

Procedures for Suicide Prevention

2018-2019

Commerce ISD

GUIDELINES FOR SCHOOL PERSONNEL REGARDING A SUICIDE THREAT

Commerce ISD strives to maintain an environment in which all of their students are safe. School personnel are to exercise professional judgment and make every reasonable effort to ensure the safety of the student.

The Texas Family Code, §35.03 states that licensed or certified physicians, psychologists, counselors, and social workers having reasonable grounds to believe that a child has been sexually, physically, or emotionally abused; is contemplating suicide; or is involved in chemical or drug addiction or dependency can: (i) counsel the child without the consent of the child's parents, managing conservator or guardian; (ii) advise the parents, managing conservator, or guardian of the treatment given to or needed by the child without the consent of the child; and (iii) rely on the written statement of the child containing the grounds on which the child has the capacity to consent to his or her own treatment. However, a physician, psychologist, counselor, or social worker may not counsel a child if consent is prohibited by a court order, unless otherwise allowed by law.

School personnel who have reason to suspect suicidal ideation or intent in a student should immediately contact the school counselor and relay the appropriate information. **If the campus counselor is not available, the campus principal and/or assistant principal should be notified immediately.**

If the student is thought to be suicidal, the counselor will notify the student's assistant principal and principal, as soon as the situation permits and fully inform him/her of the counselor's evaluation of the situation and their recommendations. **The student should remain in a safe supervised place at school until released to the parent(s)/guardian/designated representative.** School counselors should utilize the Suicide Threat Contact List if a suicide threat is made by a student:

School	Counselor	Contact Information
CES	Belinda Miller	903-866-3759
ACW	Darcie Rochester	903-886-3758 ext 503
CMS	Susan Talbert	903-866-3795 ext 735
CHS	Jerry Sturch	903-886-3756 ext 803

Commerce ISD Procedures for Suicide Prevention

PURPOSE

The purpose of this procedure is to protect the health and well-being of all district students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. The district:

- (a) recognizes that physical, behavioral, and emotional health is an integral component of a student's educational outcomes,
- (b) further recognizes that suicide is a leading cause of death among young people,
- (c) has an ethical responsibility to take a proactive approach in preventing deaths by suicide, and
- (d) acknowledges the school's role in providing an environment which is sensitive to individual and societal factors that place youth at greater risk for suicide and one which helps to foster positive youth development.

Toward this end, the procedure is meant to be paired with other policies and procedures supporting the emotional and behavioral health of students more broadly. Specifically, it is meant to be applied in accordance with the district's Child Find obligations.

DEFINITIONS

1. **At risk**

A student who is defined as high risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset or deterioration of a mental health condition. The student may have thought about suicide including potential means of death and may have a plan. In addition, the student may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. This situation would necessitate a referral, as documented in the following procedures.

2. **Mental health**

A state of mental and emotional being that can impact choices and actions that affect wellness. Mental health problems include mental and substance use disorders.

3. **Postvention**

Suicide postvention is a crisis intervention strategy designed to reduce the risk of suicide and suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.

4. **Risk assessment**

An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (e.g., school counselor). This assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts,

presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.

5. Risk factors for suicide

Characteristics or conditions that increase the chance that a person may try to take his or her life. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and or social factors in the individual, family, and environment.

6. Self-harm

Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Can be categorized as either nonsuicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.

7. Suicide

Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. Note: The coroner's or medical examiner's office must first confirm that the death was a suicide before any school official may state this as the cause of death.

8. Suicide attempt

A self-injurious behavior for which there is evidence that the person had at least some intent to kill himself or herself. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or less dangerous suicide attempt.

9. Suicidal behavior

Suicide attempts, intentional injury to self associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.

10. Suicide contagion

The process by which suicidal behavior or a suicide influences an increase in the suicidal behaviors of others. Guilt, identification, and modeling are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides.

11. Suicidal ideation

Thinking about, considering, or planning for self-injurious behavior which may result in death. A desire to be dead without a plan or intent to end one's life is still considered suicidal ideation and should be taken seriously.

