

DUFUR SCHOOL DISTRICT #29



COMPREHENSIVE SUICIDE PREVENTION RESOURCE GUIDE

Prevention, Intervention, and Postvention

*Dufur School District is revising this plan in accordance with the Adi's Act recommendations.

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PURPOSE OF PROTOCOLS AND PROCEDURES

The US Surgeon General promotes the adoption of suicide prevention protocols by local school districts to protect school personnel and to increase the safety of at-risk youth and the entire school community. This document is intended to help school staff understand their role and to provide accessible tools as well as comply with Oregon Senate Bill 52, Adi's Act.

This document recognizes and builds on the skills and resources inherent in school systems. Schools are exceptionally resilient and resourceful organizations whose staff members may be called upon to deal with crises on any given day. Schools can be a source of support and stability for students and community members when a crisis occurs in their community. Dufur School District is revising the plan in accordance with the Adi's Act recommendations.

School Boards and school personnel may choose to implement additional supportive measures to fit the specific needs of an individual school community. The purpose of these guidelines is to assist school administrators in their planning. The guidelines do not constitute legal advice, nor are they intended to do so.

Quick Notes: What Schools Need to Know

- School staff are frequently considered the first line of contact in reaching suicidal students.
- While most school personnel are neither qualified nor expected to provide the in-depth assessment or counseling necessary for treating a suicidal student, they are responsible for taking reasonable and prudent actions to help at-risk students, such as notifying parents, making appropriate referrals, and securing outside assistance when needed.
- All school personnel need to know that protocols exist to refer at-risk students to trained professionals so that the burden of responsibility does not rest solely with the individual "on the scene".
- Research has shown that talking about suicide or asking someone if they are feeling suicidal will NOT put the idea in their head or cause them to kill themselves.
- School personnel, parents/guardians, and students need to be confident that help is available if/when they raise concerns regarding suicidal behavior. Studies show that students often know, but do not tell adults about suicidal peers because they do not know how they will respond or think they can't help.
- Regardless of how comprehensive suicide prevention and intervention may be in a community, not all suicidal behavior can be prevented.
- Advanced planning is critical to providing an effective crisis response. Internal and external resources must be in place to address student issues and to normalize the learning environment for everyone.

PREVENTION

PROTOCOL for SUICIDE PREVENTION

STAFF

At a minimum, ALL staff will be trained (or provided a refresher training) in suicide prevention, intervention, postvention annually. This training should incorporate identifying risk of suicidal behavior as well as best practices for suicide intervention. District policy regarding suicide prevention will also be included. Dufur School District will be partnering with Columbia Gorge ESD School Safety and Prevention Specialist for suicide prevention training supports, providing QPR Gatekeeper or QPR Suicide Prevention model (1-2 hours). District is also considering the RESPONSE curriculum.

Additionally, specialized training will be offered to at least TWO staff members, every other year. This training should cover best practices for assessing, intervening, and referring students (or staff) who are at risk for suicide such as ASIST: Applied Suicide Intervention Skills Training (16 hours over 2 days). Staff positions currently identified to attend are: **Principal, School Counselor, and the School Nurse.**

STUDENTS

Students must learn the skills necessary for interacting with their peers in a positive and healthy way. The school must promote prosocial behaviors in order for students to make positive connections for a healthy school climate and culture. Dufur School will provide age-appropriate education to ALL students, specific to suicide prevention and accessing help. This will look different for each grade level and should be incorporated into Kindergarten - 12th grade curriculum. Dufur is currently exploring the K-12 evidence based curriculum, Sources of Strength Suicide Prevention Program, <https://sourcesofstrength.org/> for school wide use, as well as, piloting QPR for high school students beginning the 2024-2025 school year.

PARENTS

Dufur will Provide linguistically and culturally appropriate information to parents on identifying risk of suicide in children. Information should include how to access school and community resources to support students or others in their community that may be at risk for suicide.

- (1) List resources in the school handbook or newsletter. (2) Ensure cross-communication between community agencies and schools within bounds of confidentiality.
- Question, Persuade, and Refer (QPR) training offered yearly to parents and community members.

