Howard County Public School System

SUICIDE INTERVENTION PROCEDURES

Howard County Public School System

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Suicide Intervention Procedures

Office of Special Education and Student Services
10920 Clarksville Pike
Ellicott City, Maryland 21042-6198
410-313-6776

A variety of social, legal, educational, and behavioral factors have converged in recent history to elevate youth suicide concerns to the forefront of the minds of educators and school-based mental health professionals. Suicide ranks as the third leading cause of death in youth ages 10-24 and results in approximately 4,600 youth lives lost each year. This accounts for 20% of all deaths annually. Each year, approximately 157,000 youth between these ages receive medical care for self-inflicted injuries at Emergency Departments nationally (Centers for Disease Control and Prevention). According to the American Association of Suicidology, the rates of suicide are higher for older youth than younger youth. In 2010, for youth aged 15 to 24 there were 10.45 deaths by suicide per every 100,000 youth. As prominent and available adults in the lives of our youth, educators and school-based practitioners have accepted critical roles in the prevention of youth suicide. Upheld by legal statutes and case law, our role is to guide schools to ensure the establishment of safe school plans and complete our duties to warn and inform parents/guardians of developing concerns (Improving America's Schools Act; National Strategy for Suicide Prevention, 2001; Kelson vs. City of Springfield, 1985; Eisel vs. Montgomery County, 1991).

The Howard County Public School System responds seriously to any threat of self-harm or suicidal behavior. *Any* time a student makes a statement, is reported by someone else (whether a staff member, student, parent, or community member) to have made statements, that *may* be interpreted as potentially self-harmful, it is the responsibility of *all* school staff to refer the student immediately to a school counselor or school psychologist. This includes verbal or written comments, electronic communications, postings and/or drawings. If a school counselor or school psychologist is unavailable, an administrator should be notified immediately. These procedures are provided for the purposes of identifying the roles and responsibilities of school staff in responding to students suspected of being suicidal and structuring the referral, interview, and follow-up steps in intervening with a potentially suicidal student.

Roles and Responsibilities:

In most cases, school-based staff are available within the building to complete the tasks identified below. However, it is very important for administrators, the school-based counselor(s), and the school-based psychologist(s) to pre-arrange back-up plans for two anticipated situations.

- First, staff should develop a plan for involving a trained school counselor or school psychologist when the school-based counselor(s) and psychologist(s) are unavailable. Back-up plans would include contacting the school-based counselor or psychologist to return to the building, pre-arranging coverage from a nearby school, or contacting the Office of Student Services (**410-313-6776**) to request immediate assistance.
- Second, staff should develop a plan for problem-solving interventions when an administrator is unavailable in the building. The back-up plan may include consulting with the administrator designee, consulting with the off-site administrator by phone, or consulting with the administrator of a nearby or feeder school.

Administrators

- Are notified of suicide interventions as they occur and are available to support staff completing the intervention, and

- Are available to consult with school staff (Student Services personnel and School Resource Officer, when applicable) under special circumstances (see attached *Special Circumstances* document).

All School Staff

- Are educated about youth suicide, warning signs, indicators, risk factors, and school reporting procedures,

- Will **immediately** refer any student suspected of being suicidal to a school counselor or school psychologist. If a school counselor or school psychologist is unavailable, an administrator should be notified immediately,

- Are trained in exactly what to say and do and what NOT to say and do with a student suspected of being suicidal, and

- Are responsible for ensuring the supervision of a student prior to meeting with the school psychologist and/or school counselor.

Staff Completing Interventions

Suicide interventions are to be completed only by staff trained to implement the procedures. School counselors and school psychologists have received this training. At Homewood, Mental Health Therapists and the Mental Health Specialist have also received this training.

- Provide school staff training on topics of youth suicide, warning signs, indicators, risk factors, and school reporting procedures,

- Are available to intervene with a student who has been reported as making suicidal statements and identify the degree of match between the student's current functioning and known warning signs and risk factors for suicide,

- Report, intervene, and document procedures as delineated in this document (i.e. consult with a trained school counselor or school psychologist, inform administration, contact parent, complete appropriate documentation, and follow up with the student and parents),

- Collect and report year-end intervention data for each assigned school. *This is typically completed by the school psychologist.*

School Resource Officer (as applicable)

- Provide emergency consultation, intervention, and transportation of the at-risk student in situations where parents are unwilling or unavailable to seek treatment for their child.

