

Prevention, Response, and Postvention Plan:

Suicide, Self-Injury, Violence

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Suicide:

Prevention, Response, Postvention

Suicide: Prevention

- SOS: Signs of Suicide Prevention Program

(<http://www.mentalhealthscreening.org/highschool/sos/default.aspx>)

- 90-Minute SOS Training for Counselors/Nurses/Administrators
 - “Training Trusted Adults” DVD viewing for ALL school staff, including janitors, cafeteria workers, bus drivers, aides, and coaches
 - “Training Trusted Adults” DVD - have a parent night to talk about suicide, inform parents, and have resources available, including the Brief Screen for Adolescent Depression – Parent Version, Pamphlets and Crisis Hotline Cards
 - Watch “SOS Friends for Life: Preventing Teen Suicide” DVD in class (instead of auditorium), which allows for discussion, questions following video. A counselor will try to be available during this time to assist teachers. Crisis Hotline Cards & Pamphlets will be handed out to every student
- Universal Screening
 - All students will complete: Brief Screen for Adolescent Depression (BSAD) which is only 7 questions
 - Optional – Brief Screen for Adolescent Depression – Parent Version

The universal prevention strategies for suicide will focus on providing information to both students and school staff members. All faculty & staff will be trained using the “Training Trusted Adults” DVD and written information will be provided, as well. Parents will be invited to the school for a parent information session, including watching the training dvd, written information available, and the Brief screen for Adolescent Depression – Parent Version. Students will be asked to complete the BSAD before the information session in classes. Students will watch “SOS Friends for Life” DVD. Counselors and teachers will be available to answer questions/concerns following the video. Crisis hotline cards and written information will be handed out to every student. Students will also be reminded of the counselors’ role: available to discuss any questions or concerns in a confidential and safe space at school.

For Teachers:

RECOGNIZING POSSIBLE SUICIDAL BEHAVIOR IN THE CLASSROOM

The signs and symptoms of depression and suicidal behavior in adolescents are often observable behaviors first noticed by school personnel. The following lists common changes in classroom behavior, which may reflect serious depression and/or suicidal behavior.

- ❑ **ABRUPT CHANGES IN ATTENDANCE**
Remain alert to excessive absenteeism in a student with a good attendance record, particularly when the change is sudden.
- ❑ **DWINDLING ACADEMIC PERFORMANCE**
Question any unexpected and sudden decreases in school performance. Inability to concentrate is frequently found in depressed adolescents, leading to poor school performance.
- ❑ **SUDDEN FAILURE TO COMPLETE ASSIGNMENTS**
This may be due to a variety of factors. However, this is often seen in depressed and suicidal youngsters.
- ❑ **LACK OF INTEREST IN ACTIVITIES AND SURROUNDINGS**
It is difficult to maintain surveillance over so many adolescents. However, one of the first signs of a potentially suicidal adolescent is general withdrawal, disengagement and apathy.
- ❑ **CHANGED RELATIONSHIPS WITH FRIENDS AND CLASSMATES**
Additional evidence of personal despair may be abrupt changes in friendships and social relationships.
- ❑ **INCREASED IRRITABILITY, MOODINESS OR AGGRESSIVENESS**
Depressed, stressed and potentially suicidal individuals demonstrate wide mood swings and unexpected displays of emotion. Try to stay alert to times when a student's reactions seem excessive.
- ❑ **WITHDRAWAL AND DISPLAYS OF SADNESS**
Teachers sometimes give up on chronic, non-participating students who do not cause problems in the classroom. Be sure that these students are, in fact, non-participants and not potentially suicidal.
- ❑ **DEATH AND SUICIDAL THEMES EVIDENT IN READING SELECTIONS AND WRITTEN ESSAYS**
The selection of material centering on ideas about death or dying, the uselessness or worthlessness of life, or matters relating to persons who have committed suicide should be viewed as warning signs for teachers - particularly if this occurs on more than one occasion.

From: *Suicide Prevention, Intervention and Postvention*. (n.d.). Retrieved April 18, 2013, from http://www.sdcoe.net/ssp/support/pdf/suicide_guide.pdf

VERBAL WARNINGS

(for parents, teachers, peers)

If someone you know makes statements like these, he or she could be thinking about suicide.

“I’ve decided to kill myself.”

“I’ve had it; I’m through.”

“I wish I were dead.”

“I’ve lived long enough.”

“I hate my life.”

“I hate everyone and everything.”

“The only way out is death.”

“I just can’t go on any longer.”

“You won’t be seeing me around.”

“Do you believe in reincarnation? I’d like to come back someday.”

“If I don’t see you again, thanks for everything.”

“I’m getting out; I’m tired of life.”

“I’m going to blow my brains out with my dad’s gun.”

“The world would be better off without me.”

“Sometimes I just want it to be over with.”

Most suicidal teens either directly or indirectly tell others that they plan to kill themselves. Direct threats should be taken seriously, even if they sound overly dramatic. Few people make serious statements about killing themselves just to be funny. Indirect threats can be difficult to spot because they slip into casual conversation and sound a lot like something you might say when you’re feeling embarrassed, tired, and angry or stressed out.

Suicide: Response

- Selective Screening:
 - All students whose scores showed the presence of symptoms associated with suicide or depression will be called into the counselors' office. These students will be seen in order of greatest risk to those indicating one symptom
 - Counselors will use the IS PATH WARM? assessment as a springboard for discussion and exploration of depression/suicide with student
 - It is important to identify risk factors when working with students individually:
 - Biological risk factors – family history of suicide
 - Emotional risk factors – current/past psychiatric diagnoses; hopelessness; impulsivity; feelings of shame/embarrassment
 - Cognitive risk factors – poor coping skills & problem-solving skills; perfectionist tendencies
 - Behavioral risk factors – impulsivity; substance abuse; reckless behavior; high-risk behaviors (unprotected sex, street racing, gambling, choking game participant, etc.)
 - Environmental risk factors - feelings of shame/embarrassment; isolation; withdrawal; history of abuse; dysfunction in family; lower SES; rural area
 - Trigger conditions – personal or environmental stressors (e.g. difficult time of transition, significant social embarrassment/failure, bullying, social isolation, substance abuse, suicide by peer/celebrity, anniversary date of significant trauma/painful life event, unwanted pregnancy, conflict over sexual identity)

- Crisis Intervention Counseling:
 - 7 Step Suicide Intervention Model:
 - Step 1: Assess Lethality
 - Step 2: Establish Rapport
 - Step 3: Listen to the Story
 - Step 4: Manage the Feelings
 - Step 5: Explore Alternatives
 - What is “Plan B?”
 - Make Hope Tangible
 - Step 6: Use Behavioral Strategies
 - Safety Plan
 - My Plan for Choosing Life
 - Step 7: Follow-Up

Information from: Juhnke, G. A., Granello, D. H., & Granello, P. F. (2010). *Suicide, self-injury, and violence in the schools: Assessment, prevention, and intervention strategies*. Hoboken, NJ: Wiley.

