



SUICIDE PREVENTION GUIDELINES AND PROCEDURES BOOKLET

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Glendale Unified School District
Office of Mental Health Services

PUBLISHED: AUGUST 2017

EMERGENCY NUMBERS:

911

Glendale Police Department (818) 548-3116

Crescenta Valley Sheriff's Station (818) 248-3464

Valley Coordinated Children's Services [PMRT] (818) 708-4500

Los Angeles County Department of Mental Health [PMRT] (818) 832-2410

SUICIDE PREVENTION GUIDELINES AND PROCEDURES

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Introduction

Suicide is a leading cause of death among young people. It is a devastating and permanent result often caused by crisis or intolerable pain. School personnel are uniquely positioned to reduce the number of youth suicides and attempts. We can create optimal environments for identifying suicidal students and assisting them and their families in finding help.

As part of a comprehensive suicide prevention and intervention program, all campuses will train all personnel in how to:

- Identify suicide risk factors and warning signs
- Support in developing protective factors
- Respond to a student presenting with warning signs of suicide
- Respond to a suicide attempt
- Respond to a completed suicide

All schools should practice a uniform protocol for detecting and identifying students who are at risk for suicide, paying particular attention to students in high-risk groups, such as:

- LGBTQ students
- Homeless and foster youth
- Students with disabilities
- Students who have recently suffered a loss due to suicide
- Students who suffer from depression

All schools should practice a uniform protocol for responding to:

- The need for assembling a school crisis team
- The need for prevention strategies
- A student presenting with warning signs of suicide
- A student who has made an attempt at suicide
- A campus that has experienced a completed suicide (postvention)

Assembling a Crisis Team

It is important that every school assemble a multi-disciplinary crisis team at the beginning of every school year. At minimum, the team should include an administrator, a school-employed mental health professional, such as a school counselor or school psychologist, and a school resource officer if your school has one. The team should also include other appropriate school personnel and could include a local law enforcement officer if necessary.

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Name a team leader and a backup team leader, and give all members a copy of the guidelines and procedures booklet. Assign responsibilities to each team member based on their individual strengths, but allow the team to be flexible depending on the relationship of the student to each team member.

Interviews with an at-risk student should be conducted one-on-one, as confronting the student with the entire team could be intimidating. However, it is important to have a second team member present in the room during the risk assessment interview.

When deciding which team member should conduct the interview, consider the following factors: existing relationships with the at-risk student, time and coverage constraints, and the need for immediate emergency services. These issues should be discussed on a case-by-case basis. The interviewer should use the Suicide Risk Assessment Checklist in the forms section of this booklet.

Never conduct a risk assessment interview alone.

Confidentiality

Any information of a personal nature disclosed by a student 12 years of age or older in the process of receiving crisis counseling from a school psychologist or counselor is confidential. (Ed. Code 35301).

Exceptions to this law are as follows:

1. Discussions with a psychotherapist or healthcare provider for the sole purpose of referral for treatment.
2. Reporting child abuse.
3. Reporting to the principal or parents of the student or others in the school community when there is reasonable cause to believe that disclosure is necessary to avert clear and present danger to self or others.
4. Reporting to the principal, parents, law enforcement officer, or other necessary persons when a pupil indicates a crime will be or has been committed that involves the likelihood of personal injury or significant property damage.
5. By order of court subpoena.

A school counselor or psychologist shall not disclose information to parents if there is reasonable cause to believe disclosure would result in clear and present danger to the student.

In cases of suicidal behavior, if the student is a threat to self or others, the protection of the student in danger overrides the confidentiality imperative and confidentiality can and should be broken.

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Prevention Measures

A safe, positive, and welcoming school environment serves as a foundation to ensure that students have a trusting relationship with adults. The desired outcome is not to have a school free of all emotional disturbances, but to have a school environment where students feel safe to disclose their emotional difficulties or the emotional difficulties of a friend to a trusted adult on campus. Having a trusted adult is one of the key protective factors in suicide prevention. Prevention measures should include, but are not limited to, education on suicide prevention, anti-bullying, and non-suicidal self-injury.

Conducting the Crisis Interview

When deciding which team member should conduct the interview, consider the following factors: existing relationships with the at-risk student, time and coverage constraints, and the need for immediate emergency services. These issues should be discussed on a case-by-case basis.

