
Suicide Intervention Manual

Rockaway Borough School District

K-8th Grade

BOE Approved: Oct 2018



Table of Contents..... 1

Mission.....2

School District Prevention.....3

Risk Factors and Warning Signs.....4

Procedure Flowchart5

St. Clare’s Procedure.....6-7

Parent Re-Entry Procedures.....8

Parent Resources.....9-10

Supporting Policy.....11-14

Attached Forms: (for district use only)

- Student Risk Assessment Interview
- Parent Letter
- Consent to Release or Exchange of Information
- Student No-harm Contract

MISSION

Suicide is a nationwide public health problem that causes substantial pain, suffering and could have a significant effect on the entire community, but research shows it is preventable. Prompting awareness for students, parents, educators and community members is essential in the process of preventing suicide. Suicide is one of the top 10 causes of death in the United States and the second leading cause of death for youth age 10 to 24. In comparison to the national average, New Jersey continues to have a lower rate of suicide. Regardless, suicide remains a priority area to combat within the state. (NJ Department of Education, 2017)

It is critically important that school districts have policies and procedures in place to prevent, assess the risk of, intervene in, and respond to youth suicidal behavior. Provided within this manual you will find resources and information on school requirements for addressing these events and supportive resources for prevention and intervention. This document was developed by examining strong local policies, ensuring that they are in line with the latest research in the field of suicide prevention, and identifying best practices for a national framework. Protecting the health and well-being of students is in line with school mandates and is an ethical imperative for all professionals working with youth. Because it is impossible to predict when a crisis will occur, preparedness is necessary for every school district.

As emphasized in the National Strategy on Suicide Prevention, preventing suicide depends not only on suicide prevention policies, but also on a holistic approach that promotes healthy lifestyles, families, and communities. As a school community, parent and educators it is critical to be aware of the warning signs, indicators of risk, and process to report concerns.

As a result, it was discovered that best practice suggests that a core group of professionals be established in every school that are aware, educated, and comfortable with the topic of suicide and intervention techniques. Included in this manual is information intended to assist with assessment of danger and lethality, provide resources to parents and students, and ensure that members of core teams can appropriately interview and intervene with an at-risk student.

At the beginning of every school year, each building is responsible to review the building Crisis Plan. As part of this process, it is recommended that schools also review this suicide prevention manual and steps for intervention.

New Jersey Youth Suicide Report for the Department of Children and Families

https://www.nj.gov/dcf/news/reportsnewsletters/dcfreportsnewsletters/SuicideReport_2016.pdf

SCHOOL DISTRICT PREVENTION

1. District Policy Implementation

A district level suicide prevention coordinator shall be designated by the Superintendent. This may be an existing staff person. The district suicide prevention coordinator will be responsible for planning and coordinating implementation of this policy for the school district. Each school principal shall designate a school suicide prevention coordinator to act as a point of contact in each school for issues relating to suicide prevention and policy implementation. This may be an existing staff person. All staff members shall report students they believe to be at elevated risk for suicide to the school suicide prevention coordinator.

Suicide Prevention Coordinator/TJ School Counselor Alexa Barbone Ext: 331

Lincoln School Counselor - Susan Tully Ext: 205

2. Staff Professional Development

All staff will receive annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention. The professional development will include additional information regarding groups of students at elevated risk for suicide, including those living with mental and/ or substance use disorders, those who engage in self harm or have attempted suicide, those in out-of-home settings, those experiencing homelessness, American Indian/Alaska Native students, LGBTQ (lesbian, gay, bisexual, transgender, and questioning) students, students bereaved by suicide, and those with medical conditions or certain types of disabilities. Additional professional development in risk assessment and crisis intervention will be provided to school employed mental health professionals and school nurses.

3. Youth Suicide Prevention Programming

Developmentally-appropriate, student-centered education materials will be integrated into the curriculum of all K-12 health classes. The content of these age-appropriate materials will include: 1) the importance of safe and healthy choices and coping strategies, 2) how to recognize risk factors and warning signs of mental disorders and suicide in oneself and others, 3) help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help. In addition, schools may provide supplemental small group suicide prevention programming for students.

