

Training for Suicide Risk Assessment Teams or School-Based Mental Health Providers

Virginia's Suicide Prevention Guidelines

Part I

Introductions

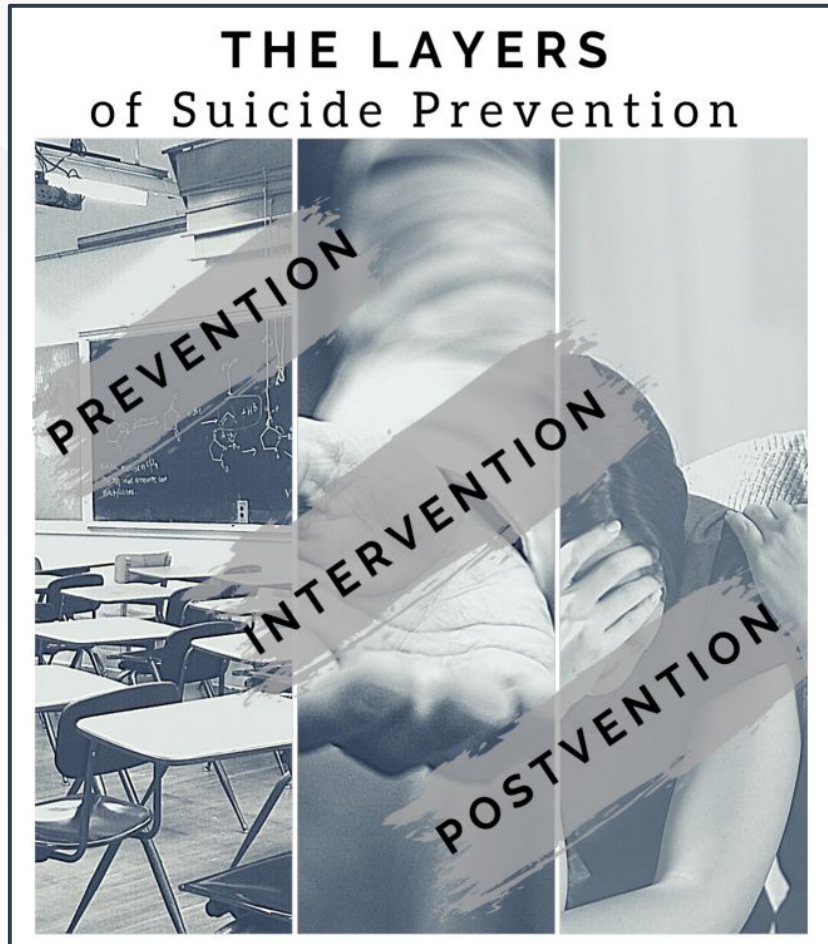


Martha Montgomery
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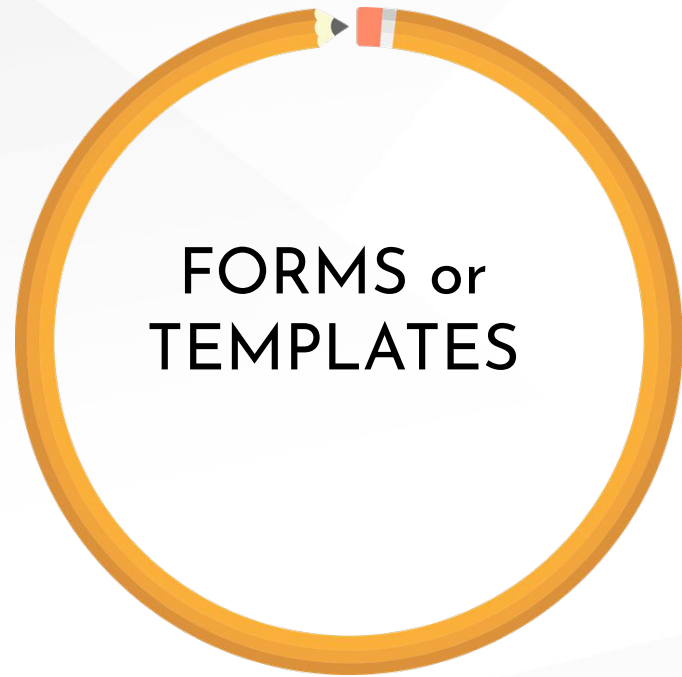
Sarah Bazemore
School Counseling Specialist and Student
Assistance Systems Coordinator
Office of Student Services

Objectives of this 3-Part Series



- **Part I: Prevention**
- Part II: Intervention
- Part III: Postvention

Resource Markers



PREVENTION



NO ONE HAS TO DO EVERYTHING BUT EVERYONE
HAS TO DO SOMETHING.



PREVENTION



Recognize. Talk. Act.
Suicide is Preventable

RECOGNIZE
It.