PREVENTION

1. **Campus Implementation**

The school board shall designate a school counselor to act as a point of contact in each school for issues relating to suicide prevention and procedure implementation. All staff members shall report students they believe to be at elevated risk for suicide to the campus counselor.

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.

3. **Staff Procedures for Reporting**

When reporting a student who express a threat to harm himself/herself through verbalization, acting out, or in writing, all staff will follow the procedures outlined in Appendix A.

ASSESSMENT and REFERRAL

When a student is identified by a staff person as potentially suicidal, i.e., verbalizes about suicide, presents overt risk factors such as agitation or intoxication, the act of self-harm occurs, or a student self-refers, the student will be seen by a school counselor within 24 hours to assess risk and facilitate referral. If there is no school counselor available, a school nurse or administrator will fill this role until a school counselor can be brought in.

For youth at risk:

1. School staff will continuously supervise the student to ensure their safety.
2. The principal and school counselor will be made aware of the situation as soon as reasonably possible.
3. Staff will ask the student's parent or guardian to sign a consent to release confidential information to discuss the student's health with outside care, if appropriate. (Counselors see Appendix A)

IN-SCHOOL SUICIDE ATTEMPTS

In the case of an in-school suicide attempt, the health and safety of the student is paramount. In these situations:

1. First aid will be rendered until professional medical treatment and/or transportation can be received, following district emergency medical procedures.
2. School staff will supervise the student to ensure their safety.
3. Staff will move all other students out of the immediate area as soon as possible.
4. The school counselor or principal will contact the student's parent or guardian, as described in the Parental Notification and Involvement section.

5. Staff will immediately notify the principal or school counselor regarding in-school suicide attempts.
6. The school will engage as necessary the crisis team to assess whether additional steps should be taken to ensure student safety and well-being.

RE-ENTRY PROCEDURES

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), a school counselor, the principal, 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.

1. A school counselor or other designee will be identified to coordinate with the student, their parent or guardian, and any outside mental health care providers.
2. The parent or guardian will provide documentation from a mental health care provider that the student has undergone examination and that they are no longer a danger to themselves or others.
3. The designated staff person will periodically check in with student to help the student readjust to the school community and address any ongoing concerns.

OUT-OF-SCHOOL SUICIDE ATTEMPTS

If a staff member becomes aware of a suicide attempt by a student that is in progress in an out-of-school location, the staff member will:

1. Call the police and/or emergency medical services, such as 911.
2. Inform the student's parent or guardian.
3. Inform the school counselor and principal.

If the student contacts the staff member and expresses suicidal ideation, the staff member should maintain contact with the student (either in person, online, or on the phone). The staff member should then enlist the assistance of another person to contact the police while maintaining verbal engagement with the student.

PARENTAL NOTIFICATION and INVOLVEMENT

In situations where a student is assessed at risk for suicide or has made a suicide attempt, the student's parent or guardian will be informed as soon as practicable by the principal, designee, or school counselor. If the student has exhibited any kind of suicidal behavior, the parent or guardian should be counseled on "means restriction," limiting the child's access to mechanisms for carrying out a suicide attempt. Staff will also seek parental permission to communicate with outside mental health care providers regarding their child.

Through discussion with the student, the principal or school counselor will assess whether there is further risk of harm due to parent or guardian notification. If the principal, designee, or school counselor believes, in their professional capacity, that contacting the parent or guardian would endanger the health or well-being of the student.

Once parent/guardian contact is made, recommendations/information is given; the parents assume responsibility for getting help for their child. The school will provide a safe, supervised place at school until release is made to the parent(s)/guardian(s) or designated representative. Counselors will provide parents with a list of available mental health resources.

Please note that neither the District nor an employee may refer a student to a specific outside medical professional for care or treatment of a chemical dependency or an emotional or psychological condition. The counselor will give the parent a list of available mental health resources.

