (those who seem especially upset or depressed or show other signs of not coping well) and compiles a list of staff observations of distressed students' reactions during the day.
    d. Announces the funeral arrangements. Staff may be encouraged to attend if they feel a special need or to provide support to students and their families.

Days Following a Sudden Death

Crisis team members continue crisis intervention, answer phone calls of anxious parents, and meet with concerned staff, as necessary.

GUIDELINES FOR DEVELOPING POLICIES AND PROCEDURES

Youth suicide will not decrease without community prevention and intervention efforts. School districts are positioned to provide leadership for prevention programs. The following guidelines for creating policies and procedures to address suicide are offered to school districts in the hope that they will lead to the development of operational procedures that can be followed by school district personnel.

In developing policies and procedures, several important principles should be remembered.

1. **Parent contact.** Parents should be contacted whenever their child is presenting a danger to him or herself or to others.

2. **Screening.** School personnel should be available and accessible to students needing to communicate personal concerns. School personnel should be trained to screen for suicidal ideation. Substance abuse, psychiatric illness, chronic running away, and physical or sexual abuse can place children at risk for suicide.

3. **Home-school-community communication system.** A contact person at the school should set up a home-school-community system to monitor the activities of students identified as potentially suicidal.

4. **Referral.** Students who have serious problems or make suicidal threats or attempts should be referred to psychiatrists, psychologists, or counselors who are trained and licensed to treat suicidal youth.

While it is not the responsibility of either the special education staff or the school officials to provide treatment, it is the responsibility of schools to protect children when they are at school. The procedures described below may help to prevent suicides and to protect schools from liability if a suicide does occur.

Steps to Follow

To establish policies and procedures that prepare school districts for crises such as suicide there are three general steps to follow:

Step 1: Community Involvement

Suicide is a social problem. Consequently, it requires cooperate social solutions. For schools to intervene effectively with suicidal students, a concerted effort must be organized among teachers and others in the caring professions, both inside and outside the school system.

The community group should develop suicide prevention policies and procedures. Involvement of a broad cross section of the community will increase commitment and create a network of professionals seeking a solution to the suicide problem.

Before writing policies and procedures, the school district should gather information about available community resources, including the names and addresses of contacts to whom schools can refer students and families in times of crisis. The referral network might include mental health centers, private hospitals, psychiatrists or psychologists in private practice, churches, and local law enforcement agencies.

Having many agencies involved in the suicide-prevention program will expedite training of suicide-prevention staff and will guarantee the availability of a range of support services in the event of a suicide threat, attempt, or completion. Various agencies working together should be better able to identify and solve community problems that may increase the risk of youth suicide than any one agency working alone.

The school district should develop a network among the schools and other public agencies to exchange information about suicidal students who need support services. The challenge in establishing such a network will be to exchange significant information while protecting the student's right to confidentiality.

GUIDELINES FOR STUDENT/STAFF SUDDEN DEATH (CONTINUED)

Step 2: Develop Written Policies

The school district should write suicide-prevention policy based on an analysis of community needs and careful study of the role of the schools in the community. The policy should be evaluated on a regular basis to ensure continuing responsiveness to community need.

The following is an example of a possible board policy:

> The board has committed itself to providing the leadership within the community to act in concert with other organizations and agencies to develop a community-wide approach to dealing with the problems of youth stress, depression, and suicide. The board feels it is imperative that cooperative planning and action be taken among all agencies and persons involved with youth in identifying, preventing and intervening in stress, depression and suicide among our youth.
>
> The board's concern is reflected in the district's stated goal "to increase community awareness of the needs of at-risk youth and to improve the district's ability to educate and assist those students." The board supports the cooperative community-wide development of specific administrative procedures and training strategies to assist youth in crisis and their families.

Step 3: Develop Written Procedures

Policy statements should be refined into specific procedural guidelines that prescribe specific action to be taken in the event of a suicide threat, attempt, or completion. The procedures outlined below are applicable to four kinds of situations that may arise:

1. Suspected suicidal ideation
2. Suicide threat
3. Suicide attempt
4. Suicide completion

The sequence of actions described in the four situations below should be adapted to the existing circumstances and/or procedures in individual school districts.