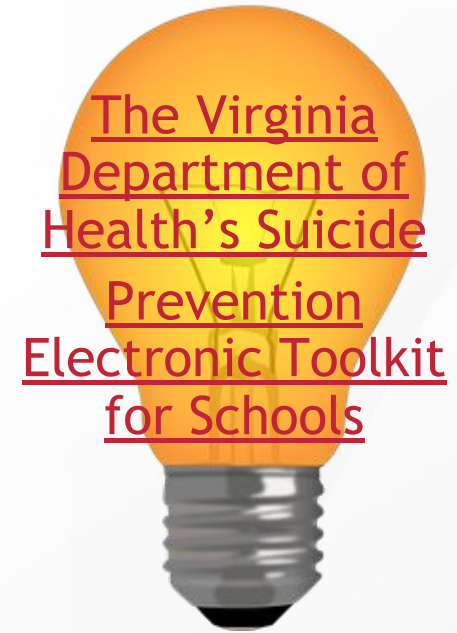
TALK
About It.

ACT
On It.

Learn more at: www.RecognizeTalkAct.org

FOR HELP 24/7 | National Suicide Prevention Lifeline: **1-800-273-TALK (8255)**
EnEspañol: **1-800-799-4889** For Deaf & Hard of Hearing: **1-800-799-4889**
Crisis Text Line: Text **TALK to 741741**

Logos: VDH VIRGINIA DEPARTMENT OF HEALTH, VIRGINIA DEPARTMENT OF EDUCATION, Virginia Department of Behavioral Health & Developmental Services, DCJS



- Creating a Culture of Caring requires a three-pronged approach:
 - Staff Training
 - Student Awareness and Reporting
 - Social Emotional Learning
- Identify & Monitor Vulnerable Student Populations

PREVENTION- Staff Training Components

- Cultivating a positive school climate with connections between students and adults who are **approachable, trustworthy, helpful**, and good role models for self-care;
- Enhancing awareness of **youth mental health** and suicide concerns and trends and the role that schools play in prevention and early intervention;
- Identifying and addressing **common myths** about suicide;
- Recognizing **risk and protective factors**, at-risk groups, and warning signs of youth suicide;
- Responding to students and **procedures** for reporting concerns;
- Understanding the **suicide risk assessment process**, including **safety planning**; and
- Enhancing awareness of in school and out of school **mental-health resources**

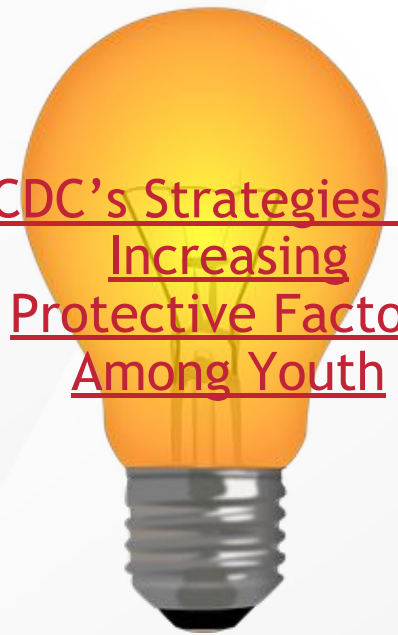
PREVENTION- Student Awareness

- Identify risk factors and warning signs of suicide in self and others;
- Develop coping strategies;
- Identify trusted adults in the school and community that can help;



- Reduce stigma associated with mental illness;
- Identify and address common myths about suicide;
- Incorporate social emotional learning; and
- Build protective factors.

CDC's Strategies for
Increasing
Protective Factors
Among Youth



PREVENTION- Reporting

- Well Advertised
- Multiple Avenues
- Accessible to ALL students, parents, school staff, and community members



When a student is identified as at-risk, potentially suicidal, or engaging in an attempt or act of self harm, the student shall be seen by a mental health professional as soon as possible.

PREVENTION- Social Emotional Learning

Definition:

The process through which children and adults understand and manage emotions, set and achieve positive goals, feel and show empathy for others, establish and maintain positive relationships, and make responsible decisions.

Key Components:

- Staff and Student Development of SEL
- Common Language
- Shared Responsibility
- Fosters School Connectedness and Relationships



PREVENTION- VULNERABLE STUDENT POPULATIONS

Vulnerable populations are based on various factors that may include, but are not limited to:

Mental Health Disorders &/Or Substance Use

While the large majority of people with mental health disorders do not engage in suicidal behavior, people with mental health disorders account for more than 90 percent of deaths by suicide.

Youth in Out-Of-Home Settings or Experiencing Homelessness

Juvenile justice system, foster care, homelessness, etc.