RECOMMENDED RESOURCES

For Emergencies:

- Call 911
- Call Mid-Columbia Center for Living crisis Line - 888-877-9147
- Go to Adventist Health Columbia Gorge Emergency Department, 1700 East 19th Street, The Dalles, OR
- Go to Mid-Columbia Center for Living (during office hours), 1060 Webber Street, The Dalles, OR

For Non Emergencies/Support:

- National Suicide Prevention Lifeline - 1-800-273-TALK (8255)
- National Suicide and Crisis Lifeline Text Line - 988
- Lines for Life Hotline - 1-877-968-8491, Text Teen2Teen to 839863, email Teen2Teen@LinesforLife.org
- The Trevor Project (LGBTQIA2S+)-oriented crisis hotline) 866-488-7386 or thetrevorproject.org

PROTECTIVE FACTORS

Certain personal characteristics and environmental elements are Protective Factors if they help prevent suicidal behavior. Individuals are less likely to experience thoughts of suicide, attempt suicide, or die by suicide with protective factors in place.

Protective factors may include the following:

- Positive relationships with others; Feeling accepted and connected to family, friends, community, at least one trusted adult.
- Life Skills including problem-solving skills, emotional intelligence, healthy coping skills, emotional regulation,
- Resiliency, tolerance for frustration and disappointment, ability to stay positive
- Basic needs are met: housing, food, health, clothing
- Engaging in effective behavioral health care, physical healthcare, and/or mental healthcare.
- Willing to accept help and access support
- Positive self-esteem
- Personal, religious, or cultural belief in which suicide is discouraged
- Responsibility for others (i.e. children, younger siblings, elderly in the home)
- Success with academics, athletics, hobbies, work
- No means to commit the act (restricted access to guns, sharp objects, pills, etc.)
- Goal-oriented or future in mind

RISK FACTORS

Reducing risk factors leads to fewer suicidal thoughts, fewer attempts at suicide, and fewer deaths by suicide. Risk factors associated with an increase in suicidal behavior include:

- Current plan to kill self
- Current suicidal ideation
- Previous suicide attempts
- Loss of someone close, especially a family member, as a result of suicide
- Exposure to suicide by others
- Talk of suicide, or frequent talk of death and dying; preoccupied with death
- Recent discharge from psychiatric hospitalization
- History of mental health issues (Depression and other Mood Disorders, Panic Attacks and Conduct Disorder)
- Youth that identify as LGBTQ+. (These youth are not inherently prone to suicide risk because of their sexual orientation or gender identity but rather placed at higher risk because of how they are mistreated and stigmatized in society.)
- Native American, Alaskan Native, male
- Current use and abuse of alcohol or other drugs
- Access to lethal means (e.g., firearms, medications)
- Current psychological/emotional pain
- Loss (relationship, work, financial)
- Conflict with others (family/friends)
- Feeling isolated/alone
- Current/past trauma (sexual abuse, domestic violence)
- Discrimination
- Impulsive or aggressive behavior
- Unwilling to seek help
- History of bullying (victim OR perpetrator)
- Severe illness/health problems
- Physical disability
- Limited access to mental health support and behavioral health care
- Immediate stressor or recent painful experience: (i.e. loss of home, loss of a loved one, break-up, relationship problems, public humiliation, etc.)

INSIGHT: No single risk factor can predict or explain a suicide. Higher risk of suicide often (not always) involves the presence of *multiple* risk factors.

INSIGHT: A person can still struggle with suicidal thoughts and urges *even with* many Protective Factors in place. Please remember this while assessing risk.

INTERVENTION

PROTOCOL for SUICIDE INTERVENTION

WARNING SIGNS

Warning signs are the changes in a person's behavior, feelings, and beliefs about oneself that indicate risk. Many signs are similar to the signs of depression. Usually these signs last for a period of two weeks or longer, but some youths behave impulsively and may choose suicide as a solution to their problems very quickly, especially if they have access to firearms.