1. Suspected Suicidal Ideation

   Staff must be trained to recognize a suicidal ideation, understand what their responsibilities are when an ideation occurs, and know what action to take.

GUIDELINES FOR STUDENT/STAFF SUDDEN DEATH (CONTINUED)

2. Suicide Threat

   In the event of a suicide threat, the following actions should be taken:

   a. Have an appropriately trained staff member such as a school psychologist or counselor trained in suicide assessment evaluate the risk and provide immediate crisis intervention services to the student. Threats of suicide should never be taken lightly.

   b. Remove the student from any area containing any dangerous substances and/or implements, and remove any dangerous substances or implements from the student.

   c. Do not leave the student alone until either it is determined that the student is no longer in danger, or until that student has been referred to appropriate treatment.

   d. Notify the parents.

   e. Have the contact person at the school set up a home-school-community communication system and notify other school personnel about the need to monitor the student.

3. Suicide Attempt

   In the event of a suicide attempt (defined as any behavior or gesture that indicates an intent to take one's life) the following actions should be taken:

   a. Treat it as a medical emergency. Call Emergency Medical Services, if necessary.

   b. Have a staff member stay with the student at all times.

   c. Remove all dangerous substances and/or implements from the student and from the area.

   d. Notify the parents immediately.

   e. Have an appropriately trained staff member assess the situation and provide crisis intervention services.

   f. Involve psychological or consultation services through the community referral system.

g. Have the contact person set up a home-school-community communication system and notify other school personnel (school administrators, counselors, nurses, and teachers) about the need to monitor the student. If appropriate, the school could develop and implement an Individual Assistance Plan with the student, school, family, and other involved agencies.

h. Urge parents to seek immediate treatment for the student. The district should document any such encouragement and the parents' response. If the parents do not respond, the student should be referred to Child Protective Services.

4. Suicide Completion

If a suicide is completed, the following actions also appropriate to a suicide attempt should be taken:

a. Treat it as a medical emergency and call Emergency Medical Services.

b. Have a staff member stay with the student.

c. Notify the parents immediately.

d. Notify staff members.

In addition, the following actions should be taken:

a. A school crisis team meeting should be called. The crisis team should be organized prior to a crisis and should include school and/or district administrative, counseling, and psychological services staff, teachers, and nurses. Professionals from outside the schools also may be included, such as psychiatrists or psychologists, community mental health professionals, or emergency response mental health personnel. After a suicide completion, the crisis team should identify students who are at the highest risk for suicide, including students who were close friends of the victim, students who seem particularly troubled by the suicide, students who have themselves made suicide attempts, or other high-risk students with poor coping skills.

b. The Superintendent's office should be notified about the suicide and the post-suicide plan should be implemented.

c. All building personnel should be notified about the suicide and the post-suicide plan should be implemented.

GUIDELINES FOR STUDENT/STAFF SUDDEN DEATH (CONTINUED)

d. Factual information about the suicide should be communicated to school staff and to the students. Rumors should be dispelled. General announcements of the suicide are not recommended, unless accompanied by counseling and educational support in all classes.

e. Parents of any students expressing strong emotional reactions or suicidal ideation should be notified. Those parents should be urged to seek treatment for their children.

f. Members of the crisis team should make presentations to each class in which the student was enrolled and discuss the facts of the student's suicide and the futility of suicide. All students who want to discuss the subject further should be urged to see the school counselor or other specially trained staff. If any students are experiencing strong emotional reactions, their parents should be notified and the students should be referred for treatment.

g. All teachers should set aside time for students to discuss their reactions to the tragedy, and students who seem very upset should be referred to the counseling team.

h. Counseling services should be made available to those students who have been identified as at-risk for the length of time that the crisis team deems necessary. Referral for treatment to community agencies or hospitals should be made, if appropriate.

i. School in-service sessions and counseling time should be made available to all school personnel to help them deal with their own reactions to the suicide.

j. Neither the student nor the suicidal act should be glorified or memorialized in any way.