Interventions for Suicidal or Self-Harm Thoughts

Accommodations

- **Assign the student to work in cooperative learning groups**

Example:

Have the student create a plan for completing all classroom assignments and homework with learning groups and a homework partner (For example, book report choices could include working with two other students to create a poster describing the book; or working with three other students to create a game show highlighting the book).

Modifications

- **Help the student establish personal goals for the future**

Example:

Ask the student to define five goals for the next five years focusing on career goals, family relationships, and personal aspirations. Record these in a personal journal.

- **Assign the student to attend at least two school-sponsored functions per month with a friend**

Example:

The student will attend one band concert and football game each month and will use a personal journal to plan and review the events.

Specialized Instruction

- **Have the student clarify self-harm vs. suicidal thoughts and devise safety protocols for each**

Example:

Devise a plan to address thoughts of dying and also to address self-harmful behaviors such as cutting.

- **Help the student examine the impact of his/her suicidal behaviors on important people in his/her life**

Example:

Ask the student to make a list of significant others in his/her life, rate the degree of support available, closeness felt or influence that person has, and examine how suicidal behaviors affect each of these significant others.

- **Identify appropriate methods for expressing feelings of hopelessness or self-destruction**

Example:

Encourage the student to draw pictures, write songs or poems, or use sculpting to depict feelings of sadness, anger or despair.

Behavioral Planning

- **Devise a safety plan for crisis situations**
- **Establish a hierarchy of people for the student and staff to contact if the student has suicidal thoughts**

Example:

Specify multiple staff and treatment providers, and the order or circumstances for contacting them, when the student is feeling or appearing unsafe.

- **Develop a suicide prevention plan with the student and parent(s) to be used at home**

Example:

Devise a routine to minimize suicide risk. This may include the student taking a bath or shower, playing soft music, reading a particular story, repeating a positive self-talk phrase, or talking with a trusted adult.

From: School-Based Interventions - accommodations, modifications, instructions, behavioral planning. (n.d.). *School-Based Interventions - Accommodations, Modifications, Instructions, behavioral Planning*. Retrieved April 18, 2013, from http://www2.massgeneral.org/schoolpsychiatry/inter_suicidality_thoughts.asp

IS PATH WARM?

Suicide Assessment Interview Guide

Notes to user: This acronym should be used as a reminder of subject areas to cover when working with an at-risk person. Use this as a guide to explore symptoms of depression/suicide. Know that this is not a definitive suicide risk assessment

- Ideation** about suicide, including talking about or writing about suicide or death
- Substance** (alcohol or drug) use, particularly increases in use
- Purposelessness**, no reason for living; no sense of meaning in life
- Anxiety**, agitation, inability to sleep (or sleeping all the time)
- Trapped**, no way out of the current situation, no other choices between living in extreme psychological pain or death
- Hopelessness & Helplessness**, including negative view of self, others, and the future
- Withdrawal** from friends, family, and society or activities that used to bring pleasure
- Anger**, rage, uncontrolled fury, seeking revenge
- Reckless** behaviors, engaging in risky activities, seemingly without thinking
- Mood** changes that are dramatic and erratic

From: Juhnke, Gerald A., Darcy Haag. Granello, and Paul F. Granello. "Working with Suicidal Students in Schools." *Suicide, Self-injury, and Violence in the Schools: Assessment, Prevention, and Intervention Strategies*. Hoboken, NJ: Wiley, 2010. 73-75. Print.

7 Step Suicide Intervention Model

Note to user: This model should be used only as a guide. The individual needs of each person may vary significantly. This model should not be used in isolation. Consultation with parents, school counselors, and community mental health professionals is highly suggested.

- **Assess Lethality:** What is the student's suicide plan? How in depth is the plan? How often does she/he consider or think about suicide? How long (duration) does he/she think about suicide? What means is he/she considering/how lethal is it (e.g. using a gun is highly lethal)?
- **Establish Rapport:** The quality of the relationship matters. Be calm and reassure the student that it is okay to talk about suicidal thoughts. Normalize the topic of suicide but NOT suicidal behaviors. Be genuine. Acknowledge the student's willingness to talk. Downspoke (declarative statements). Speak at a slow pace.
- **Listen to the Story:** Give the student LUV – listening, understanding and validation. Do not minimize her/his story or rush the telling of the story – give time & space.
- **Manage the Feelings:** Let the student express emotions – crying, anger, and fear are okay. Let him/her know that she/he is in a safe space to express these emotions without escalating the emotions.
- **Explore Alternatives:** Try to help the student explore reasons for living. Come up with a Plan B (suicide is plan A, what is plan B or C?) using problem solving strategies. Make hope possible – be a “holder of hope” for your student.
 - *Problem Solving Strategies:*
 - Problem Identification
 - Identification of alternative solutions/strategies
 - Evaluation of the likely outcome of the alternative strategies
 - Use a specific problem-solving technique and create a plan
 - Implement the strategy & evaluate its effectiveness
- **Use Behavioral Strategies:** Create a safety plan – This is ESSENTIAL. This gives students specific steps to take when feeling suicidal. Use a short-term positive action plan or plan for choosing life.
- **Follow-Up:** Maintain contact with the student and parents. Once referrals are given, make sure the appointments are attended by student/family.

From: Juhnke, Gerald A., Darcy Haag. Granello, and Paul F. Granello. "Working with Suicidal Students in Schools." *Suicide, Self-injury, and Violence in the Schools: Assessment, Prevention, and Intervention Strategies*. Hoboken, NJ: Wiley, 2010. 73-75. Print.