POSTVENTION

1. Development and Implementation of an Action Plan

The crisis team will develop an action plan to guide school response following a death by suicide. A meeting of the crisis team to implement the action plan should take place immediately following news of the suicide death. The action plan may include the following steps:

a) **Verify the death.** Staff will confirm the death and determine the cause of death through communication with a coroner's office, local hospital, the student's parent or guardian, or police department. Even when a case is perceived as being an obvious instance of suicide, it should not be labeled as such until after a cause of death ruling has been made. If the cause of death has been confirmed as suicide but the parent or guardian will not permit the cause of death to be disclosed, the school will not share the cause of death but will use the opportunity to discuss suicide prevention with students.

b) **Assess the situation.** The crisis team will meet to prepare the postvention response, to consider how severely the death is likely to affect other students and to determine which students are most likely to be affected. The crisis team will also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide. If the death occurred during a school vacation, the need for or scale of postvention activities may be reduced.

c) **Share information.** Before the death is officially classified as a suicide by the coroner's office, the death can and should be reported to staff, students, and parents/guardians with an acknowledgement that its cause is unknown. Inform the faculty that a sudden death has occurred, preferably in a staff meeting. The counselors and administrators will write a statement for staff members to share with students. The statement should include the basic facts of the death and known funeral arrangements (without providing details of the suicide method), recognition of the sorrow the news will cause, and information about the resources available to help students cope with their

grief. Public address system announcements and school-wide assemblies should be avoided. The crisis team with principal approval may prepare a letter (with the input and permission from the student's parent or guardian) to send home with students that includes facts about the death, information about what the school is doing to support students, the warning signs of suicidal behavior, and a list of resources available.

d) **Avoid suicide contagion.** It should be explained in the staff meeting described above that one purpose of trying to identify and give services to other high risk students is to prevent another death. The crisis team will work with teachers to identify students who are most likely to be significantly affected by the death. In the staff meeting, the crisis team will review suicide warning signs and procedures for reporting students who generate concern.

e) **Initiate support services.** Students identified as being more likely to be affected by the death will be assessed by a school counselor to determine the level of support needed. The crisis team will coordinate support services for students and staff in need of individual and small group counseling as needed.

f) **Develop memorial plans.** The school should not create on-campus physical memorials (e.g. photos, flowers), funeral services, or fly the flag at half-mast because it may sensationalize the death and encourage suicide contagion. School should not be canceled for the funeral. Any school-based memorials (e.g., small gatherings) will include a focus on how to prevent future suicides and prevention resources available.

2. External Communication The superintendent or designee will be the sole media spokesperson. Staff will refer all inquiries from the media directly to the spokesperson. The spokesperson will:

- a) Prepare a statement for the media including the facts of the death, postvention plans, and available resources. The statement will not include confidential information, speculation about victim motivation, means of suicide, or personal family information.
- b) Answer all media inquiries. If a suicide is to be reported by news media, the spokesperson should encourage reporters not to make it a front-page story, not to use pictures of the suicide victim, not to use the word suicide in the caption of the story, not to describe the method of suicide, and not to use the phrase "suicide epidemic" – as this may elevate the risk of suicide contagion. They should also be encouraged not to link bullying to suicide and not to speculate about the reason for suicide. Media should be asked to offer the community information on suicide risk factors, warning signs, and resources available.

SUICIDE AWARENESS

Protecting the health and well-being of all students is of utmost importance to the school district. If you are concerned about your child, please access <http://www.texasuicideprevention.org> or contact the school counselor for more information related to suicide prevention services available in your area.