While the procedure should clearly state that the special education assessment process should not be used in lieu of immediate parental notification or as the initial resource in assessing risk when more immediate steps are obviously indicated, provisions should be made for the referral of a suicidal student for special education assessment.

The teaming process used for determining eligibility for the seriously emotionally handicapped area can be helpful in determining which staff and resources are available to intervene with a student, who, while not determined to be immediately at risk, may evidence behaviors that suggest a high-risk profile for suicide. The procedures also should suggest that during the assessment process, interventions should be implemented that diminish suicidal risk, for example, parental contact or involvement, use of school staff who offer a safe and supportive environment, and disciplinary approaches that do not increase the student's sense of failure. It is extremely important to secure the cooperation of family, friends, school personnel, neighbors, and others who will assist in providing support and supervision for the student. Parents must be warned that a suicidal student should not be left alone.

Another important suggestion is (and should be standard practice for any special education program) to secure written parental permission for the school to communicate directly with treatment providers. The treatment plan and the school intervention plan must work closely together, not at cross purposes.

GENERAL PREVENTION STRATEGIES

Ninety-five percent of youth suicides can be prevented. Only five percent of the adolescents who attempt suicide display psychotic symptoms such as disorientation, hallucinations, or thought disturbances and are intent upon self-destruction. Further, poor school adjustment–including poor grades, truancy, and discipline problems at home or school–may contribute to a student's level of risk. The school may want to consider implementing preventive measures with school personnel, students, and parents as suggested below.

School Personnel

School staff often feel anxious when confronted with a teenager who says he or she is suicidal. That anxiety often is the result of inadequate training in dealing with self-destructive behavior. For a school to have an effective intervention program, however, staff members must become involved with troubled youth.

Certainly suicidal young people should be referred for professional help, but equally important is the support they receive in relationships with other caring people, be they teachers, parents, or friends. Early intervention by any caring person can be a lifeline to be grasped while other steps are taken. Training school staff to recognize potentially self-destructive students carries little risk and could save lives.

Training and utilization of school personnel should include the following:

1. In-service training on stress in children and adolescents and methods for reducing stress in a school environment.

2. In-service training on recognizing the signs of substance abuse, sexual abuse, physical abuse, depression, and other handicapping disorders that could make a student suicidal.

   Early identification should be emphasized. Referrals can be made to the crisis team with follow-up memoranda of all referrals. Educators must become better observers of students' behaviors, more supportive, and less prone to labeling of deviant behavior when it occurs in their classrooms.

3. Delegating the leadership for implementing a youth suicide prevention program to a crisis intervention team selected from willing and qualified faculty.

   The team may consist of administrators, guidance counselors, school psychologists, nurses, social workers, or qualified teachers. A supportive staff member such as a secretary may also be very effective on a crisis team.

   a. Selecting one member from the team (preferably by the team) to be the team's formal leader.

   b. Educating the team members about crisis intervention techniques, including the philosophy that crisis intervention is not psychotherapy, but is an easy way to restore students to their former emotional and behavioral states.

   c. Emphasizing the importance of follow-up of referrals. A large number of students who may be at risk never receive help, although help is desperately needed and often desired. Schools should adopt policy concerning students who refuse help or are unable to receive needed help because of finances or lack of parents' cooperation.

4. Developing written policies and procedures for dealing with suicidal or depressed youths. Written policy or procedures on how to intervene with youths suspected of abusing drugs is imperative. The policy can include the following:

   - When and how to refer to the crisis team
   - When and how to inform parents
   - When and how to inform administrators
   - When and how to counsel the youth
   - How to obtain an assessment of the potential and capability of causing death (lethality)
   - When and how to refer the youth to a mental health center

Students

Perhaps the most controversial part of a school-based suicide prevention program is teaching prevention to students. Yet students may be the first to recognize that a friend or acquaintance may be suicidal. Many times a potentially suicidal student will state his or her intentions to friends. If students know the warning signs of self-destruction and know where to refer a friend, they can be a great resource in the suicide prevention effort. Other steps the school may want to consider are as follows:

GUIDELINES FOR STUDENT/STAFF SUDDEN DEATH (CONTINUED)