LGBTQ Youth

The CDC finds that LGBTQ youth are four times more likely, and questioning youth are three times more likely, to attempt suicide as their straight peers.

PREVENTION- VULNERABLE STUDENT POPULATIONS

Vulnerable populations are based on various factors that may include, but are not limited to:

OTHER GROUPS to CONSIDER:

- American Indian/Alaska Native Youth
- Youth bereaved by Suicide
- Youth Living with Medical Conditions
- Youth with Disabilities
- Youth in Military Families
- Youth Impacted by Bullying



Thank You!

For more information about suicide prevention, intervention, and postvention in Virginia Public Schools, please visit the [VDOE Suicide Prevention](#) webpage

or

Contact the Office of Student Services

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Training for Suicide Risk Assessment Teams and School-Based Mental Health Providers

Virginia's Suicide Prevention Guidelines Part II

Introductions

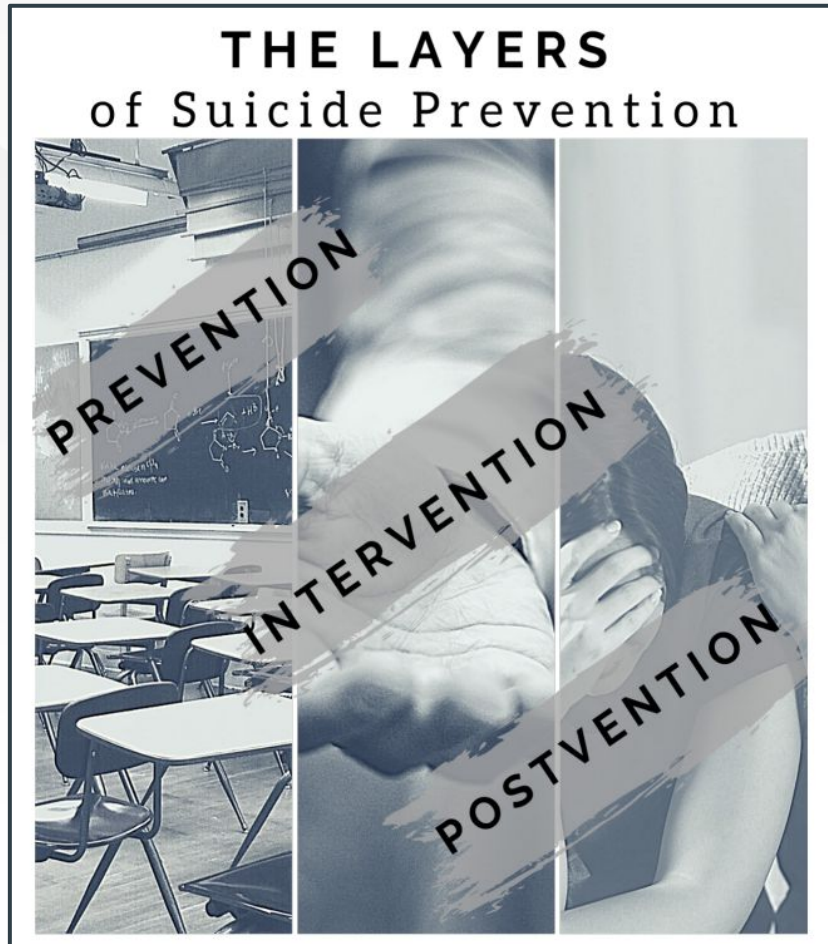


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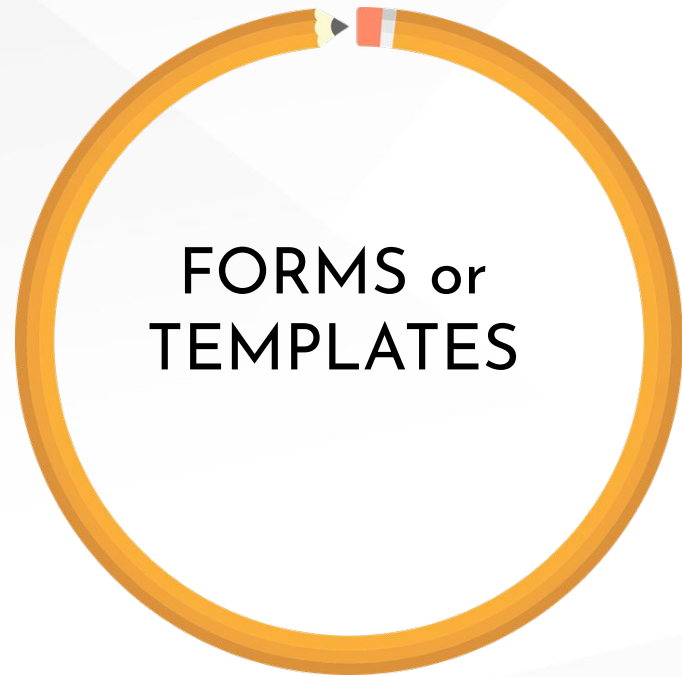
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INTERVENTION



THERE IS HELP. THERE IS HOPE.