My Plan for Choosing Life

I, _____, am choosing life by getting help for my problems, taking better care of myself, and using my hope kit. If I am having thoughts of harming myself or committing suicide, I will get help immediately by:

Talking to a life-affirming friend, such as

Contacting emergency services at

Making a counseling appointment by calling

Making a psychiatric appointment by calling

I will also take better care of myself by:

Thinking about

Handling my feelings by

Doing something positive, such as

My hope kit includes these reminders of what gives me a sense of hope about my life:

Borrowed from: Echterling, L. G., Presbury, J. H., & McKee, J. E. (2005). Figure 7-6: Plan for choosing life. In *Crisis intervention: Promoting resilience and resolution in troubled times* (p. 158). Upper Saddle River, NJ: Pearson/Merrill Prentice Hall.

Suicide: Postvention

Goals of Postvention Response:

- Reduce the risk of contagion:
 - Do not glorify the student or death
 - Do not announce the student death over the intercom/video announcements
 - Do not hold in-school memorials
 - Do not cancel class/school
 - Do not say “suicide ended the student’s pain”
 - Minimize the discussion of details of death
- Provide support and a space to express grief
 - Access to counseling – individual and group – must be available
 - Identify students in the school who may be significantly impacted by the suicide and reach out to them (siblings, significant other, circle of friends, etc.).
- Address social stigma
 - Remind students, faculty/staff, families, community that it is okay to talk about mental health, mental illness, and suicide
 - Provide information to students, staff, and family on coping strategies & normal reactions to a suicide
- Reduce rumors and distribute the facts
 - Distribute information in small groups, such as homeroom
 - Send home information to parents
 - Work with the media to make sure they are addressing the death in a sensitive and factual manner that does not sensationalize the suicide or student

Postvention Checklist

- Verify the death has occurred
 - Do NOT continue with checklist until the death has been verified by law enforcement
- Inform the school superintendent & administrators of schools where siblings attend
- Contact the family of the deceased student to express condolences
 - Does the family want the cause of death to be revealed?
- Contact the school's Crisis Team
 - Use phone tree to contact team
 - Crisis team members follow through on assigned duties for their committee (e.g. medial liaison, security, crisis response coordinator, family liaison)
 - Review any special considerations for the particular situation
- Schedule a meeting with ALL faculty/staff (i.e. teachers, administrators, cafeteria workers, bus drivers, secretaries, substitutes, custodians) as soon as possible (ideally before the school day begins)
 - Provide the facts known
 - Inform staff of what steps have/will be taken
 - Protocol for who, when, and how students will be told about death
 - Provide helpful information – possible reactions, monitoring students
 - Remind staff about suicide contagion and how to reduce that risk
 - Remind not to talk to the media and give the name/contact information of the media spokesperson
- Respond to the Media
 - Announce how the school will interact with media
 - Reinforce media guidelines that are in place through crisis plan
- Activate Crisis Response Services
 - Community support services
 - Mental health agencies
 - Additional school counselors
- Identify/Refer students who may be at high risk (Those physically and emotionally close to deceased (friends, team members, siblings, significant other, etc.); Those who were at-risk for suicide before death)
 - Provide additional survivor support & education about suicide bereavement
 - Follow up with these students (and families, if needed) for as long as needed
 - Provide suicide hotline numbers
 - Remember to provide extra support through special events that may be particularly difficult (e.g. anniversaries, holidays, special events)

- Announce death to students through the crisis plan protocol
 - Ideally all students are told at the SAME time but in small groups by adults they know/trust
 - Allow time for initial reactions and discussion
 - Remember to use phrases like “a poor choice” rather than “a way to end pain”
 - Use phrases like “suicide death” or “completed suicide” instead of “committed” or “successful” suicide
 - Encourage students to stay AT school and maintain regular routine

- Monitor student attendance
 - Encourage maintaining a regular routine
 - Track students’ attendance carefully and only allow students to leave campus with parental permission
 - If safety is a concern, and parents cannot be contacted, call the police

- Provide written information to parents/guardians/families as soon as possible
 - Information should include:
 - How the school is responding
 - Resources/information on youth suicide prevention
 - Local referrals
 - School contact person/information
 - Dates/times of parent meeting (if possible)
 - Allow parents to ask questions
 - Time to give parents information on ways to help their child(ren) during this time

- Crisis team should be available in deceased student’s class all day
 - Observe reactions & provide support
 - Follow up with students/class, if needed

- Establish support stations/counseling rooms for students/staff
 - Publicize availability when classroom announcement is made
 - Document who attends – including time – and follow up/monitor student, as needed

- Faculty & staff are visible in hallways, lunch, before & after school to provide calming presence & monitor students

- Give prepared script to secretaries, as well as answers to common questions, to help with telephone calls

- Conduct daily debriefing with faculty/staff during initial crisis & postvention period

- Reschedule any immediate stressful events, such as tests, but try to maintain school schedule/routines

- Provide funeral information to students, staff, families
 - See if family is willing to have services AFTER school & do NOT use school property for service
 - Announce school attendance policy about attending funeral. Students may attend/leave school with parental permission only
- Offer on-going grief counseling for students/staff
- Follow up with at-risk students as long as needed
 - Have outside referrals available
- Monitor memorial activities/events
 - Remember ALL students deaths must be treated the same so follow prearranged crisis protocol
- Follow prearranged protocol for returning student's personal items to family & how diplomas, athletic letters, or other awards will be given
- Provide support for the crisis response team and allow time for debriefing
- Document activities as dictated by school protocols & update suicide postvention protocol for the future

References:

Components of School Based Suicide Postvention. (n.d.). *Mental Health America of Wisconsin*. Retrieved April 18, 2013, from <http://www.mhawisconsin.org/schoolbasedmodel.aspx>

Juhnke, G. A., Granello, D. H., & Granello, P. F. (2010). *Suicide, self-injury, and violence in the schools: Assessment, prevention, and intervention strategies*. Hoboken, NJ: Wiley.

Maine Youth Suicide Prevention Program. (2009). Retrieved April 18, 2013, from <http://www.maine.gov/suicide/docs/Guidelines%2010-2009--w%20discl.pdf>

Sample
Letter to Parents

Date: _____

Dear parents of _____ students,

The death of a child is a sad and tragic event, and the sudden death of our student, _____ (name), has touched both students and faculty here at _____ (school name).

Based on the information provided to us by the medical examiner and the family, _____ (name of student) died by suicide on _____ (date). The funeral arrangements are as follows: _____. If your child wants to attend the funeral, parents/guardians are encouraged to attend the funeral, as well.