4. Publication and Distribution

This manual will be distributed annually to all teachers and available on the school website.

RISK FACTORS AND WARNING SIGNS

Risk Factors for Suicide are characteristics or conditions that increase the chance that a person may try to take her or his life. Suicide risk tends to be highest when someone has several risk factors at the same time. The most frequently cited **risk factors** for suicide are:

- | | |
|--|---|
| <ul style="list-style-type: none"> ❖ Major depression (feeling down in a way that impacts your daily life) or bipolar disorder (severe mood swings) ❖ Use of alcohol or drugs ❖ Unusual thoughts and behavior or confusion about reality ❖ Personality traits that create a pattern of unstable relationships ❖ Trouble with authorities or the law; facing aversive consequences ❖ Death or loss of a loved one or close friend | <ul style="list-style-type: none"> ❖ Impulsivity and aggression, especially along with a mental disorder ❖ Previous suicide attempt ❖ Family history of a suicide attempt or mental disorder ❖ Serious medical condition and/or pain. ❖ Romantic or relationship break-ups ❖ Bullying/victimization ❖ Severe or chronic family conflict ❖ Exposure to trauma ❖ Serious illness or injury |
|--|---|

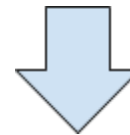
Students who are considering suicide often display one or more warning signs or responses. **Warning signs** that a youth is at greater risk for attempting suicide have been identified from past research and are listed below:

Alcohol/Drug Use	Sudden changes in student	Previous Attempts
<ul style="list-style-type: none"> ❖ Begin or Increase in use of drugs and/or alcohol 	<ul style="list-style-type: none"> ❖ Change in appearance ❖ Change in weight ❖ Dramatic shifts in behavior or interests 	<ul style="list-style-type: none"> ❖ By the student ❖ By a family member particularly if it resulted in suicide ❖ By a close friend particularly if it resulted in suicide
Depression		Threats to harm self
<ul style="list-style-type: none"> ❖ Hopelessness/Helplessness ❖ Frequent self-criticism, they see themselves as a failure, broken, disfigured, unworthy, unlovable ❖ Social withdrawal or isolation ❖ Reduced interests, involvement or activities ❖ Difficulty or inability to concentrate or think ❖ Insomnia OR sleeping excessively ❖ Increased irritability or crying easily/readily ❖ Increased failure to complete assignments or care about the consequences ❖ Despairing comments or writing ex) "What's the use in living" 		<ul style="list-style-type: none"> ❖ Suicidal notes ❖ Indirect threats "I might as well be dead" ❖ Direct threats – "I'm going to kill myself" ❖ Writing, journaling or art about death or suicide ❖ Talking about death ❖ Making final arrangements – saying goodbye ❖ Giving away prized possessions ❖ Increased risk-taking ex) daredevil stunts, driving unsafely

SUICIDE INTERVENTION: PROCEDURE FLOW CHART

Notification to administrator or counselor that a student is engaging in behavior or making comments that suggest the student may be considering suicide or self-harm.
Follow procedures accordingly and begin documenting using

NO	Was a serious ATTEMPT made at school?	YES
-----------	---------------------------------------	------------



- Counselor along with administrator or nurse conducts interview. (Using attached form)
- Student must be under line-of-sight supervision and never left alone from this point until assessment is complete and situation is resolved.

- Have the nurse or trained profession administer first aid and/or call 911:
- Maintain **constant supervision**;
- Notify Principal & Superintendent;
- Notify Parents;
- Notify Board office & prepare paperwork;
- Notify Local Police Department

Interviewer determines if the student is in need of a Risk Assessment.