STUDENT OF CONCERN IS IDENTIFIED

A referral is made to school-based mental health personnel. Student remains supervised and administration is notified that a risk assessment for suicide has begun.

STUDENT INTERVIEW

The student interview is the most critical piece of information to be gathered. Should always be conducted by a mental health professional. When staffing allows, it is preferable for two mental health professionals to conduct the interview.

ASSURING STUDENT SAFETY AND PARENT/GUARDIAN CONTACT

The parent/guardian should be contacted and interviewed the day the student interview is conducted. Also, the interview should gauge the parent's/guardian's ability and intent to follow recommendations necessary to keep the student safe. **Notification should be documented.**

GATHER INFORMATION

In addition to the student and parent/guardian interview, additional information may include: student records, school clinic records, attendance, staff interviews, and/or peer interviews.

TEAM CONSULTATION

Team consultation happens the same day as the student interview. The team meets to review information/data, assign a **case manager** and **determine risk level**.

SAFETY PLANNING

The safety plan is developed in collaboration with the student, mental health professional and parent/guardian (if available). The plan should outline the steps necessary to keep the student safe and should include: warning signs, coping strategies, resources, steps to take in a crisis, interventions, supports, and/or action steps to build protective factors.

IMPORTANT CONSIDERATIONS

- ★ If the student has indicated that the reason for being at risk of suicide relates to parental abuse or neglect, this contact shall not be made with the parent but instead the local department of social services, should be notified.
- ★ In situations where a student is simultaneously posing a threat to others, as well as, a threat to self, mental health staff as well as administrators and law enforcement must collaborate in the threat assessment team process.

INTERVENTION: Components of Suicide Risk Assessment

INTERVENTION- IDENTIFYING STUDENT OF CONCERN

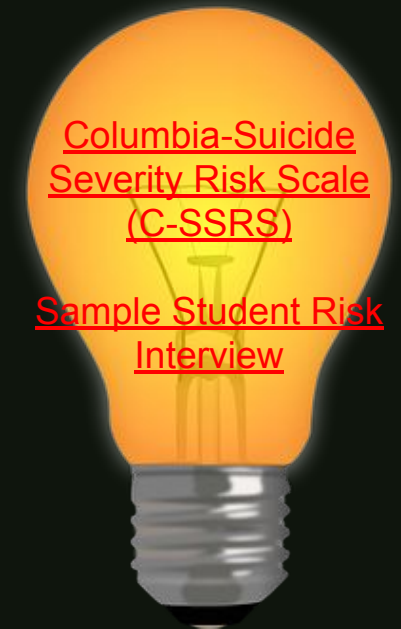
- The student of concern should be escorted to a safe and private location where a trained mental-health professional can conduct a student interview.
- If a mental-health professional is not immediately available the student should remain supervised until the interview can be initiated.
- School administration should be notified that a suicide risk assessment has begun; however, they should not be directly involved in or present during the student interview.
- Each school division should have a policy in place to address referrals received after school hours.

INTERVENTION: Suicide Risk Assessment: Student Interview

The person conducting the student interview should be sensitive to the student's cultural and religious beliefs.

The student interview should be a collaborative conversation to include questions to determine:

- The student's risk factors, warning signs, and protective factors;
- The student's intent to carry out suicide as to frequency, duration, and intensity of suicidal thoughts;
- If the student has a plan (When? Where? How?); and
- If the student has a history of suicide attempts and/or self-injury



INTERVENTION: Assuring Student Safety and Parent/Guardian Contact

Assuring Student Safety

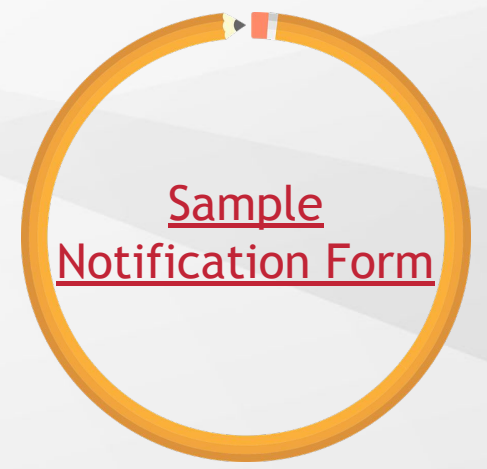
- At-risk students should remain supervised until parent/guardian can provide supervision
- Community and emergency resources shared
- Educate family about reducing **lethal means** and other **safety measures**