Warning signs that indicate an immediate danger or threat:

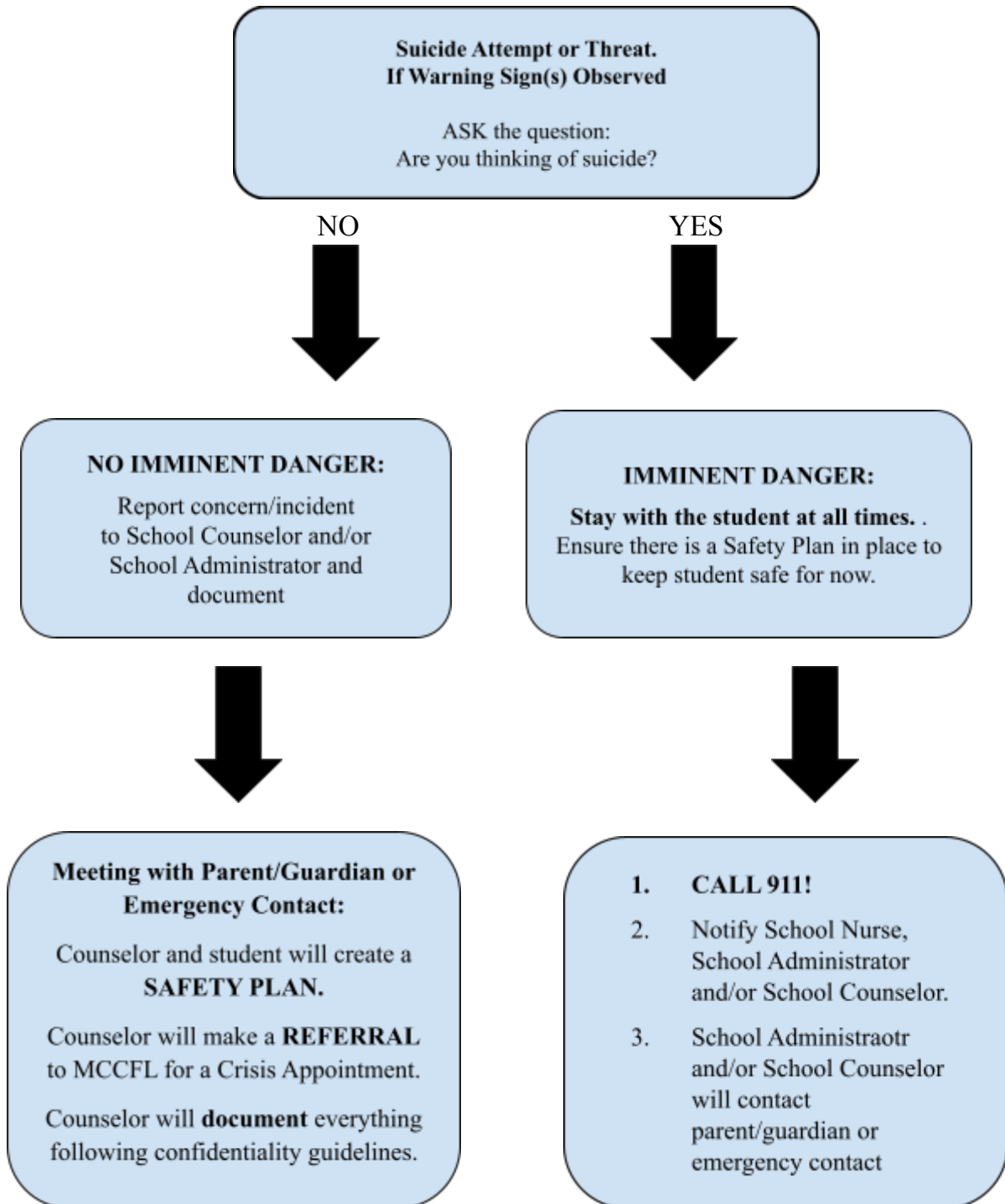
- Someone threatening to kill themselves
- Someone looking for ways to kill themselves - seeking access to pills, weapons, or other means
- Someone talking or writing about death, dying, or suicide

Warning signs that should be IMMEDIATELY reported to the Counselor or an Administrator for further assessment by a trained staff:

- Hopelessness
- Rage, anger, seeking revenge
- Acting reckless, or engaging in risky activities, seemingly without thinking
- Feeling trapped - like there's no way out
- Increasing alcohol or drug use
- Withdrawing from friends, family, or society
- Anxiety, agitation, unable to sleep, or sleeping all the time
- Dramatic changes in mood
- No reason for living; no sense of purpose in life

If a student makes a suicide attempt or threat, or if one or more warning signs are observed, refer to the following flowchart for appropriate intervention steps.