1. Students will learn about recognizing and responding to warning signs of suicide in friends, using coping skills, using support systems, and seeking help for themselves and friends. This will occur in health class.
2. Each school will designate the campus counselor to serve as a point of contact for students in crisis and to refer students to appropriate resources.
3. When a student is identified as being at risk, they will be assessed by a school counselor who will work with the student and help connect them to appropriate local resources.
4. Students will have access to national resources which they can contact for additional support, such as:
 - The National Suicide Prevention Lifeline – 1.800.273.8255 (TALK), www.suicidepreventionlifeline.org
 - The Trevor Lifeline – 1.866.488.7386, www.thetrevorproject.org
5. All students will be expected to help create a school culture of respect and support in which students feel comfortable seeking help for themselves or friends. Students are encouraged to tell any staff member if they, or a friend, are feeling suicidal or in need of help.
6. Confidentiality or privacy concerns are secondary to seeking help for students in crisis.

Appendix A

Procedural Steps

STEPS TO BE TAKEN BY THE COUNSELOR WHEN A SUICIDE THREAT IS REPORTED

1. The counselor will determine whether a referral for assessment is needed by completing an initial screening for suicide threat (include written documentation, i.e. observations, teacher/student reports, etc.)
2. Should it be determined that the threat may not indicate a need for an additional immediate mental health evaluation or that no further action be taken, the counselor shall contact the parent/guardian and inform them of the threat and current situation.
3. Should it be determined that an additional, immediate mental health evaluation may be indicated, the counselor or principal will contact the student's parent(s)/guardian(s) and inform them of the threat and request them to come to the school in person.
4. Once parent/guardian contact is made, recommendations/information is given; **the parents assume responsibility for getting help for their child**. The school will provide a safe, supervised place at school until release is made to the parent(s)/guardian(s) or designated representative. Counselors will provide parents with a list of available mental health resources. (Give parents a copy of the initial screening and have them sign a release of information form.)
5. Counselor will have parent complete the Acknowledgement of Counselor Screening for Threat of Self-Harm, and the student complete a No-Harm contract.
6. If parent refuses to pick up student or if parent cannot be contacted, a call should be placed to CISD Police and CPS (procedures and hotline number included in packet). The campus counselor will remain with the student until the student is released to the parent/guardian or other authority representative (CPS, CISD Police, etc.)
7. Please note that neither the District nor an employee may refer a student to a specific outside medical professional for care or treatment of a chemical dependency or an emotional or psychological condition. The counselor will give the parent a list of available mental health resources.
8. The counselor will **follow up** through contact with the parent; and the student.
9. Counselor will debrief with campus administration after each incident.
10. Counselors should maintain Documentation of Supervision log on the student.

11. Upon student's return to campus, counselors will make contact with teachers in regard to monitoring and documenting student behaviors while maintaining professional confidentiality.
12. Documentation should be maintained separately from the cumulative folders. Documentation will be kept by the counselor. Prior to the first day of the new school year, student information should be reviewed and documentation should be placed in the folder stating whether or not the student is still at risk of committing suicide. This information should be passed to the counselor at the next campus as the student proceeds through the district.
13. CISD Counselors will respond to suicide threats according to counselor assignments. If there is not a campus counselor available, contact another campus counselor. If no counselors are available, contact your campus administrator.
14. If warranted, a Student Intervention Team (SIT) meeting may be called to address emotional needs.

The attending professional is required to act in "good faith" to avoid a suicide. Professionals are not liable for civil damages when treating suicidal youths unless they engage in willful misconduct or gross negligence (Texas Family Code §32.04).

The professional's responsibility is to keep the student safe until he/she is discharged to the parents with plans for evaluation/treatment. Contacts with parents and hospitals and actions taken should be documented and retained in the counselor's files. Follow-up with the student, parents, and hospitals should be conducted as long as determined necessary to ensure the safety of the student, particularly while the student is determined or suspected to remain at risk, and all follow-up actions should be appropriately documented.

CONFIDENTIALITY OF INFORMATION

Teachers and staff members should be reminded that they are not to discuss or reveal any information regarding the student that will violate the Family Education Rights and Privacy Act (FERPA). If they do, consequences may follow in regards to their employment status.