****If the student has indicated that the reason for being at risk of suicide relates to parental abuse or neglect, parent contact shall not be made. Instead the local department of social service should be notified.**

INTERVENTION: Assuring Student Safety and Parent/Guardian Contact

Parent/Guardian Contact

- Contact is made the same day
- Assure that student is safe
- Report on signs and risk
- Ask about (behavior) at home
- Review next steps
- Have caregiver sign a notification of suicidal-risk form



INTERVENTION: Assuring Student Safety and Parent/Guardian Contact

Tips Sheets for Caregivers and Students

- [What Families Need to Know](#) (from the Suicide Prevention Resource Center)
- [Not My Kid](#) (from Society for the Prevention of Teen Suicide)
- [Talking to Your Kid About Suicide](#) (from the Society for the Prevention of Teen Suicide)
- [Suicide and Social Media, A Tip Sheet for Parents and Providers](#)
- [Preventing Youth Suicide: Tips for Parents and Educators](#)
- [Save a Friend: Tips for Teens to Prevent Suicide](#)
- [#chatsafe: A Young Person's Guide to for Communicating Safely Online about Suicide](#)
- [I Serve 2 Card for Children in Military Families](#) (DBHDS)
- [Preventing Youth Suicide, Tips for Parents and Educators \(In Spanish\)](#) (PDF)
- [Suicidal Thinking and Threats: Helping Handout for Home](#) (PDF)
- [Lock and Talk Virginia](#) (DBHDS) Lock Meds, Lock Guns, Talk Safety

INTERVENTION: Gather Information

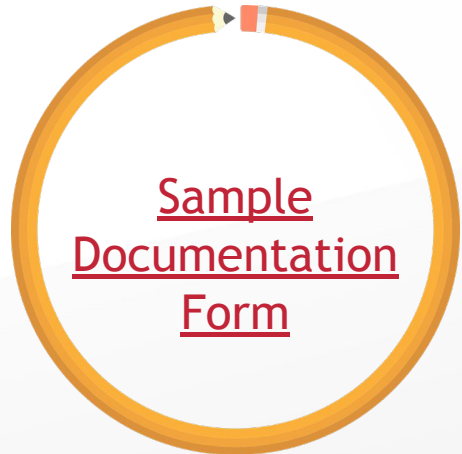


- Attendance
- Discipline
- Clinic records
- Academics/IEP
- Previous risk assessments

- Peers
- Teacher(s)
- Family

At minimum consult with another Mental Health Provider and/or Suicide Risk-Assessment Team

**Be sure to document!*



Intervention: Determine Risk

Take every warning sign or threat of self-harm seriously.

- **No Risk** - The student does not appear to pose a risk of harm to self. There are no significant risk factors or warning signs observed and protective factors are in place and stable.
- **Low Risk** - The student does not appear to pose a risk of harm to self and there are no warning signs or identified intent to act. Protective factors are in place and stable. Any needs for assistance or underlying issues are being addressed.
- **Moderate Risk** - The student does not appear to pose a risk of harm to self at this time, but exhibits behaviors that indicate a continuing intent and potential for future serious harm to self; and/or exhibits other concerning behavior that requires intervention.
- **High Risk** - The student appears to pose a risk of harm to self, exhibiting behaviors that indicate both a continuing intent to harm and efforts to acquire the capacity to carry out the plan, and may also exhibit other concerning behavior.
- **Imminent Risk** - The student appears to pose a clear and immediate threat of serious violence to self and may also exhibit other concerning behavior that requires intervention.



INTERVENTION: Determining Risk

When in doubt choose
the higher risk level

Teams need to
be prepared to
assess multiple
threats.

Establish clear
communication
paths that protect
student
confidentiality

INTERVENTION: Safety Planning

[Sample Safety Planning Form](#)

The safety plan outlines the steps necessary to keep the student safe from harming themselves and should include:

- *Warning signs;*
- *Coping strategies that the student can use;*
- *Interventions, supports, or action steps to build protective factors;*
- *The people and places that improve the student's mood and make them feel safe;*
- *The trusted people the student can go to for help;*
- *Who to contact in an emergency;*
- *The immediate steps the student can take during a suicidal crisis;*
- *Resources given to the family; and*
- *Name of the case manager.*

INTERVENTION: Return to Learn

TEAM MEMBERS

MUST include case manager and administrator

MAY include student, family, risk assessment team members, as well as out-of-school mental health care providers.



Meeting should be held prior to student's return to school.

Collaborate with local providers to assist in the transition of services

Identify needed supports.

The purpose of the meeting is to identify and address the issues that led up to crisis and build a strategy to prevent recurrence.



Thank You!