Since the news of the death, the school has implemented a crisis response plan to help the students and staff respond to this unfortunate death. In conjunction with colleagues from _____ (community agencies), the school continues to provide/has provided professionally staffed support stations available to all students. In addition, students continue to meet with staff from our counseling and social work departments.

In the days and weeks ahead, students may have questions and concerns relating to the death and are going to require your support at home and our continued support here at school as they work through their feelings and grief. Students will have varied reactions to the death of a peer. Any reaction is normal in the grief process and can range from withdrawal, to crying and anger. I encourage you to openly discuss with your child their reactions and feelings regarding the death of _____ (name of student).

If you feel your child is having difficulty and may benefit from additional support, please feel free to contact _____, the Crisis Team Leader, your child's guidance counselor, or myself so the school can be aware of the needs of your child. We are also supported by local mental health professionals and can provide you with referrals as needed. In addition, if you are interested in attending a parent/caretaker meeting, please contact _____ at _____ (phone) for further information and registration.

As the school community continues to cope with the loss of _____ (name), we invite your participation in the healing process. Please feel free to contact the school at any time with questions or concerns.

Sincerely,

School Principal

References:

Coping With The Sudden Death Of A Student. (n.d.). Retrieved April 19, 2013, from <http://www.schoolcounselor.org/files/crisisbook.pdf>

Preparing for and Responding to a Death by Suicide. (n.d.). Retrieved April 19, 2013, from <http://theguide.fmhi.usf.edu/pdf/2012PDFs/CL-7b.pdf>

TIPS FOR PARENTS

To Help Your Child Deal with a Violent Incident or Death on a School Campus

Our attitude sets the atmosphere to deal with the crisis. Be calm and reassuring. You and/or your child may:

- Be fearful to return to school
- Feel school is unsafe
- Have a different or less trustful view of students
- Experience symptoms of Post Traumatic Stress Syndrome (i.e. Nightmares, confusion, flashback, unprovoked anger, outbursts, sleeplessness, irritability)

In order to help your child:

- Emphasize that in spite of this occurrence schools are generally very safe places
- Awareness levels are high; therefore, the level of safety is increased
- Prevention efforts have also been increased

At home provide a safe, supportive environment for our children.

- Allow and encourage your children to express how they feel
- Be a good listener (allow the child to do most of the talking)
- Be attentive
- Acknowledge feelings
- Remind them that we all will heal with time
- Provide supportive feedback and reassurance
- Reinforce that schools are safe

How to help your child deal with the extensive media coverage:

For Elementary Age Children

- Exclude exposure to violence and drama (i.e. dead corpses, bloody bodies, police with guns)
- Watch, along with your child, students involved in problem-solving efforts that are on T.V. (i.e. kids supporting each other, telling an adult when something is wrong)
- Emphasize students working together toward solutions
- Discuss solutions with your child

For Middle School and High School Age Youth

- Watch media coverage with them
- Ask questions such as:
 1. What are your thoughts and feelings about what you have seen?
 2. Why do you think a youth did that?
 3. Have you ever heard or seen another student say they were going to do something like that?
 4. If you do see it, what should you do?
 - Would this work at your school? Why?
 - What other things would you suggest?
 - What would you be willing to do?

If your child talks about harassment, bullying, or being picked on, ask the following questions:

- How do you think Bullying/Harassment played a part in this?
- Have you been bullied/harassed/picked on?
- How did you feel when that happened?
- How did you handle it?
- What are ways to handle or cope with bullying?
- How can you help others who are bullied and harassed?

Sample

SUICIDE RISK Reporting FORM

(Confidential)

Person Completing Form: _____ Title: _____

Name of Student: _____ DOB: _____ Sex: _____

Address: _____ Home Phone: _____

School: _____ School Phone: _____

Grade: _____

Presenting Problem: *What prompted the concern? What did the student say about suicide? What did the student do? Describe the student's behavior. What are the current stressors? Did the student indicate a suicide plan?*

Action Taken: _____

Parent Contacted: _____ Date: _____ Time: _____

Parent Response: _____

Prior Suicidal Behavior:

Has student talked about committing suicide before? Yes _____ No _____ Unknown _____

If yes, when? _____ Describe situation and action taken: _____

Mental Health or Alcohol & Other Drug History (depression, mood swings, etc.): _____

Recommendations for Follow-up: _____ Completion Date: _____

From: *Suicide Prevention, Intervention and Postvention*. (n.d.). Retrieved April 18, 2013, from http://www.sdcoe.net/ssp/support/pdf/suicide_guide.pdf

Suicide: Timeline of Implementation

1st Year:

- **August:** Review and evaluate current crisis plan.
- **September:** Meet with current crisis team and evaluate plan as a group. If there is not a team and/or plan in place, recruit members. Members can include: administrators, school counselors, community mental health counselors, school nurse, community health personnel (doctors, nurses, EMTs), police, social services, media contacts, parents, youth, and other interested community members. Have copies available of the current crisis plan for members, as well as items that should be revised/added to plan. Break into committees to work on areas that need to be revised/more information. *One committee should be an on-site school crisis team that would meet immediately if there is a crisis on campus.*
- **October:** Complete a needs assessment to find out how comfortable teachers/staff/administrators feel addressing depression and suicide and how they feel the school could improve.
- **November:** Meet with crisis team to compile a new/up-to-date plan that includes community members/resources. Create two crisis team phone trees: one for on-site team and one for the entire team. Review needs assessment results from faculty & staff of school. Present on SOS and/or other suicide prevention plans.
 - **Following November Meeting:** Send out an online survey to get opinions on possible prevention programs and how members feel the crisis is team is working (strengths/ways to improve).
- **January:** Compile results from survey. Purchase prevention program. Make adjustments to crisis plan & team as needed/reflected in survey.
- **February:** All students will complete the BSAD. It may be easier to stagger the evaluations.
- **Within 2 Weeks (by Mid-March):** All students whose scores showed the presence of symptoms associated with suicide or depression will be called into the counselors' office. These students will be seen in order of greatest risk to those indicating one symptom. Personalized interventions will be put in place for those showing symptoms of depression or suicide.
- **March:** Crisis Team meeting – continue working on plan.
- **Spring Teacher Workday:** Do a suicide information session for faculty & staff and review current crisis plan.
 - **Following Workday Information Session:** Send teachers, who participated in the information session, an online survey to find out the staff/faculty's perceptions of the current crisis plan are and evaluate the information session, as well as their level of preparation to assist a student in crisis.