FLOWCHART for SUICIDE INTERVENTION



CONFIDENTIALITY

HIPAA and FERPA

School employees, with the exception of nurses and psychologists who are bound by HIPAA, are bound by laws of The Family Education Rights and Privacy Act of 1974, commonly known as FERPA.

There are situations when confidentiality must NOT BE MAINTAINED: if at any time a student has shared information that indicates the student is an imminent risk of harm/danger to self or others, that information MUST BE SHARED. The details regarding the student can be discussed with those who need to intervene to keep the student safe. This is in compliance with the spirit of FERPA and HIPAA known as “minimum necessary disclosure”.

Request from Student to Withhold from Parents

The school suicide prevention contact person (Dufur School Counselor) can say, “I know that this is scary to you, and I care, but this is too big for me to handle alone.” If the student still doesn’t want to tell his/her parents, the School Counselor can address the fear by asking, “What is your biggest fear?” This helps reduce anxiety, and the student gains confidence to tell parents. It also increases the likelihood that the student will come to that contact person again if he/she needs additional help.

Exceptions for Parent Notification: Abuse or Neglect

Parents need to know about a student’s suicidal ideation unless a result of parental abuse or neglect is possible. The School Counselor is in the best position to make the determination. That staff member will need to let the student know that other people will need to get involved on a need-to-know basis.

If a student makes a statement such as “My dad/mom would kill me” as a reason to refuse, the School Counselor can ask questions to determine if parental abuse or neglect is involved. If there is no indication that abuse or neglect is involved, compassionately disclose that the parent needs to be involved.

POSTVENTION

PROTOCOL for SUICIDE POSTVENTION

Regardless of how comprehensive suicide prevention and intervention may be in a community, not all suicidal behavior can be prevented. It is as equally important to be prepared for prevention and intervention of suicide as it is to be prepared in the event of attempts or completed suicides.

The school's primary responsibility in these cases is to respond to the tragedy in a manner which appropriately supports students and the school community impacted by the tragedy. This includes having a system in place to work with the multitude of groups that may eventually be involved, such as students, staff, parents, community, media, law enforcement, etc.