The interviewer should use the decision tree in this booklet and the Suicide Risk Assessment Checklist in the forms section of this booklet to determine how to proceed. The checklist will help you ascertain if the student is experiencing Mild, Moderate, or High Risk for suicidality.

Mild Risk

If the team determines there is no immediate threat and the student is experiencing only mild risk of self-harm, take the following steps:

1. Contact parents or guardians and plan with them how to help the student. It is important that parents/guardians understand how to monitor the student in the home setting. Encourage parents/guardians to come to school and discuss the nature of the risk with the team in person.
2. Share counseling resources in the community. These can be found in the referral section of this booklet.
3. Develop a school-based follow-up plan for the student in the subsequent weeks.

Moderate Risk

If the team determines the threat is moderate, but not immediate, take the following steps:

1. Consult with the parent or guardian and discuss options, such as calling a Psychiatric Mobile Response Team (PMRT) or releasing the student to a parent/guardian.
2. If the parent/guardian chooses to claim the student, the team should have a conversation with the parent/guardian regarding what their next steps should be (e.g. seeing the student's private therapist or going to the Emergency Room).

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3. Complete the Threat Assessment Report in the forms section of this booklet to document what the parent/guardian has agreed to do. Send a copy of the form to Lilia Sepanian at the Special Education Office (lsepasian@gusd.net).
4. An administrator should conduct a follow-up phone call home to ascertain if the parent/guardian followed through in getting the necessary help, and if the student will return to school the following day.
5. If the student did not get outside help and returns to school the following day, a counselor, school psychologist, or other mental health professional should reassess the student. If the student appears to be in danger, a PMRT should be called.

High Risk

If the team determines there is an immediate threat, take the following steps:

1. Contact a PMRT (818) 708-4500, Glendale Police (818) 548-3116, or County Sheriff (818) 248-3464.
2. Contact the student's parent or guardian and tell them the PMRT has been called. The appropriate time to notify the parent/guardian should be determined by the team considering relational factors, age of the student, and cultural concerns. There may be times, as in the case of parental abuse, when it is not appropriate to contact the parent. Document your rationale for your decision.

Working with Parents

If the team determines that the student may be suicidal, it is important to inform the parent or guardian of this threat. It is a good practice to ask the parent/guardian to come to the school in-person and have two team members in the room when explaining the situation.

The parent/guardian should be shown or made aware of the contents of any suicide notes their child has written or artwork depicting self-harm the child has made.

In a non-medical emergency, it is okay to allow the parent to transport the student to a therapy appointment.

If the team feels that the parental response is so negative that it will be damaging to the student or elevate the suicide threat, it is a good practice to include a law enforcement or child protective services officer in the conversation. If it is determined that the student needs immediate mental health stabilization and the parent refuses, report the incident as neglect and child protective services can obtain a court order mandating treatment. In an emergency

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situation, the police and community mental health center can take custody of the child on a 72-hour hold.

Psychiatric Mobile Response Team (PRMT)

When called, a PMRT will first assess the student's well-being by speaking with a school staff member over the phone. They may also speak to the student. If the PMRT determines more information is needed, they will send trained personnel out to your school site or to the student's home. If they determine the student is in danger of hurting him/herself, they will initiate a psychiatric hospitalization. If the student is under the age of 18, the hospitalization will not be at a local hospital such as Verdugo or Adventist. The student will be placed in a facility that offers child and adolescent services. Some nearby facilities are Charter Oaks, Gateways, Olive View, and County USC.

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Emergency Contact Numbers

Glendale Police Department

(818) 548-3116

131 N. Isabel

Glendale, CA 91206

Crescenta Valley Sheriff's Station

(818) 248-3464

4554 Briggs Avenue

La Crescenta, CA 91214

Los Angeles County Department of Mental Health (PMRT)

(818) 832-2410

10605 Balboa Avenue, Ste. 100

Granada Hills, CA 91344

Valley Coordinated Children's Services (PMRT) (English and Spanish)

(818) 708-4500

19321 Victory Blvd.

Reseda, CA 91335

Re-Entry Guidelines

Following a hospitalization of a student for suicidal ideation, a suicide attempt, or mental health crisis, it is important to have a plan to mitigate the student's stress level when reentering school. If the student has been out of school for a long period of time, it is important to work with the parent/guardian to facilitate a positive transition back to school. Request discharge papers, but know that you cannot keep a student out of school if doctor's notes or discharge papers are not produced. Develop a safety plan to assist the student in making their transition back to school. Safety plans should include the name of a trusted adult on campus that the student can go to for support. You may want to reduce the student's academic rigor to reduce stress. You may also consider giving the parent a Special Education Assessment Plan to assess the student's need for Special Education services at this time.