Suicide: Timeline of Implementation

2nd Year:

- **August:** Counselors, nurses, and administrators will complete the SOS 90 minute training before teachers return to campus in the fall
Crisis team will meet before school begins and then meets every 4-6 weeks, if possible. Update phone tree.
All school staff will watch “Training Trusted Adult” DVD during teacher work days before school begins. These screenings would be done in several smaller groups (size of group depends on school), allowing time for questions or concerns following the screening. Smaller groups are key to ensure the staff pays attention to the life-saving information.
- **September:** All students will complete the BSAD. It may be easier to stagger the evaluations.
- **Within 2 Weeks (by Mid-October):**All students whose scores showed the presence of symptoms associated with suicide or depression will be called into the counselors’ office. These students will be seen in order of greatest risk to those indicating one symptom. Personalized interventions will be put in place for those showing symptoms of depression or suicide.
- **November:** By November all students in school will have watched “SOS Friends for Life: Preventing Teen Suicide” DVD in class (instead of an auditorium). A counselor will be available for discussion/questions following the DVD. Crisis Hotline Cards & Pamphlets will be handed out to every student.
- **January:** All students will complete the BSAD. It may be easier to stagger the evaluations.
- **Within 2 Weeks (by Mid-February):** All students whose scores showed the presence of symptoms associated with suicide or depression will be called into the counselors’ office. These students will be seen in order of greatest risk to those indicating one symptom. Personalized interventions will be put in place for those showing symptoms of depression or suicide.

- **Throughout the Year:** Include information in parent newsletter, counseling blogs, local newspapers about suicide prevention, signs of major depression, and ways that the community/school can help. Every three months send information to staff about suicide prevention tips, warning signs, common phrases, etc.

- **Ideas as the program builds:** Yellow ribbon week, SOS student club/parent organization, Set up information tables at games, SOS club/organization can attend local festivals/activities to continue to build a supportive school and community, Move DVD viewing to align with yellow ribbon week once it is introduced in the school.

Self-Injury:

Prevention, Response, Postvention

Self-Injury: Prevention

- Universal Prevention Strategies:
 - Signs of Self-Injury Prevention Program (<http://www.mentalhealthscreening.org/programs/youth-prevention-programs/sosi/>)
 - Includes: a training DVD for staff & faculty
 - Information DVD for students
 - Guidelines for best practices
 - S.A.F.E. Alternatives (<http://www.selfinjury.com/>)
 - Self-Injury: A Manual for School Professionals
 - Student Workbook
 - Guidance Lessons

The universal prevention strategies for self-injury will focus on providing information to both students and school staff members. A team of school professionals will be invited to study the “Self-Injury: A Manual for School Professionals” (from S.A.F.E. Alternatives) together. They will also read through the student workbook together and discuss what activities they think could be useful for students who self-injure. All faculty & staff will be trained through a power point presentation, as well as the Signs of Self-Injury Prevention Program training DVD.

Students will be informed via the Signs of Self-Injury Prevention Program student DVD. Teachers and counselors will be available, following the DVD, to answer any questions or concerns. Students will also be reminded of the counselors’ role: available to discuss any questions or concerns in a confidential and safe space at school. Students will also learn coping skills via guidance lessons, as well as be educated about harmful coping behaviors and the long-term consequences. Small groups, as well as guidance lessons, will also focus on emotional regulation, relaxation skills, emotional communication skills, and problem solving skills.

Information from: Juhnke, G. A., Granello, D. H., & Granello, P. F. (2010). *Suicide, self-injury, and violence in the schools: Assessment, prevention, and intervention strategies*. Hoboken, NJ: Wiley.
Suicide Prevention Programs for Youth. (n.d.). *Teen Suicide Prevention Programs*. Retrieved April 20, 2013, from <http://www.mentalhealthscreening.org/programs/youth-prevention-programs/>

It is important to remember that prevention measures also decrease the risk of contagion.

- Universal Contagion Prevention:
 - Once a student who self-injures is identified, work with them to limit what they say/show peers about their non-suicidal self-injury (NSSI) behaviors
 - Remind all school staff of confidentiality and the importance of not commenting on NSSI behaviors publicly. Instead, it is important to be discreet and one-on-one.
 - Support NSSI students individually (do not have a NSSI group)
 - Use the S.A.F.E. Alternatives student workbook
 - Teach coping skills to all students, including NSSI students
 - School policies that focus on social media networks will help limit distributing information or photographs that could be hurtful/harmful for some students

Self-Injury: Response

- *Referrals:* After groups view the universal NSSI prevention DVDs, they will be reminded that anyone can refer a student to the counseling office for non-suicidal self-injury behaviors. Parents, staff, and students are encouraged to reach out and alert the designated school personnel, likely the school counselors, if they believe a student is engaging in NSSI. Students are also encouraged to use self-referral if they are engaging in NSSI.
 - Causes for concern include:
 - Suicidal behaviors (e.g. writing, artwork, talk, threats with suicidal themes)
 - Self-injury or self-mutilation (e.g. cuts on body, self-hitting, self-burning, self-inflicted tattoos)
 - Eating-disorder behaviors (e.g. self-induced vomiting, sustained fasting, use of laxatives)
 - Engaging in risky behaviors (e.g. walking in high-speed traffic, getting in the car with strangers, multiple sexual partners, substance abuse)
 - Improper use of prescribed medications
 - Behaviors that suggest serious emotional distress (e.g. uncontrollable crying, explosive anger, excessive fighting, serious isolation)
- *Assessment:* Once students are referred to the counseling office, an assessment should be done to gather some information from the student and then a more thorough analysis should be completed to find out about the nature of the student's NSSI.
 - S.A.F.E. Alternatives Self-Injury Self-Assessment

- Counselors should ask about:
 - Medical history
 - Substance use
 - Possible comorbid mental health diagnoses
 - Evaluate risk & preventative factors
 - Family & other social support

- Behavioral Analysis:
 - What happens before the behavior (stressors, situations, thoughts, emotions, triggers)?
 - What are the frequency, intensity, duration, and methods used in NSSI behavior?
 - What are the consequences of NSSI behaviors (emotional relief, attention)?
 - A suicidal assessment should also be done.