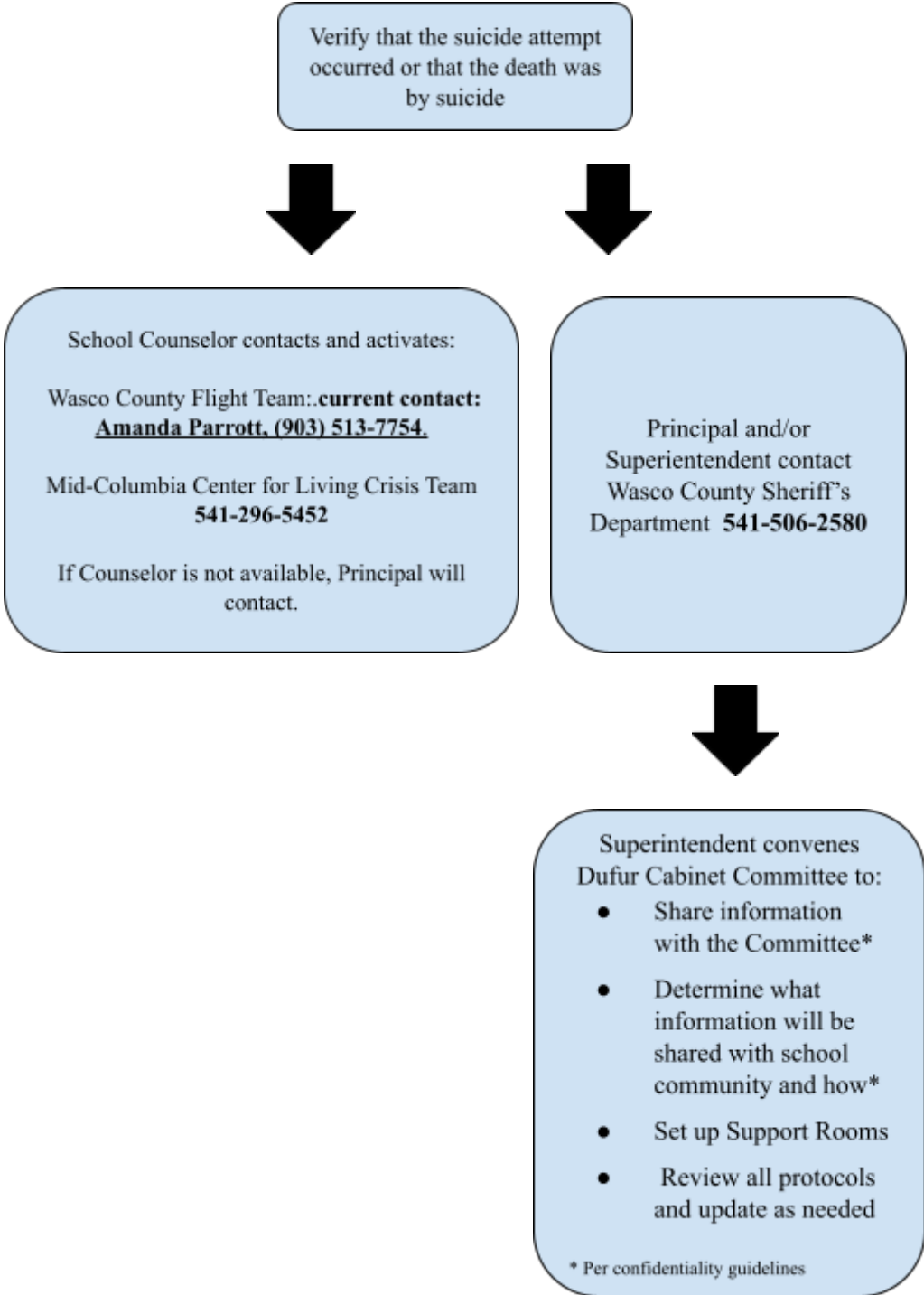
Key Points (derived from *After a Suicide: A Toolkit for Schools*, 2011):

- Prevention after a suicide attempt or completion is very important. Schools should be aware that adolescents and others associated with the event are vulnerable to suicide contagion - or in other words, increased risk for suicide.
- It is important to not "glorify" the suicide, and to treat it sensitively when speaking about the event, particularly with the media.
- It is important to address all deaths in a similar manner. Having one approach for a student who dies of cancer, for example, and a different approach for a student who dies by suicide reinforces the stigma that still surrounds suicide.
- Families and communities can be especially sensitive to the suicide event.
- Know your resources.

What should a school do?

- Identify staff who will take the lead in the event of a suicide attempt or completion. Current identified staff: Tiffany Kenslow, School Counselor.
- The School Counselor should review and discuss the resource *After a Suicide: A Toolkit for Schools*. This resource is the latest comprehensive document dealing with this subject. It can be found at: www.sprc.org or www.afsp.org.
- Dufur Cabinet Committee will meet once a year to establish roles and responsibilities in the event that there is an attempt or completion.
- After an attempt or completion, consult the website resources referenced above. In addition, communicate with appropriate community partners for assistance and resources.
- Work with community partners to address the immediate needs of students, staff and parents.
- Be aware that persons may still be traumatized months after an event. Refresh staff on prevention protocols and be responsive to signs of risk.

POSTVENTION ACTION PLAN FLOWCHART



DUFUR SUPPORT ROOMS

What is it?

A safe place for students and/or staff to process a loss without disrupting normal academic routines in the building. This is a place for students to share stories and memories with one another, write letters or make cards for the family or the individual. The idea is to have somewhere private to cry, if needed, and work through pain.

When do we set it up?