1. Developing a health curriculum for every student with the following suggested topics:

    a. Positive self-esteem with an “I’m okay, you’re okay” focus.

    b. Effective interpersonal skills with peers and adults including beginning, maintaining, and terminating relationships. (Learning social skills for dating and school activities can be beneficial.)

    c. A positive attitude toward loss, failure, and grief. (Learning how to fail is as important as learning how to succeed.)

    d. Life skills, including decision making, values clarification, and problem solving.

    e. Stress management skills.

    f. Substance abuse information and the effects of drugs on the body.

    g. Depending on the community and school governing board stance, a component related to sexual topics and/or other health topics such as AIDS.

2. Developing a peer support program (sometimes called peer counseling) with components such as the following:

    a. Youth-staffed hotline.

    b. Problem-solving with a peer. (Note: The National Youth Suicide conference emphasized avoiding the phrase “peer counseling” as it can be misleading to students. It is recommended that peer counseling be call peer “support” and the focus be on support.)

    c. Self-help groups for maltreated teenagers and for other students who would benefit from a group experience, such as those whose parents are divorcing or those who have suffered the death of a parent.

3. Developing a pamphlet for youth on guidelines for recognizing maltreatment and ways to help maltreated peers.

4. Preparing school newspaper articles.

5. Presenting school plays or showing films on the problem of youth suicide and following up with resources for help.

GUIDELINES FOR STUDENT/STAFF SUDDEN DEATH (CONTINUED)

Parents

Parents are often aware that their children, or their children's friends, are experiencing difficulties, but are hesitant to label such difficulties as serious or to consider these children at risk for suicidal behavior.

Schools can assist parents to become better observers and to identify times to seek help for their children by holding workshops to educate parents about indicators of substance abuse, depression, and suicide. Workshops can focus on ways to prevent youth suicide and describe the relationships among substance abuse, depression, and suicide.

Parents should be educated on how to have more effective communication with their children. Many parents, devastated by the suicide of a son or daughter, recall certain behaviors that may have indicated a potential for the suicide. Others feel that there were no warning signs. No parent can fully know what to expect, but there are things a parent can know and do that might prove helpful in saving a child.

Parents of young people should observe these guidelines:

1. Be aware that extreme behavior patterns are not necessarily normal or characteristic of all adolescents. Such behavior may be a sign that a child is disturbed.

2. Don't assume that bouts of depression by a child are just a stage that will pass with time. For teens who have limited coping skills, mild depression can turn to deeper depression accompanied by thoughts of suicide or other forms of self-destructive behavior.

3. Be aware of a son's or daughter's involvement with school, peers, and community.

4. Be empathetic when problems such as a failed romance occur. For some adolescents, such perceived failures can create an emotional crisis.

5. Recognize that major changes in the family structure can be very difficult for an adolescent. Such trying situations may include separation and divorce, living in a step-family, or a change in residence or school.

6. When major changes in a child's personality are observed, seek an opinion from a qualified mental health professional.

7. Work with school teachers and counselors when there is a problem.

CONCLUSION

Having an effective suicide prevention program in a school depends on the participation of students and parents in all aspects of the program. Excellent parental and student resources can be found in every school.

Involving parents and students in the development and implementation of a prevention program and delegating the responsibility for implementing the program to a trained crisis team is a good first step toward preventing youth suicide.

The next step is to enlist community support. Identify community support services for youths. If there are none, start some. Schools also must maintain a collaborative relationship with community agencies involved in suicide prevention, education, and intervention. Outside agencies can serve as consultants, referral sources, and trainers of staff and students. By maintaining a collaborative relationship, follow-up of referrals can be better realized, particularly if there is a mental health liaison person at each school who can serve as the leader of a crisis team.

Many physicians and counselors in private practice may be willing to help with the problem of youth suicide and should be invited to do so. A list of community resources dealing with the problems or adolescence should be developed and distributed to all youths and their families.

Although not all suicidal students will become the responsibility of the special education program, special education personnel and services are important to the effectiveness of a school suicide prevention program. For exceptional students, an appropriate special education program may be an important contribution to suicide prevention.