Information from: Juhnke, G. A., Granello, D. H., & Granello, P. F. (2010). *Suicide, self-injury, and violence in the schools: Assessment, prevention, and intervention strategies*. Hoboken, NJ: Wiley.

Self-Injury: Postvention

○ Following the assessment there are three outcomes:

- **Minor Incident:** Encourage student to contact the school counselor when feeling overwhelmed, becomes distressed, or needs help. Go over the contagion prevention strategies with the student. Offer the student the opportunity to learn coping skills either individually or within a small group (*Note: the group does not ever mention NSSI and NSSI behaviors is not the focus of this group). Document the referral and follow up with this student.

- **Significant Incident:** This is when a student's parents should be informed of the situation. This can also be a helpful time to explain what NSSI behaviors are and what the parents can do to support their child, including a referral to an outside counselor/psychiatrist. A safety plan should be created with the help of the student and parents. Ways to support the student within the school setting, including checking in with the school counselor and academic assistance, should also be discussed.

The school counselor should follow up with the student in a short period of time to ensure that the recommendations to see a community counselor has been done, as well as check in on the student. Discussion of possible barriers that are preventing access to community support should be discussed if the recommendations have not been followed. Document the referral and any interventions recommended/in place for this student.

- Emergency Situation: Imminent suicidal risk or severe self-mutilation requires immediate attention. Work with the crisis team to arrange for an immediate evaluation of the student. Document all information regarding the situation including the referral, assessment, and interventions for this student.

- Interventions within the School:
 - Build a relationship with the student – show no judgment, remain calm, understanding, and have a slow approach that allows you to build an alliance with the student
 - Build communication skills – help students realize that there are other, healthier ways to communicate with others. This may involve learning to identify emotions in self and then learning how to handle those emotions in a safe way
 - Learn to express emotions – students will benefit from finding ways to express emotions in a more healthy way, including dancing, art, or journaling. Learning vocabulary to express emotions will also benefit students
 - Behavioral interventions – Learning how to cope with negative emotions is essential in helping students who engage in NSSI. Meditation, relaxation, breathing, and exercise are possible ideas. Learning how to tolerate negative emotions is also important.
 - Cognitive interventions – Help students to learn how to problem solve. Also, help students who engage in NSSI behaviors to replace negative self-talk with more positive thoughts

- Safety plans – Creating a safety plan (similar to the My Plan for Choosing Life) is needed for all students engaging in NSSI behaviors. The plan can include ways to cope with negative emotions or intrusive thoughts. Identifying activities that the student can participate in when feeling overwhelmed, as well as a list of people the student can contact during a time of distress or if in need of help should be included in the plan

Information from: Juhnke, G. A., Granello, D. H., & Granello, P. F. (2010). *Suicide, self-injury, and violence in the schools: Assessment, prevention, and intervention strategies*. Hoboken, NJ: Wiley.

Self-Injury: Timeline of Implementation

1st Year:

- **August:** Review and evaluate current crisis plan. Are there policies in place to address self-injury?
- **September:** Meet with current crisis team and evaluate plan as a group. If there is not a team and/or plan in place, recruit members. Members can include: administrators, school counselors, community mental health counselors, school nurse, community health personnel (doctors, nurses, EMTs), police, social services, media contacts, parents, youth, and other interested community members. Have copies available of the current crisis plan for members, as well as items that should be revised/added to plan. Break into committees to work on areas that need to be revised/more information. *One committee should be an on-site school crisis team that would meet immediately if there is an emergency situation on campus.*
- **October:** Complete a needs assessment to find out how comfortable teachers/staff/administrators feel addressing non-suicidal self-injury behaviors and how they feel the school could improve.
- **November:** Meet with crisis team to compile a new/up-to-date plan that includes community members/resources. Create two crisis team phone trees: one for on-site team and one for the entire team. Review needs assessment results from faculty & staff of school. Present on Signs of Self-Injury Prevention Program, S.A.F.E. Alternatives and/or other possible NSSI programs. Present information to committee on NSSI behaviors.
 - **Following November Meeting:** Send out an online survey to get opinions on possible prevention programs and how members feel the crisis is team is working (strengths/ways to improve).
- **January:** Compile results from survey. Purchase prevention program. Make adjustments to crisis plan & team as needed/reflected in survey.
- **March:** Order books for interested staff. Crisis Team meeting – continue working on plan.
- **Spring Teacher Workday:** Do a NSSI information session for faculty & staff and review current crisis plan.
 - **Following Workday Information Session:** Send teachers, who participated in the information session, an online survey to find out the staff/faculty's perceptions of the current crisis plan and evaluate the information session, as well as their level of preparation to assist a student in crisis. Survey staff to see who is interested in participating in the S.A.F.E. Alternatives "Self-Injury: A Manual for School Professionals" study.
- **April:** Order S.A.F.E. Alternatives books for interested staff and crisis team members to read over the summer
- **May:** Crisis Team meeting – finalize plan and present to school staff before they leave for summer

Self-Injury: Timeline of Implementation

2nd Year:

- **August:** Crisis team will meet before school begins and then meets every 4-6 weeks, if possible. Update phone tree.
All school staff will watch “Signs of Self-Injury Prevention Program” DVD during teacher work days before school begins. These screenings would be done in several smaller groups (size of group depends on school), allowing time for questions or concerns following the screening.
School staff will be updated on the current crisis plan in place
- **October:** Parent information night about self-injury behaviors and ways to help children increase their coping strategies
- **March:** All students will have watched the Signs of Self-Injury Prevention program DVD

- **Throughout the Year:** Include information in parent newsletter, counseling blogs, local newspapers about NSSI, prevention, and ways that the community/school can help. Every three months send information to staff about recognizing NSSI behaviors in students, ways to prevent, and how to refer students to the counseling office.

- **Ideas as the program builds:** March 1st is self-injury awareness day (Orange ribbon), SOS student club/parent organization can include NSSI prevention, Set up information tables at games, SOS club/organization can attend local festivals/activities to continue to build a supportive school and community

Violence:

Prevention, Response, Postvention

Violence: Prevention

- Universal Prevention Programs:
 - The school's goal should be to create an environment that feels safe, nonjudgmental, and supportive. The school's climate should promote communication between staff and students, so students know and feel comfortable to ask for help when they need it.
 - Guidance lessons should incorporate conflict resolution and problem-solving. Small groups, as well as guidance lessons, will also focus on emotional regulation, relaxation skills, teamwork, positive social skills, emotional self-awareness, communication skills, and problem solving skills. Students will also be educated about harmful coping behaviors and long-term consequences.
 - Information will be provided to parents throughout the year that provide education about child development and age-appropriate expectations. Information will also be sent home that focuses on communication and problem solving in non-violent ways.
 - A safe school self-assessment checklist should be completed each school year to see what areas need to be improved upon to ensure a safe school environment.