How to Respond to a Completed Suicide (Postvention)

It is important to normalize and validate feelings such as anger, sadness, shock, fear, or confusion in response to a completed suicide. It is certainly acceptable to show your own emotions to students. Students will likely demonstrate a wide range of emotions. Respect that some students may not want to verbalize their feelings, some may want to mourn openly, and

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still others may not be significantly affected. When talking with students, please state that the student died by suicide (NOT committed suicide or successfully attempted suicide).

To avoid contagion (copycat) situations, give students the facts, but do not attempt to explain details or why the student ended his/her life. Doing so may communicate to vulnerable students that death is a way to garner attention. Do not allow students to romanticize or view suicide as an acceptable means to deal with problems. Focus instead on helping students cope with their own grief. Remind students that there are positive coping strategies for dealing with difficult situations, such as talking to a trusted friend or adult, writing down their thoughts or feelings, exercise, or rest, and that there are resources available for anyone contemplating suicide. One of the most precious gifts you can give a grieving teen is the gift of your presence. Do not feel you must give advice or suggestions. It is acceptable to say, "I don't know the answer," or "this is hard on us all." Do not attempt to impose your explanation as to why this has happened. Do not attempt to reassure the student that everything is okay. Do not tell the student you know how he/she feels. Be willing to say nothing. Do not lecture or use well-intentioned clichés that minimize or take away from a student's need to mourn. For example, do not say things like "time heals all wounds."

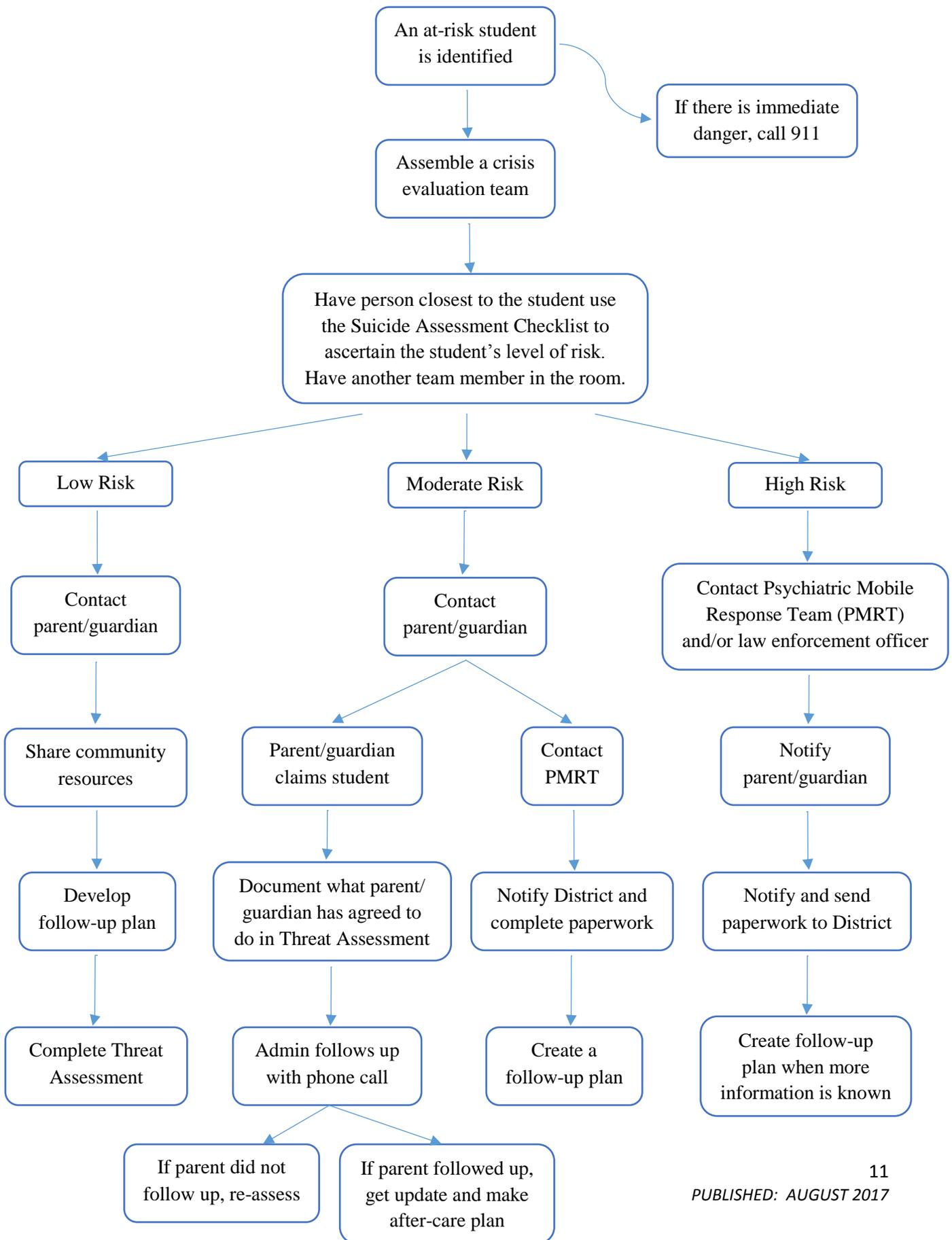
A great resource that covers such areas as memorialization, social media, working with the grieving community, and suicide contagion is:

After a Suicide: A Toolkit for Schools published by Suicide Prevention Resource Center.

<http://www.sprc.org/resources-programs/after-suicide-toolkit-schools>

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STUDENT INTERVENTION DECISION TREE



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REFERRAL RESOURCES

Emergency Numbers

Life threatening Emergency	911
Glendale Police Department	(818) 548-4840
GPD Mental Health Unit	(818) 548-4015/4016
Sheriff Station	(818) 248-3464
Fire Department	(818) 548-4814
Poison Control	(800) 222-1222
LACDMH (PMRT)	(818) 832-2410
LADMH 24 hr/ACCESS	(800) 854-7771

Government and Community Based Organizations that Provide Assistance to Victims of Hate Crimes

Los Angeles County Commission on Human Relations	(213) 738-2788
U.S. Department of Justice Community Relations Service	(213) 894-2941
Anti-Defamation League	(310) 446-8000
Coalition of Humane Immigrant Rights of Los Angeles	(213) 353-1333
Anti-Violence Project	(800) 373-2227
Muslim Public Affairs Council Hate Crimes Hotline	(323) 258-6722
Neighborhood Legal Services	(800) 433-6251

Domestic Violence and Sexual Assault

Domestic Violence Hotline	(888) 999-7511
YMCA Domestic Violence Walk-in Center	(818) 242-4155
National Domestic Violence Hotline	(800) 799-7233
Domestic Violence 24 Hour Hotline	(888) 999-7571
CA Victims Compensation Program	(800) 777-9229
Child Abuse – DCFS	(800) 540-4000
CA Missing Children	(800) 222-3463
CA Youth Crisis Hotline	(800) 843-5200
Rape/Battery Hotline – Crisis Line	(213) 626-3393
Sexual Assault Hotline	(800) 656-4673
RAINN (rape, abuse and incest national network)	(800) 656-4673
Salvation Army	(818) 246-5586
ASCENCIA Glendale	(818) 246-7900
Child Care Resource Center (www.ccrcla.org)	(818) 717-1000

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Neighborhood Legal Services (800) 896-3203

Medical

Glendale Health Center (818) 500-5785

First Five Los Angeles (213) 482-5902

Glendale Healthy Kids (818) 548-7931

Healthy Families (888) 747-1222

Planned Parenthood (626) 798-0706

Exodus Eastside Urgent Care Center (323) 276-6400

Counseling/Mental Health

Foothill Family Services (626) 795-6907

Armenian Relief Society (818) 241-7533

Didi Hirsch Counseling Center (818) 244-7275

Pacific Clinics (818) 547-9544

Suicide Prevention Hotlines

National Suicide (800) 273-8255

Cedars-Sinai Teen Line (310) 423-1604

Suicide Prevention Center (877) 727-4747

LGBTQ Resources

Trevor Text: Text the word "Trevor" (202) 304-1200

The Trevor Project www.thetrevorproject.org

Trevor Space www.trevorspace.org

Trevor Lifeline Trevor Project (866) 488-7386

Gay and Lesbian Armenian Society (GALAS) www.galasila.org

Alcohol and Drug Prevention

Action Counseling (626) 792-8106

24 Hour Helpline (800) 367-8336

Action Teen Parent and Support Group (818) 303-5161

Employment

Verdugo Job Center (818) 409-0476

Glendale Youth Alliance (818) 937-8052

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GLENDALE UNIFIED SCHOOL DISTRICT SUICIDE THREAT ASSESSMENT REPORT FORM