- Student completes the "No Harm Contract"
- Counselor contacts parents

- Maintain **constant supervision**;
- Notify Principal & Superintendent;
- Notify Parents - Request parent pick-up;
- Notify secretary to compose parent letter
- Schedule appointment for student (must be within 24 hours)

- Counselor will upload copies of student's documentation into designated folder in Google Drive and will provide copies for administration. (store in the main office cumulative files)
- Counselor or Principal will debrief school team/staff members as necessary.

Saint Clare's Behavioral Health

Risk Assessment Procedures

Emergency Psychiatric Services for Students Staff Referral Procedures

According to **Board of Education Policy 5160 School Clearance Following Crisis Situation**, the Crisis Team may determine that a pupil shall not return to school without written verification from a medical facility that the student has undergone an emergency psychiatric evaluation and is no longer considered a danger to self or others. Crisis Team members should refer to Regulation 5350 Pupil Suicide for complete Crisis Team procedures.

The District has contracted with Saint Clare's Center for Evaluation and Referrals (CER)* to perform emergency behavioral health/psychiatric evaluations for students, as required by the Board of Education Policy #5160, when students display behavior that is perceived to be a danger to themselves or others. The contact provides our students with priority scheduling of CER evaluations to make the process more efficient and smooth for families. Through our contract, CER evaluations will be billed to the parents' medical insurance first. Any remaining balance will be covered by the district. If a family informs you that they have no insurance, or the family's insurance is not accepted at St. Clare's, St. Clare's will bill the district for the CER evaluation.

Important steps when scheduling a CER evaluation:

- Meet with parents to discuss incident and provide the parents with the Parent Letter explaining the CER evaluation option, Saint Clare's Inpatient procedures, and the Risk Assessment Referral Form with written summary of the incident.
- When referring for a CER evaluation, school personnel will call 1-888-626-2111 and state "I am calling from Rockaway Borough School District and would like to schedule a CER evaluation. The scheduler will conduct a phone screen and collect student demographic/insurance information as well as collateral from school staff. Please make sure to provide contact information for a school staff member who can be contacted by CER staff with any questions.
- Appointments may be scheduled between 9am and 4pm at CER, 130 Powerville Road, Boonton. However, if acuity warrants, the patient will be referred to the local Emergency Room or to Saint Clare's Psychiatric Evaluation Services (PES), 25 Pocono Road, Denville.
- After hours evaluations will be referred to the local Emergency Room or Saint Clare's PES.
- A parent of legal guardian should accompany students.
- The accompanying adult if possible should bring a voucher from our district.

- If you are experiencing any problems during this referral process or have follow-up questions, please contact Nina Kooper, at 973-316-1977

Parent should be directed to go to:
Saint Clare's Behavioral Health
130 Powerville Road
Boonton, NJ (Not the ER in Denville, NJ)

Other considerations:

- Provide 2 copies of the Crisis Team Documentation of the referral circumstances/risk assessment to the parents (1 copy for the CER clinician & 1 copy of the parents themselves). Maintain a third copy of the documentation as a confidential school record.
- Written documentation should include the Crisis Team Member's contact information should the staff at Saint Claire's need to contact you for additional information. The Crisis Team should request the parents sign a release form for the school to communicate with Saint Claire's as needed.
- Provide the parents with Crisis Team's members name and number to contact at our school to schedule a re-entry meeting once the student is cleared to return to school. The student will leave Saint Claire with a back to school letter.

**Parents may elect to use a different mental health provider at their own expense. With this option, parents must provide the school with written clearance from their provider for their child to return to school. A re-entry meeting is required on all accounts.*

RE-ENTRY PROCEDURE

For students returning to school after a mental health crisis (e.g. suicide threat, attempt or hospitalization) the School Counselor, Principal, Nurse or designee will meet with the student's parent or guardian and if appropriate, meet with the student to discuss re-entry and appropriate next steps to ensure the student's readiness for return to school. Please see the following procedure below:

STEP 1: Documentation- Parent or guardian will provide documentation from a mental health care provider that states that the student has undergone examination and that they are cleared to return to school.