References:

Juhnke, G. A., Granello, D. H., & Granello, P. F. (2010). *Suicide, self-injury, and violence in the schools: Assessment, prevention, and intervention strategies*. Hoboken, NJ: Wiley.

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Understanding School Violence: Fact Sheet. (2013). Retrieved April 20, 2013, from http://www.cdc.gov/violenceprevention/pdf/school_violence_fact_sheet-a.pdf

Violence: Response

When a student is referred to the counseling office due to violent or potentially violent behavior, building rapport with the student is the essential first step in intervention. You can build rapport by first starting with just a general conversation and then moving on to using specific interventions.

- Face-to-Face Clinical Interview: A face-to-face interview is the preferred way to evaluate a student, since a counselor can be more accommodating to the student than a computer-generated assessment. Counselors are able to redirect students, as well as support them through the interview by asking them to calm down or relax when needed. This process also allows for students to be observed closely by counselors. Students are able to maintain some control over the interview and are given the opportunity to express any concerns they have. A face-to-face interview allows opportunities to build rapport and student interactions. Finally, and most importantly, a face-to-face interview allows space for discussion and feedback.
 - Violence Question Core - The interview should focus on these core areas:
 - Frequency: how often does the student have violent thoughts towards others?
 - Strength: how strong are the violent thoughts? (intensity)
 - Duration: how much time does the student think about the violent act?
 - VIOLENT STUdent Scale: This is a semi-structured approach to face-to-face interviewing students
 - Ask students if we can invite the parent to participate

References:

Juhnke, G. A., Granello, D. H., & Granello, P. F. (2010). *Suicide, self-injury, and violence in the schools: Assessment, prevention, and intervention strategies*. Hoboken, NJ: Wiley.

VIOLENT STUDent Scale

Semi-Structured Face-to-Face Violence Assessment

Note to user: This scale should be used to supplement the school counselor's clinical judgment and only used when the student is believed to be at risk for violent behaviors.

- Violent** or aggressive history
- Isolation** or feelings of being isolated
- Overt** aggression toward or torturing of animals
- Low** school interest
- Expressions** of violence in writings or drawings
- Noted** by peers as being "different"
- Treats** of violence towards others

- Social** withdrawal
- Teased** or perceptions of being teased, harassed, or "picked on"
- Inappropriate** use of or inappropriate access to firearms

Scoring: Each risk factor listed can be scored 0 (complete risk absence) – 10 (significant risk factor presence) totaling between 0-100.

Clinical Guidelines for Scores can be found at:

Juhnke, G. A., Granello, D. H., & Granello, P. F. (2010). Table 6.1: VIOLENT STUDent Scale Scores and General Clinical Guidelines. In *Suicide, self-injury, and violence in the schools: Assessment, prevention, and intervention strategies* (p. 154). Hoboken, NJ: Wiley.

Violence: Postvention

Following an incident of school violence, psychological first aid is needed, as well as meeting the basic needs of students and staff involved in the incident.

- Eight Core Actions for school violence survivors:
 - Contact & Engagement: initiate or respond to violence survivors in a calm manner, displaying compassion and respect through your words and actions
 - Brief introduction
 - Ask “Are you okay?”
 - Act interested in the student and immediate needs
 - Safety & Comfort: provide emotional and physical comfort, as well as enhance immediate safety
 - Create a safe zone that is an isolated area that survivors, school counselors, and medical responders only have access too.
 - Let students know they are in a safe zone and they are out of immediate danger using phrases like, “You are safe”, “I am here with you.”
 - Let students know that their parents/guardians will be there soon (other members of the crisis team will be contacting parents)
 - Stabilization (if needed): help calm and orient emotionally overwhelmed and disoriented survivors. Assistance from other medical health professionals may be needed.
 - Go to the student, after verifying it is safe, and approach slowly and in full view
 - Try to maintain a six foot radius around the student that no one can enter unless they are there to give immediate interventions
 - Communicate very slowly
 - Let the student know that he/she is safe and try to build rapport
 - Information Gathering – Needs & Current Concerns: Identify the survivors immediate needs/concerns. Remember to follow the survivor’s lead.
 - Practical Assistance: Offer practical help.
 - Identify the most pressing need/concern
 - Clarify the need
 - Discuss the action plan
 - Act to address the need
 - Connection with Social Supports: Help survivors and parents connect with helpful resources to provide support psychologically, physically, medically, socially, and spiritually.

- Coping Information Distribution: Give families information about a variety of coping strategies and resources so that survivors/families can decide what interventions will be the most helpful to them. Also, provide families/survivors information about what they can expect following a violent event – normalize thoughts and behaviors.
 - Collaborative Services Linkage: Connect survivors and their families with agencies, programs, and institutions that provide services that the survivor needs, including medical and legal agencies. Inform survivors and parents about upcoming debriefing sessions, as well.
- Debriefing Sessions:
- Before the sessions: arrange a location that is private, quiet, and has a door. If needed, secure an officer to stand at the door to reinforce the feeling of safety at the session
 - Separate Debriefings: There should be separate debriefing sessions for students and adult survivors since their developmental needs vary.
 - Adult Survivor Debriefings
 - Parental Debriefings
 - Parent-Student Debriefings
 - Seven Adapted Debriefing Model Steps:
 - Introduction Step: leader explains confidentiality and establishes rules of the debriefing session. Individuals introduce themselves, even if they know each other so the leader can learn a little about the survivors.
 - Fact-Gathering Step: The leader invites group members to share the facts – where they were and what they did during the violent act
 - Thought Step: This is when the leader tries to move participants to an emotional level (“What was the first thought you had during the violent event?”). The goal is to help normalize the survivors’ feelings.
 - Reaction Step: Participants are invited to share their reactions to the violent event
 - Symptom Step: Survivors share what symptoms (physical, cognitive, and emotional) they have experienced since the event. Again, the goal is to help normalize symptoms experienced.
 - Teaching Step: This step is in place to help educate survivors about what possible symptoms they may experience in the future, as well as help identify ways that the survivors have been coping.
 - Reentry Step: This is when closure is brought to the session. Time is given to allow for any other questions, concerns, or thoughts to be discussed. Handouts will be given out that include information on common reaction symptoms, helpline numbers, and other resources that may be helpful to survivors.