NAME OF STUDENT: _____ ID: _____

Today's Date: _____ Date of Incident: _____ Time of Incident: _____

DESCRIPTION OF INCIDENT:

CRISIS TEAM MEMBERS:

NAME	TITLE

ACTIONS TAKEN:

STUDENT RELEASED TO: _____

Home Phone: _____ Cell Phone: _____

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SUICIDE RISK ASSESSMENT CHECKLIST

Student Name: _____ DOB: _____ AGE: _____

School: _____ DATE: _____ TIME: _____

Interviewed By: _____ Position: _____

Referred By: _____

Directions: The school administrator or school designee (a person close to the student) should complete this checklist. The questions should not be read to the student but completed conversationally while assessing the student. The checklist then should be discussed with the multi-disciplinary school crisis team.

1. Is the student thinking of suicide now? Yes No
2. Has the student communicated (direct or indirect) ideas of intent to harm or kill self? Yes No
3. Does the student have a plan to harm/kill themselves now? Yes No
4. Does the student have the means to execute this plan? Yes No
5. Does the student have a prior history of attempts? Yes No
6. Has the student demonstrated any changes in mood or behavior in the **past year**? Yes No
7. Has the student demonstrated **recent** sudden changes in mood/behavior? Yes No
8. Has the student lost a loved one or pet? Yes No
9. Has the student had a recent relational breakup? Yes No
10. Has the student experienced trauma? (break up, parent divorce, death, etc.) Yes No
11. Has the student been a victim of harassment or bullying? Yes No
12. Does the student have a history of a mental disorder (depression, anxiety, Psychosis)? Yes No
13. Does the student have a history of alcohol/substance use or abuse? Yes No
14. Is the student a member of a vulnerable group (homeless, foster, LGBTQ, Special Ed.)? Yes No
15. Does the student have history of psychiatric hospitalization? Yes No Unknown
16. Is the student taking any current psychiatric medication? Yes No Unknown
17. Does the student have history of psychotropic medication use? Yes No Unknown

Protective Factors

1. Does the student have a supportive family? Yes No
2. Does the student have a sense of purpose or vision of his/her future? Yes No
3. Does the student have good coping skills? Yes No

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4. Does the student have a peer support group or school connections? Yes No
5. Is the student responsible for a job, pet or younger sibling? Yes No
6. Is the student a school athlete? Yes No
7. Does the student have religious or cultural beliefs that discourage self-harm? Yes No

Briefly describe the incident that led to the suicide risk assessment:

Assessment results:

- **Low risk.** Suicidal thoughts of limited frequency, intensity and duration. No plans or intent, mild dysphoria (a state of unease or generalized dissatisfaction with life), no prior attempts, good self-control (i.e., subjective or objective) few risk factors, identifiable protective factors.

- **Moderate Risk.** Frequent suicidal thoughts with limited intensity and duration, some plans but no intent (or some intent but no plans), limited dysphoria, some risk factors present, but also some protective factors.

- **High Risk.** Frequent, intense enduring suicidal thoughts and clear intent, specific/well thought out plans, access/available method, denies social support and sees no hope for future, impaired self-control, severe dysphoria, previous attempts, many risk factors and no protective factors.