After any student or staff member death; after any major crisis or loss of life, that has potential to affect the school family; Set it up as soon as possible, following an incident. Keep it open and available as long as needed.

Who runs it?

The School Counselor will contact the local *Crisis Flight Team* Coordinator, **current contact: Amanda Parrott, (903) 513-7754** to coordinate staffing the Support Rooms that include counselors and other trained staff who are qualified to support the needs of both students and staff in a crisis.

The rooms are available for communication from those outside, (i.e. have a radio or cell phone handy in case the office calls for a student to go home, or a teacher needs to take attendance).

Dufur School Registrar Bonnie Lipinski will be designated as a “runner” to go gather more supplies when needed or make a food run.

Where is it located?

It is important that the rooms are easy to find and allow for privacy. At Dufur, there will be two separate Support Rooms: The Wellness Room for students and the Conference Room for staff. We recognized that students need a safe place away from staff and staff need a safe place to express their feelings without concern for upsetting students.

What is the process?

The Superintendent, Principal, School Counselor, School Nurse, and Registrar will meet with the *Crisis Flight Team* Coordinator to discuss location, process and guidelines for the SUPPORT ROOMS. Once this meeting has taken place, school staff and students will be notified via morning announcements that the rooms will not be open for regular use that day and that anyone who wishes to gather at either there may do so.

The meeting will include discussions about the following guidelines:

1. SIGN IN/OUT

Anyone entering the Wellness Room and Conference Room should sign in and out. It provides a list of students/staff who may need a follow-up visit with the School Counselor or a parent contact to ensure safety and well-being.

2. WELCOME each person who signs in.

Point out the activities and resources available in the room. Offer to listen if they need to talk. Encourage them to ask if they need anything. This gives an opportunity to assess whether the student may need more support, i.e. refer to a mental health professional, contact parent, etc. Invite them to stay as long as they need.

3. ENGAGE students.

There will be activities for processing grief ready and available. Staff will orient the students to these and lead group activities and discussions, as appropriate. Active listening is so important! Try not to guess how a student is feeling or attempt to relate to their pain. Simply listen to what they have to say, validate what they share with you, reflect on it together. Rumor control is going to be necessary. Keep an ear out for conversations in case rumors are spreading or students begin to share misinformation. Provide students with the facts, and no speculation.

SAFE ROOM GO-BOX

Dufur School will work with the local *Crisis Flight Team* Coordinator to provide the following items for the Support Rooms. These boxes will be located on the top shelf in the private room within the Wellness Room.

Forms/Information:

- List of local grief support resources and mental health providers
- Self-Care checklist
- Tips and Information on Processing Grief
- Coloring Sheets, crossword puzzles

Supplies:

- Signs to post in the hallway (i.e. “Gathering in Rm. 10”)
- Sign In/Out Sheets
- Pens/Pencils
- Boxes of Tissues
- Fidgets – stress balls, putty, Play-Doh
- Bottled Water, Juice
- Snacks – crackers, popcorn, granola bars
- Spill kits (paper towels, plastic bags, gloves)
- Art Supplies – cardstock, lined and blank paper, markers, stickers, poster board, etc.
- Age-Appropriate literature on topic of Grief (books, handouts)

DEBRIEF!!

Before leaving for the day *and* the following business day:

- Building administrators and counselor(s) meet with any staff member who participated in the Safe Room. Focus will be around any concerns, taking names of students who need a follow-up check in or referral, and discussion of what went well and what did not go so well.
- Provide time the following business day, giving staff some time to process everything away from the school. They can come with a list of any new thoughts, concerns, etc.

It is imperative that this DEBRIEF process is completed. This will help improve the process for the next time Safe Rooms are utilized. This also helps provide closure and gives an opportunity to encourage *staff* to practice self-care once they leave.



SUICIDE RISK ASSESMEENT

Date: _____

1. IDENTIFYING INFORMATION

Name: _____ ID: _____ School: _____ DOB: _____

Age: ___ IEP/504? ___ Address: _____

Parent Guardian #1 name/phone #: _____

Parent Guardian #2 name/phone #: _____

Screener's name: _____

Position: _____

Contact info: _____

Screener consulted with: _____ at the school.