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Virginia's Suicide Prevention Guidelines Part III

Introductions

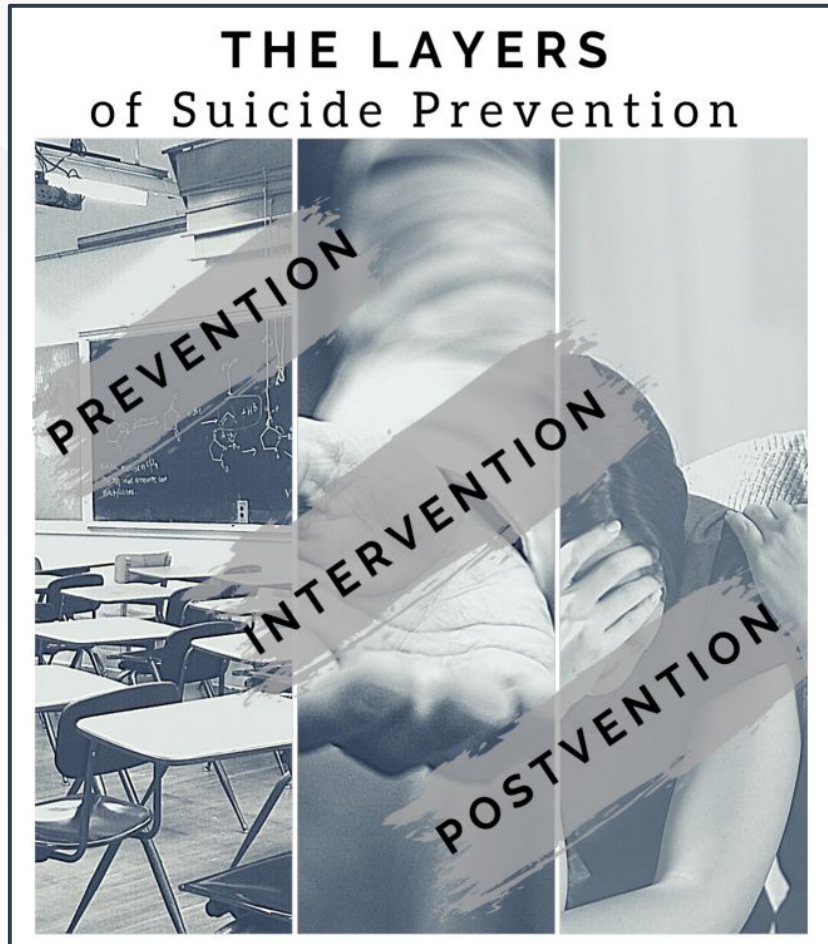


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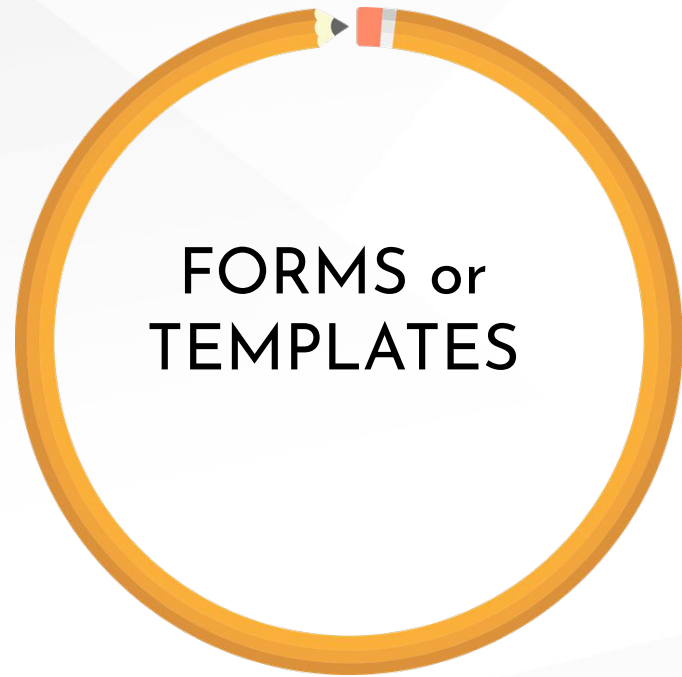
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Resource Markers



POSTVENTION



EVERYONE WILL HAVE A DIFFERENT JOURNEY.