(Parent must provide documentation prior to bringing student on school grounds. Student is not to attend school until after the official re-entry meeting is complete)

STEP 2: District Review- School Crisis Team will review provided documentation and determine re-entry actions.

STEP 3: Schedule Meeting- School Counselor or Principal will notify parent of the date and time of re-entry meeting.

STEP 4: Re-Entry Meeting - Principal, School Counselor and Nurse will meet with parent/guardian to determine the plan of action for returning to school.
(Student may be asked to attend)

STEP 3: Release of Information - School Counselor will retrieve any information in regards to future counseling if necessary and obtain a release of information.

STEP 4: Follow Up - School Counselor will periodically check in with student to help the student transition back to school and to assist with any ongoing concerns.

*Upload documentation into student's designated google folder **as well as** the cum files in main office.

Parent Resources

Preventing Youth Suicide: Tips for Parents & Educators

<https://www.nasponline.org/resources-and-publications/resources/school-safety-and-crisis/preventing-youth-suicide/preventing-youth-suicide-tips-for-parents-and-educators>

Information for Parents: What you need to know about Self Injury

<http://www.selfinjury.bctr.cornell.edu/perch/resources/parenting-2.pdf>

Society for the Prevention of Teen Suicide: Parent Information

<http://www.sptsusa.org/parents/>

“13 Reasons Why” Netflix Series: Consideration for Families

<https://www.nasponline.org/resources-and-publications/resources/school-safety-and-crisis/preventing-youth-suicide/13-reasons-why-netflix-series/13-reasons-why-netflix-series-considerations-for-families>

Tips For Parents to Talk with Their Children About “13 Reasons Why” and Suicide

https://afsp.org/wp-content/uploads/2017/05/TipsForParents_2017.pdf

HELPLINES

National Suicide Prevention Life line: The Lifeline is a 24-hour, toll-free suicide prevention service available to anyone in suicidal crisis or their friends and loved ones. Callers are routed to the closest possible crisis center in their area. Call **1-800-273-8255 (TALK)**.

<http://www.suicidepreventionlifeline.org>

2NDFLOOR: A confidential and anonymous helpline for New Jersey's youth and young adults. We are here to help you find solutions to the problems that you face at home, at school or at play. If you are between the ages of 10 and 24, live in New Jersey, and need to talk about an issue or problem that you are facing call **888-222-2228** anytime or text **888-222-2228**.

<https://www.2ndfloor.org/>

Family Intervention Services 24/7 crisis support line that offers support and counseling and linkage to available community resources. **(973) 586-5243**

The Trevor Lifeline: The only nationwide, around-the clock crisis intervention and suicide prevention lifeline for lesbian, gay, bisexual, transgender, and questioning young people, 13-24, available at **1-866-488-7386**.

TrevorChat: A free, confidential, secure instant messaging service that provides live help to lesbian, gay, bisexual, transgender questioning young people <http://www.TheTrevorProject.org>

S.A.F.E. Alternatives (Self Abuse Finally Ends): S.A.F.E. ALTERNATIVES® is a nationally recognized treatment approach, professional network, and educational resource base, which is committed to helping you and others achieve an end to self-injurious behavior.

(800) DONTCUT - (800)366-8288

COUNSELING GROUPS

Family Intervention Services

20 Vanderhoof Ave #2

Rockaway, NJ 07866

Family Crisis Intervention Unit: up to 5 months FREE counseling for families who have children between 11-17 years old.

Child Outpatient Specialist Services: Short term counseling (3-6 months) for families with children up to age 21 by licensed therapist.