2. REFERRAL INFORMATION

Who reported concern: self peer staff parent/guardian other _____

Contact information: _____

What information did this person share that raised concern about suicide risk? _____

3. INTERVIEW WITH THE STUDENT

A. Does the student exhibit any of the following warning signs?

- | | |
|--|--|
| <input type="checkbox"/> Written statements, poetry, stories, electronic media about suicide | <input type="checkbox"/> Recent personal or family loss or change (i.e., death, divorce) |
| <input type="checkbox"/> Withdrawal from others | <input type="checkbox"/> Recent changes in appetite |
| <input type="checkbox"/> Preoccupation with death | <input type="checkbox"/> Family problems |
| <input type="checkbox"/> Feelings of hopelessness | <input type="checkbox"/> Giving away possessions |
| <input type="checkbox"/> Substance abuse/mental health issues | <input type="checkbox"/> Current trauma (domestic/relational/sexual abuse) |
| <input type="checkbox"/> Current psychological/emotional pain | <input type="checkbox"/> Crisis within the last 2 weeks |
| <input type="checkbox"/> Discipline problems | <input type="checkbox"/> Stresses from gender ID, sexual orientation, ethnicity |
| <input type="checkbox"/> Conflict with others (friends/family) | <input type="checkbox"/> Anniversary of traumatic event |
| <input type="checkbox"/> Experience bullying or being a bully | <input type="checkbox"/> Visual hallucinations |

Auditory hallucinations

- Does the student admit to thinking about suicide? Yes No
Does the student admit to thinking about harming others? Yes No
Does the student admit to having a plan? Yes No
If so, what is the plan (how, when, where)? _____
Is the method available to carry out the plan? Yes No
Explain: _____
Is there a history of previous gesture(s) or attempts? Yes No
Explain: _____
Is there a family history of suicide? Yes No
Explain: _____
Has the student been exposed to suicide by others? Yes No
Explain: _____
Is the student currently seeing a therapist? Yes No
Whom? _____

B. Does the student have a support system?

- List an adult the student can talk to at home: _____
List an adult the student can talk to at school: _____
Additional supports: _____

C. Protective Factors (see supplemental Risk & Protective Factors sheet):

4. PARENT/GUARDIAN CONTACT

1. Name of parent/guardian contacted: _____ Date contacted: _____
2. Was the parent/guardian aware of the students suicidal thoughts/plans? Yes No
3. Parent/guardian's perception of threat: _____

5. ACTIONS TAKEN

- Yes No Called 911/Center for Living crisis response team. (contact date/time/name)

 Yes No Safety plan created with student.
 Yes No Copy of safety plan given to student, parent/guardian school administrator.
 Yes No Parent/guardian contacted.
 Yes No Released back to class after parent/guardian (and/or agency) confirmed plan and follow-up plan established. Notes: _____
 Yes No Released to parent/guardian.
 Yes No Parent/guardian took student to hospital.
 Yes No Parent/guardian scheduled mental health evaluation appointment.
Notes: _____
 Yes No Provided student and family with resource materials and phone numbers.



SAFETY PLAN

To be completed by the Student and the School Counselor

Student Name _____ DOB _____ Date of Plan _____

My WARNING Signs that I am not safe:

- 1.
- 2.
- 3.

Things I can do to keep myself safe (in case I am thinking about suicide):

- 1.
- 2.
- 3.

A trusted adult at home I can talk to about suicidal thoughts:

A trusted adult at school I can talk to about suicidal thoughts:

I can call or text the numbers below for 24 HOUR Crisis Support if I need help:

Mid-Columbia Center for Living crisis Line: 888-877-9147

National Suicide Prevention Lifeline: Call 1-800-273-8255 or text "273TALK" to #839-863 between 8am-11pm PST

The Trevor Project (LGBTQ+ oriented crisis hotline): 866-488-7386

Youthline: 1-877-968-8491 or text "teen2teen" to #839-863

My reasons for living:

- 1.
- 2.
- 3.

I have a follow-up appointment with _____ on _____ at _____.