FOLLOW UP TO EXPRESSION OF SUICIDE THREATS

School counselors should periodically follow-up with the students who have expressed suicidal thoughts/threats. Counselors should do the following:

- Ask the student if they are still having suicidal thoughts.
- Document response of student, date, and place in counselor's files with initial screening document.
- If student expresses active thoughts of suicide, intervene immediately.
- All documentation should be filed in the counselor's files and kept with the campus counselor. Information will be forwarded to the receiving campus at the start of the school year.

If a parent/guardian contacts a campus to report that a student has expressed suicidal thoughts at home and the student has not expressed suicidal thoughts at school, the counselor should immediately complete an initial screening for suicide threat with the student and complete additional steps as outlined in this document.

If a child is waiting for a professional assessment, keep them under close supervision at school. All teachers are to be notified and they are not to be left alone at any time during the school day.

PROCEDURES FOR SCHOOL EMPLOYEES TO REPORT SUICIDE THREATS

- 1) If a student expresses a threat to harm him or herself through verbalizing it (to staff students, or others) or by acting out a behavior, the school district staff member should immediately report the incident to the school counselor.
- 2) All reports should be made to the campus counselor **immediately**, by phone or in person.
- 3) If the campus counselor is unavailable, a report should be made to the campus principal or assistant principal **immediately**, by phone or in person.
- 4) DO NOT REPORT A SUICIDE THREAT VIA EMAIL TO THE COUNSELOR, PRINCIPAL, OR ASSISTANT PRINCIPAL.

Appendix B
Risk Assessment Tool

Initial Risk Assessment Tool (Counselor Use Only)

Step One: Verbalization of Intent

ASK: When you say _____, do you mean you are thinking of committing suicide? Circle one: **YES NO**

Level of Concern: Low _____ Moderate _____ High _____
Indirect (Everyone would be better off without me)

Have you thought about suicide in the past 2 months? Circle one: **YES NO**

If 'NO' to both

- Notify parent of your conversation with the student.
- Continue counseling screening with student.
- Stop here on the Initial Risk Assessment Tool.

If 'YES' to either question, proceed to Step Two:

Step Two: Method

ASK: Have you thought about how you would hurt yourself? Circle one: **YES NO**

Level of Concern: Unplanned _____ Vague _____ Specific _____

If 'YES' What is the method?

If 'NO',

- Notify parent of your conversation with the student. Ask parent to come to the school to talk with you and the student.

If 'YES', Proceed to Step Three

Step Three: Plan

ASK: How do you plan to hurt yourself?

What is the plan?

Level of Concern: Unplanned _____ Vague _____ Specific _____

ASK 'When': Have you thought about when this would happen? **YES** **NO**

Level of Concern: **Unplanned** _____ **Vague** _____ **Specific** _____

ASK 'Where': Have you thought about where this might happen?

Describe:

Alcohol/Drug use _____ **none** _____ **sporadic** _____ **chronic**

Recent loss _____ **none** _____ **yes**

Family history of suicide _____ **none** _____ **yes**

**Recent attempt/completion
by significant other** _____ **none** _____ **yes**

If 'yes'- Describe:

Part 2

Preoccupied with death/dying _____ **no** _____ **recent** _____ **ongoing**

Expression of hopelessness _____ **no** _____ **recent** _____ **ongoing**

Expression of guilt/shame _____ **no** _____ **recent** _____ **ongoing**

Fear of losing control _____ **no** _____ **recent** _____ **ongoing**

**Additional
comments:** _____

-

Signature/position of staff completing assessment

Date

Appendix C

Case Notes, Parent Forms, Additional Resources

**Commerce Independent School District
Acknowledgement of Counselor Screening for Threat of Self-Harm**

I have been contacted by _____ and understand that my child has made statements about self-harm. I have been given information about local mental health resources, along with a copy of the suicide risk assessment completed for my child, _____. I now assume responsibility for getting help for my child. I also understand information necessary to protect my child or other students/staff will be released to school district personnel on a need-to-know basis.