Outpatient Services: Provides therapeutic counseling services for individuals, youth and/or family. We work together with the individuals, youth and/or family to identify their strengths and needs to assist them in accomplishing their goals. (Counseling provided to recipients of Medicaid)

Please contact Dahiana P. Grisales at dgrisales@fisnj.org or any staff member at (973)586-5243 <http://www.fisnj.org/>

My Rainbows Place @ St. Francis Residence

122 Diamond Spring Road

Denville, NJ, 07834

We accept children from age 5 to 13. We have two volunteer-facilitators in each group, for a total of four groups. We have a facilitator for our parent group for those who wish to participate. We are a non-profit organization with no fees to parents. Open to the public

Main Contact: Wendy Spector - 973-625-3352

Diane Thormann, co-coordinator - 973-627-2134

Good Grief Support Group

38 Elm Street

Morristown, NJ 07960

At Good Grief, we provide unlimited and free support to children, teens, young adults, and families after the death of a mother, father, sister, or brother through peer support programs, education, and advocacy. Our programs address the needs of the whole child: breaking down isolation and stigmas, equipping families with coping strategies and communication skills, and promoting good mental and physical health. Good Grief works to raise awareness and advocate for grieving children and families to ensure that no child ever has to grieve alone.

To enroll in Peer Support Groups please contact:

Rachel O'Brien at 908-522-1999 x8012 or email - rachel@good-grief.org

POLICY 5601—SCHOOL CLEARANCE FOLLOWING A CRISIS SITUATION

The Board is committed to protecting the health, safety and welfare of students during the school day, and will take action necessary to provide for the safety and security of its students, staff and/or property. In “crisis situations,” the Board reserves the right to exclude a student who has been determined to pose an imminent or potential threat to the safety of the student, other students or staff, pending appropriate mental health clearance.

1. Examples of “Crisis Situations” *(not exclusive or exhaustive)*

- a. Actions creating an imminent danger to the student or others;
- b. Verbalization(s) or other action(s) threatening or potentially threatening the health, safety or well-being of the student, staff or other students;
- c. Verbalization(s) or other action(s) reflecting an intent or plan to harm the student or others (regarding self-harm, see also Policy No. 5350);
- d. Verbalization(s) or other action(s) indicating that the student may be at risk of causing harm to the student or other (regarding self-harm, see also Policy No. 5350);
- e. Possession of object(s) or material(s) posing a threat to the health, safety or well-being of the student, staff or other students (regarding self-harm, see also Policy No. 5350)
- f. Posting inflammatory images and/or statements online or in social media relating to, but not limited to, guns, bombs, knives or other such objects that would cause a reasonable person to feel threatened or intimidated.

2. Discipline

- a. A student’s exclusion based upon an identified crisis situation shall not be considered a disciplinary consequence.
- b. This Policy is intended to address mental health related issues only (i.e., to ensure that the student does not represent a danger to him/herself or others), and does not supersede the implementation of appropriate disciplinary action for infractions of school regulations or action required by N.J.S.A. 18A:40A-12 or N.J.A.C. 6A:16-4.3 as described in policies and explained in student handbooks and/or Code of Student Conduct. (See Policy No. 5600)

3. Procedures

- a. In situations where a student presents as an imminent danger to himself or others, school emergency procedures will be followed, and supersede the provisions of Section III. C of this Policy
- b. Staff members shall immediately notify the School Principal, or his/her designee, of any potential crisis situations.
- c. In response to every report of a Crisis situation, the School Principal (or designee) shall:
 1. Notify the Crisis Intervention Team (or other designated team/individual responsible for the initial assessment of the student):
 2. Notify the Superintendent of Schools; and

3. Notify the police if in accordance to the guidelines set forth in the Law Enforcement Memorandum of Agreement
 4. Notify the parent or legal guardian.
- d. In response to every report of a crisis situation, the superintendent or designee shall consult with the principal and/or members of Crisis Intervention Team in order to assess whether or not the student presents as a potential danger to him/herself or others, and to determine whether or not the student requires a mental health assessment prior to reinstatement.
- e. Provisions shall be made for the appropriate care and supervision of the student pending either: (1) a determination by administrators or the Crisis Intervention Team that the student's exclusion is not required; or (2) the student's release to his or her parent/guardian.