Briefly describe the action taken:

Was District contacted? Yes No

Was GPD/Sheriff contacted? Yes No

Was parent contacted? Yes No

Was PMRT contacted? Yes No

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Crisis team member signatures:

Administrator: _____ Time in: _____ Time out: _____

Administrator: _____ Time in: _____ Time out: _____

Counselor: _____ Psychologist: _____

Therapist: _____

Other member: _____ Relationship to student: _____

Other member: _____ Relationship to student: _____

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SCHOOL VIOLENCE/THREAT ASSESSMENT CHECKLIST

Student Name: _____ DOB: _____ AGE: _____

School: _____ DATE: _____ TIME: _____

Interviewer (1): _____ Interviewer (2): _____

Referred By: _____

Directions: The school administrator, school designee or person interviewing the student should complete this checklist. The questions should not be read to the student but completed conversationally while assessing the student. The checklist then should be discussed with the multi-disciplinary school crisis team. Two people should interview the student together. **The central question of a threat assessment is whether a student poses a threat, not whether the student made a threat.**

1. Does the student have a motive or feel justified in carrying out an act of violence? Yes No
2. Has the student communicated (direct, written or electronic) ideas of intent to harm? Yes No
3. Does the student have a plan to harm now? Yes No
4. Does the student have the capacity to execute this plan (physical ability, has weapon)? Yes No
5. Has the student bought any weapon (direct, on line, etc.)? Yes No
6. Does the student have a prior history engaging in attack related behaviors? Yes No
7. Does the student present with history of anger outburst, assaultive behaviors? Yes No
8. Does the student have an interest in terrorism, mass murder, or war? Yes No
9. Has the student demonstrated recent sudden changes in mood/behavior? Yes No
10. Is the student experiencing hopelessness, desperation or despair? Yes No
11. Has the student had a recent relational breakup or trauma? Yes No
12. Does the student view violence as an acceptable solution to solve a problem? Yes No
13. Has the student been a victim of harassment or bullying? Yes No
14. Does the student have a history of a mental disorder (depression, psychosis)? Yes No
15. Does the student have a history of alcohol/substance use or abuse? Yes No
16. Has the student generated the concern of others in your school? Friends? Teachers? Yes No
17. Has the student talked about his plans/thoughts of harm with others? Yes No
18. Does the student have a history of psychiatric hospitalization? Yes No
19. Does the student have a **history or current** psychotropic medication use? Yes No

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Protective Factors

1. Does the student have a supportive family, peers, religious or community membership? Yes No
2. Does the student respect rules? Yes No
3. Does the student have good problem solving skills and desire a positive resolution? Yes No

Briefly describe the incident that led to the suicide risk assessment:

Assessment results:

- **Low risk.** Student does not pose an imminent danger. Threat is vague and indirect, identifiable protective factors are present.
- **Moderate Risk.** Student may pose imminent danger to others. The threat suggests that the student has given some thought to how the act will be carried out, has some protective factors.
- **High Risk.** Poses an imminent danger to self and others with a viable plan to do harm. Threat is direct, specific and plausible and suggests concrete steps have been taken toward carrying it out. No protective factors are present.

Briefly describe the action taken:

Was District contacted? Yes No

Was GPD/Sheriff contacted? Yes No

Was parent contacted? Yes No

Was PMRT contacted? Yes No

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Violence/threat assessment team member signatures:

Administrator: _____ Time in: _____ Time out: _____

Administrator: _____ Time in: _____ Time out: _____

Counselor: _____ Psychologist: _____

Therapist: _____

Other member: _____ Relationship to student: _____

Other member: _____ Relationship to student: _____

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STUDENT SAFETY PLAN

Student's Name: _____ DOB: _____ Date: _____

Triggers

There are certain situations or circumstances which make me feel uncomfortable and/or agitated:

- 1.
- 2.
- 3.

Warning Signs

I should use my safety plan when I notice these warning signs (thoughts, images, moods, situations, behaviors):

- 1.
- 2.
- 3.

Coping Skills/Healthy Behaviors

Things I can do to calm myself down or feel better in the moment (e.g. favorite activities, hobbies, relaxation techniques):

- 1.
- 2.
- 3.

Places I Feel Safe

Places that make me feel better and make me feel safe (can be a physical location, an imaginary happy place, or refer in the presence of safe people):

- 1.
- 2.
- 3.

School Support

Healthy adults at school and/or ways school staff can give me support:

- 1.
- 2.
- 3.

Adult Support

Healthy adults at home or in my community, whom I trust and feel comfortable asking for help during a crisis (include phone number):

- 1.
- 2.
- 3.

Parent Support

Actions my parent/guardian can take to help me stay safe:

- 1.
- 2.
- 3.

Case Carrier Support

Actions my case carrier can take to help me stay safe:

- 1.
- 2.
- 3.