Signature of Parent/Guardian

Date

School Campus

Current telephone number:

_____(Work)

_____(Home)

_____(Cell)

_____(Email)

(Original-Counselor Copy-Parent)

NO HARM CONTRACT

I, _____, agree to **not** harm myself or others in any way. I agree to **not** attempt to kill myself or others.

I agree to care for myself, to eat well, and get enough sleep each night.

I agree to talk to one or more of these adults if I start to feel sad, mad, or if I think I might hurt myself or others.

Relationship/Name

Phone #

Relationship/Name

Phone #

Relationship/Name

Phone #

Or, if I cannot contact these individuals, I will immediately call the **SUICIDE CRISIS HOTLINE at 972-233-2233 or 1-800-273-8255.**

I agree that these conditions are important, worth doing, and that this is a contract I am willing to make and keep. By word and honor, I intend to keep this contract.

Signed: _____

Date: _____

Signed: _____

Date: _____

Witnessed By: _____

Date: _____

Documentation of Supervision

Date: _____

Student: _____ D.O.B.: ____-____-____

Initial concern of: _____ brought

- To _____ (Counselor)
- By _____ at ____:____ (Time)

1. Initial screening completed at ____:____
2. Parent was contacted at ____:____ by _____
 - a. Name of parent/guardian contacted _____
 - b. Method of contact: Phone _____ In Person _____
 - c. Suggestion(s) made: _____

3. Does the parent/guardian have a preferred medical professional? ___ Yes ___ No

SUPERVISION OF STUDENT

Signature	Position	Time Began	End Time
_____	_____	____:____	____:____
_____	_____	____:____	____:____
_____	_____	____:____	____:____

COPY OF THIS DOCUMENT GIVEN TO:

Name of Person	Position	Date Given
_____	_____	_____
_____	_____	_____

Follow Up Information for Counselor:

4. Was a consult with other mental health professional(s) completed?
 - a. ____ Yes ____ No
 - b. If yes, when? _____
 - c. Name of person consulted: _____

Results of consultation were:

Community Mental Health Resources

Community Counseling and Psychology Clinic

Texas A&M University-Commerce

Binion Hall, Room 101

903-886-5660

Mental Health and Substance Abuse services

Adapt Community Solutions

1-866-260-8000

2300 White Ave. #104

McKinney, TX

24 hr emergency mental health evaluation for children and adults

Suicide Crisis Hotline

972-233-2233

1-800-273-8255

immediate suicide crisis prevention

National Suicide Prevention Lifeline

800-273-TALK(8255)

Immediate suicide crisis prevention

Lakes Regional Mental Health

903-455-3987

903-455-5770

4200 Stuart St.

4804 Wesley St.

Greenville, TX

Greenville, TX

Mental Health and Substance Abuse services.

Glen Oaks Hospital

1-800-443-1109

903-454-6000

301 Division St.

Greenville, TX

Mental Health and Chemical Dependency

Providence of Texas

903-455-9090

800-297-7986

Child & adolescent case management and counseling, ages 4-17 and their parents.

Grace Counseling Service

903-453-7530

4004 Medical Parkway

Greenville, TX

Abuse and crisis counseling services for women and children

Duckworth & Associates Counseling Services

903-484-4098

Counseling services

Community Counseling Psychology Clinic

903-634-5673
2911 Terrell Road, Ste. C
Greenville, TX
sliding scale; need to call

Crisis Center of Northeast Texas

903-454-9999
3005 Joe Ramsey
Greenville, TX
Victims of sexual assault and child abuse

Texas Youth Hotline

800-989-6884
Crisis counseling for teens

Timberlawn

214-381-7181
4600 Samuell Blvd
Dallas, TX
Comprehensive care for children, adolescents, and adults struggling with mental illness

Teen Contact

Crisis Help Line: 972-233-2233
Teen Help Line: 972-233-8336
www.contactcrisisline.org

Celebrate Recovery

903-456-8523
% Ridgecrest Baptist Church
6801 Wesley St.
Greenville, TX
large/small group program that will help with addictions including drugs, sex, food, self-harm or any other type of behavior that prevents a person from living.