4. Assessment and Reinstatement

- a. If the superintendent, principal or Crisis Intervention Team determines that the student presents as a potential danger to him/herself or others and requires a mental health assessment prior to reinstatement, the Principal shall notify the student's parent/guardian of this determination.
- b. The assessment must be completed by a Board of Education approved psychiatrist or other licensed or certified mental health professional (e.g., psychologist, psychiatrist, social worker (or psychiatric nurse practitioner) as determined by the District. The Principal./designee shall provide the student's parents/guardians with appropriate referral information for qualified mental health providers as per our district contract with Saint Clare's Behavioral Health and their Central Evaluation and Referral service (CER). Emergency assessments will take in CER in Boonton or Psychiatric Emergency Services (PES) with the determination of the location of the assessment based on the acuity of the presenting problem, and concern for any apparent medical risk. In addition, the child may be seen in PES if CER is closed or if CER is at capacity got appointments.
 1. The contracted charge for the assessment will be \$222.00; however if the child has insurance that is contracted with St. Clare's, the insurance will be billed first for the assessment.
 2. If there is no insurance, or if the insurer is not contracted with St. Clare's, then the bill for the same will be sent to the School District for payments.
- c. For purposes of the assessment, it is necessary for the evaluator to have access to all relevant information regarding the student and the incident giving rise to exclusion. The student's parent/guardian must provide consent for a member of the District to contact the professional completing the evaluation to provide necessary background information.
 1. If a parent/guardian cannot be reached and the student is screened and/or assessed by the appropriate school personnel as being in imminent danger

of harming him/herself or others, the school may initiate an immediate assessment

d. The assessment report must include the Evaluator's name and license number as well as the following:

1. Identifying information i.e. the student's name and date of birth, date of evaluation, and date of report;
2. Medical and family history;
3. Review of presenting problem or incident;
4. Mental status examination;
5. Diagnosis, as appropriate;
6. Triggers for recurrence, as appropriate;
7. Recommendations for follow-up services, as appropriate; and
8. Other information deemed relevant by evaluator;
9. A specific statement that the student does not present a danger to him/herself or others.
10. Confirmation that the evaluator assessed the student in accordance with the standards set forth in Section IV. D of this Policy following and in connection with the precipitating school based incident.

e. If the parents or guardians assume the cost of the assessment (through a provider of their own choosing), the resulting report is their property, and will require their consent before being released to the school district. Parents are encouraged to share such information with the school district. However, they must provide a clearance letter that includes at least the following information:

1. Student's name and date of birth;
2. Confirmation that the evaluator assessed the student in accordance with the standards set forth in Section IV.D of this Policy following and in connection with the precipitating school based incident;
3. The date of the assessment; and

4. A specific statement that the student does not present as a danger to him/herself or others.

f. If the parents or guardians assume the cost of the assessment (through a provider of their own choosing), the district reserves the right to obtain its own assessment by an evaluator of its choosing.

g. Any evaluation report procured by the district is the property of the district. The parent may have access to such report, but may not limit or deny the District's access to such report.

h. Regardless of whether the school district obtains an assessment by an evaluator of its selection or relies upon the assessment and/or clearance letter by an evaluator the parent/guardian selects, **the final determination as to the student's readiness to return to school rests with the school district.**

5. Re-Entry to School

Following receipt of the report/school clearance letter, the District shall schedule a meeting with the child's parents/guardian and an appropriate school district designee. The discussion may include the following:

- a. Consideration of CST referral, as appropriate
- b. The need for follow-up treatment, as necessary
- c. The need for additional evaluative information (beyond clearance letter)

If re-entry is deemed appropriate at that time, the District shall schedule a re-entry meeting with the child and his/her parents/guardians and an appropriate school district designee to facilitate the child's re-entry

6. Instruction During Exclusion

Students will be provided with appropriate home or other out of school instruction in accordance with N.J.A.C. 6A:16-10.1 et seq. during any period of exclusion.

Legal References:

N.J.S.A. 18A:17-42

Approved:

Oct 2018