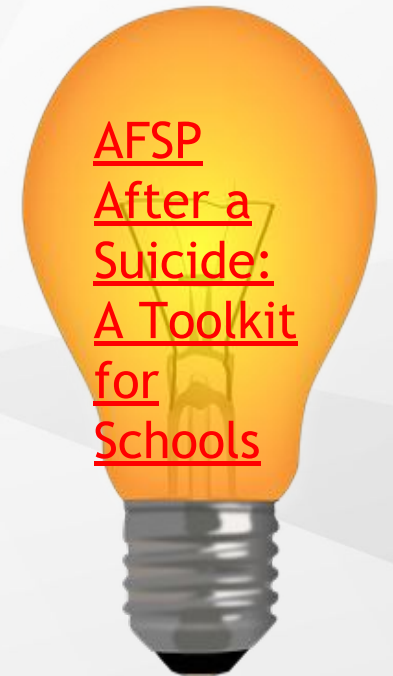
POSTVENTION: Crisis Response

Each school's crisis team should develop a plan to guide the school's response following a death by suicide. This multidisciplinary team is encouraged to collaborate with their local community services boards (CSBs) for a comprehensive community response.

Verifying the Facts, Confirming a Death

Communicating with the Family

Assessing the Impact and Response Preparation



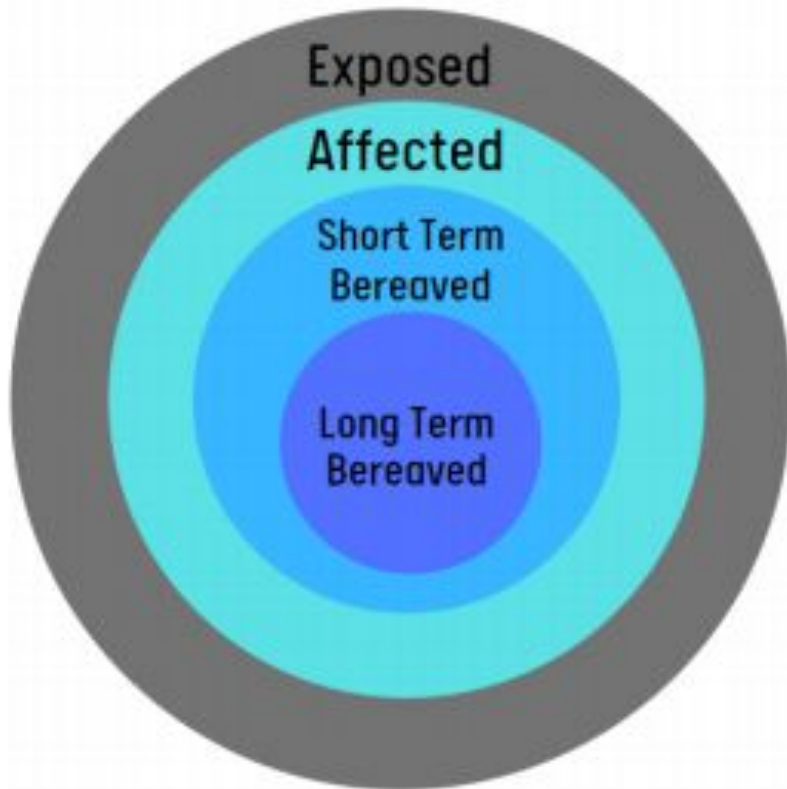
POSTVENTION: Supporting and Monitoring Students

Following a traumatic event, such as death by suicide, students may react with a variety of emotions.

- **Identify Students and Staff Needing Support** These may include relatives, friends, and teachers of the deceased, suicide attempt survivors, students affected by suicide, students with mental health concerns, other vulnerable student population, etc.
- **Coordinate Support Services** The crisis team will coordinate support services for students and staff in need of individual and small group counseling as needed. Referrals made to community mental health providers as appropriate.
- **Ongoing Monitoring** Ongoing monitoring is needed to address the emotional wellbeing of both students and staff. Pay attention to special school events and reminders of the deceased student that could trigger a reaction.