References:

Juhnke, G. A., Granello, D. H., & Granello, P. F. (2010). *Suicide, self-injury, and violence in the schools: Assessment, prevention, and intervention strategies*. Hoboken, NJ: Wiley.

Violence: Timeline of Implementation

1st Year:

- **August:** Review and evaluate current crisis plan. What policies are in place to address school violence? Do they need to be updated?
- **September:** Meet with current crisis team and evaluate plan as a group. If there is not a team and/or plan in place, recruit members. Members can include: administrators, school counselors, community mental health counselors, school nurse, community health personnel (doctors, nurses, EMTs), police, social services, media contacts, parents, youth, and other interested community members. Have copies available of the current crisis plan for members, as well as items that should be revised/added to plan. Break into committees to work on areas that need to be revised/more information. *One committee should be an on-site school crisis team that would meet immediately if there is an emergency situation on campus.*
- **October:** Complete a needs assessment to find out how comfortable teachers/staff/administrators feel addressing violence and how safe they feel the school is. By the end of October a safe school self-assessment checklist should be completed. Ideally the counselors would complete a checklist and the administrators would complete one checklist, in case there are some discrepancies (it identifies areas that may need more information/study to ensure safety).
- **November:** Meet with crisis team to compile a new/up-to-date plan that includes community members/resources. Create two crisis team phone trees: one for on-site team and one for the entire team. Review needs assessment results from faculty & staff of school, as well as what areas/needs the checklist results identified as needing attention. Make sure to identify strengths of the school, too.
 - **Following November Meeting:** Send out an online survey to get opinions on how members feel the crisis is team is working and what areas they feel need are of most concern/should be addressed first (strengths/ways to improve).
- **January:** Compile results from survey. Make adjustments to crisis plan & team as needed/reflected in survey. Create a plan to fix areas of weakness within the school that causes safety concerns. Itemize what areas can be easily fixed/adjusted and what areas need attention first.
- **March:** Crisis team meets to discuss what areas of concern were addressed and what the next step will be for the team.
- **April:** Complete a new safe school self-assessment
- **May:** Crisis Team meeting – finalize crisis plan and present to school staff before they leave for summer. Present up-to-date results of a safe school self-assessment checklist.

2nd Year: Continue working on creating a safe school environment. Hold parent/student/staff information session on ways to create a safe school environment and recognizing warning signs in possible violent students.

Roles of Crisis Team Members

Crisis team chair—Convenes scheduled and emergency team meetings, oversees both broad and specific team functions, ensures that the required resources are available to each team member for assigned duties, and communicates with the district-level team. Is often an administrator or designee.

Assistant chair—Assists the crisis team chair with all functions and substitutes for the chair in the chair's absence.

Coordinator of counseling—Develops mechanisms for ongoing training of crisis team members and other school staff and identifies and establishes liaisons with community resources for staff and student counseling. At the time of a crisis, determines the extent of counseling services needed, mobilizes community resources, and oversees the mental health services provided to students. Must have appropriate counseling and mental health skills and experience.

Staff notification coordinator—Establishes, coordinates, and initiates the telephone tree when school is not in session to contact the crisis team and general school staff, including itinerant, part-time, and paraprofessional staff. Also establishes a plan to rapidly disseminate relevant information to all staff during regular school hours.

Communications coordinator—Conducts all direct in-house communications, screens incoming calls, and maintains a log of telephone calls related to the crisis event. Helps the staff notification coordinator develop a notification protocol for a crisis event that occurs during the schoolday.

Media coordinator—Contacts the media; prepares statements to disseminate to staff, students, parents, and the community; and maintains ongoing contact with police, emergency services, hospital representatives, and the district office to keep information current. Handles all media requests for information and responds after coordinating a response with the media coordinator for the district-level team.

Crowd management coordinator—In collaboration with local police and fire departments, develops and implements plans for crowd management and movement during crises, including any required evacuation plans and security measures. Crowd management plans must anticipate many scenarios, including the need to cordon off areas to preserve physical evidence or to manage increased vehicular and pedestrian traffic. Because of the possibility of actual threats to the physical safety of students, crowd management plans must provide for safe and organized movement of students in a way that minimizes the risk of harm to them under various threats, such as sniper fire.

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Suicide Handouts

✚ *What every parent should know about preventing youth suicide*

Virginia Department of Health

✚ *Suicide Prevention*

National Suicide Prevention Hotline

✚ *Suicide Prevention; because it is “The Most Preventable Death”*

Forest View Hospital, Grand Rapids, MI

Self-Injury Handouts

+ *Information for parents: What you need to know about self-injury*

Cornell Research Program on Self-Injurious Behavior in Adolescents and Young Adults

+ *Questions and Answers on Self-Injury: Tips for Teachers*

School Psychology Services

+ LifeSIGNS Fact Sheets for:


- Friends
- Teachers
- Male self-injury
- People who self-injure
- Parents & guardians

Self-Injury

Safety Plans:


 *Safety Plan*

TherapistAid.com

 *My safety plan instructions*

www.knowresolve.org

Handouts:

 *Distraction Techniques and Alternative Coping Strategies*

Cornell Research Program on Self-Injurious Behavior in Adolescents and Young Adults

School Violence Handouts

✚ *Talking to children about violence: Tips for parents and teachers*

National Association of School Psychologists

✚ *Understanding school violence*

National Center for Injury Prevention and Control

✚ *Tips for Parents: To help your child deal with a violent incident or death on a school campus*

www.sdcoe.net/ssp/support/pdf/suicide_guide.pdf

Crisis Team & School Policy Information

Roles of Crisis Team Members

A Model for School-Based Crisis Preparedness and Response

Crisis Communications Team Tasks

Virginia Department of Education

12 Steps for Creating a Viable Crisis Plan

<http://www3.govst.edu/sestep/12%20Steps%20Crisis%20Plan.pdf>

Creating a School Self-Injury Policy

LifeSIGNS

Self-Injury – a short guide for schools and teachers, Including how to write a self-injury policy

<http://www.scar-tissue.net/schoolsipolicy.pdf>