POSTVENTION: Suicide Loss Survivors

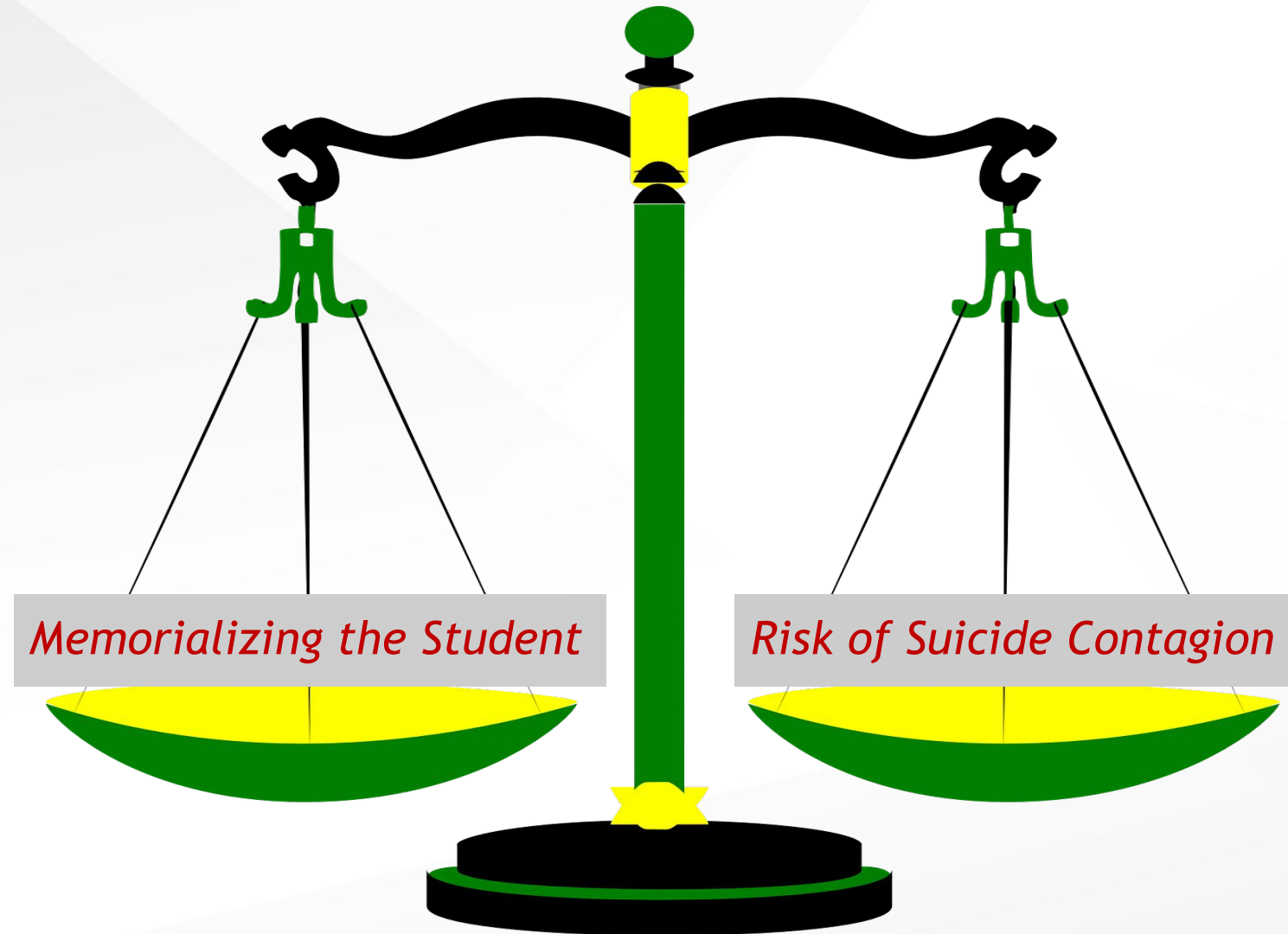
Continuum of Exposure



A suicide loss survivor “is someone who experiences a high level of perceived psychological, physical, and/or social distress for a considerable length of time after exposure to the suicide of another person.” (Survivors Task Force, 2015).

When determining how to manage resources effectively and address student needs, it is important to recognize those most at risk.

POSTVENTION: Memorials & Funerals



Treat memorials for all student deaths the same way.

Follow regular school protocols for dismissing students to attend funerals.

Allow for spontaneous memorials but monitor in order to avoid inadvertently glamorizing the death.

Social media can be a useful tool to monitor student reactions.

POSTVENTION: Media Messages

Messaging about death by suicide needs to be carefully and thoughtfully considered.

- *Include prevention efforts and resources*
- *School division communications office, school principal, or designee should be the sole media spokesperson*
- *All media inquiries should be answered by the school media spokesperson*
- *Messages should promote a positive narrative that focuses on safety*





RISK ASSESSMENT TEAM TASKS

RESOURCE MAPPING

ACCESS TO EFFECTIVE TREATMENT, CARE, AND SUPPORT

A key element of suicide prevention for suicide risk assessment teams is ensuring that individual with suicide risk have access to community mental health resources. Schools and divisions should work with community mental health providers to develop coordinated systems of care, which includes outlining a clear referral process allowing for timely access to these essential services.



SCENARIO WALKTHROUGHS

An effective training exercise for your team to complete periodically.

1. Fictional Scenarios and/or
2. Team Debriefing after Risk Assessment



TEAM PLANNING CHECKLISTS



Suicide Risk Assessment:

Team Planning Guide and Checklist



Response Procedures for Student at
Suicide Risk

Thank you!

HELP

THERE'S A LOT OF IT OUT THERE

IF YOU ARE HAVING SUICIDAL THOUGHTS OR ARE DEPRESSED REACH OUT TO FRIENDS, FAMILY, AND PCT'S FREE COUNSELING.

AMERICAN FOUNDATION FOR
Suicide Prevention
1-800-273-TALK (8255)



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