Referral:

Any student who is suspected of having suicidal thoughts based on witnessed or reported verbal statements, written content (electronic and handwritten), or other means should be referred immediately to the school counselor, school psychologist, or administrator assigned to the school. Upon receiving notification that the student may be suicidal, the student should be supervised *at all times* and escorted to the appropriate office (e.g., Student Services Office). Referrals are most effectively communicated by describing in observable and behavioral terms the specific statements that were heard, the actions/behaviors that were witnessed, and/or the written products (assignments, poems, drawings, etc.) which were obtained. Upon receipt of the referral, the school counselor and/or school psychologist should make immediate contact with the student and begin intervention procedures. If not already involved, the school administrator should be made aware of the referral as soon as possible. The following school personnel should be kept appraised (to the degree appropriate based on the situation and their professional assignment) of the student's condition and location:

- Principal and/or Assistant Principal,
- School Counselor,
- School Psychologist,
- Nurse and/or Health Assistant, and
- Classroom Teachers *(specifically of classes the student was pulled from or will miss)*.

Initial Student Contact:

The school counselor and/or school psychologist should meet with the student immediately and complete the following steps to create an understanding and context around the interview, establish ground rules, and build rapport:

- Introduce yourself to the student,

- Explain the purpose of the referral in age appropriate terms,

Suggested Language: "I am meeting with you today to discuss an important topic. You were referred, because someone who cares about you was concerned that you might be thinking about suicide. Specifically, it has been reported that…(**REASON FOR REFERRAL**). Your safety is very important to me. Whenever we hear that someone may be thinking about suicide, we take that information very seriously so we can take every step to ensure the safety of our students. I'd like to take some time to discuss this referral with you and hear your thoughts. Do you have any questions about this?"

- Discuss confidentiality,

  *Suggested Language: "*Based on our discussion today we will be making some decisions about what steps we should take to make sure you are safe. While some of the information you share with me may remain confidential, there are three situations that would require me to break confidentiality: 1) If you tell me that you are going to hurt yourself or someone else, 2) If you tell me that you are being abused or that you are abusing someone else, and 3) If you tell me that someone else is in danger of being hurt, abused, or harmed in some way."

- Inform the student of parent contact, and

  Definition: Throughout this document the term *Parents* will be defined according to HCPSS Policy 9050: *Student Records and Confidentiality* (III.G).

  Suggested Language: "When we finish talking, I will be contacting your parents to let them know that we met today and why we met. Before we finish our conversation we will have an opportunity to talk about what we will tell them and how we will tell them."

- Do **NOT** leave the student alone for any reason.

Interview:

The associated checklist was designed to support a guided interview. The interviewer should gather the needed information through a *conversational format,* not in a point-by-point question and answer manner. It is assumed that the interviewer possesses basic interviewing, rapport building, and counseling skills. With this in mind, prompts follow that the interviewer may use or modify to gain the desired information. It is important to remember that this interview should be a fluid process, and the discussion may not follow the specific structure of the prompts. By posing open-ended questions and inviting conversational responses, most students will willingly share all the information needed to generate an appropriate plan of action. The goal of this interview is to assist in determining the student's immediate needs and emotional status.

Actions:

Upon completion of the interview, the school counselor and/or school psychologist ensures the student continues to be supervised at all times and takes the following actions. These actions and the parent contact serve a variety of purposes including: documentation, communication, alignment of referral services with current needs, and establishment of a relationship for follow-up monitoring with the student and parents. The school counselor and/or school psychologist is encouraged to maintain a conversational style during discussions in order to ensure a positive interaction with the family, which can lead to more effective follow-up support.

- Determine the degree of match between the student's current functioning, thoughts, and known warning signs and risk factors for suicide,

- Consult (in person or on the phone) with a colleague. The colleague must be an HCPSS school counselor or school psychologist trained in implementing the HCPSS Suicide Intervention Procedures,

- Provide a strong anti-suicide message,

  Suggested Language: "It is not unusual for people to feel so helpless and hopeless that they may think about suicide, about ending their lives. That doesn't mean you have to act on it. If you are feeling suicidal, it is important to speak with someone who can help you. It is important to maintain strong connections with people you feel comfortable talking to such as friends and parents. In addition, there is a variety of available help at school, including counselors, psychologists, teachers, administrators, parents, friends, or anyone with whom you feel comfortable talking."

- Give student a Youth Crisis Hotline card **(1-800-422-0009**),

- Prepare the student for the parent contact, and

  - Invite the student to remain with you while the parent contact is made *(If the student chooses not to remain with you during the parent contact, they MUST be supervised at all times by school staff)*

  - Identify any information which requires a breach of confidentiality and will be shared with the parent (e.g., statements of self-harm)

  - Agree upon the parameters of the parent contact and discuss what confidential information the student allows to be revealed in the parent contact (e.g., permission given to discuss grades dropping but not that the student had received a speeding ticket)

- Inform an administrator.

Parent Contact (see *Special Circumstances* as needed):

Contact the student's parent whenever a student is referred for expressing suicidal thoughts through verbal or written comments, electronic communication, postings, and/or drawings. If a student shows a higher degree of match with known warning signs and risk factors, the parent will be informed they need to come to school and meet with the appropriate staff before the student is released.

- Contact the parent by phone,
    - If a higher degree of match is evident between the student and known warning signs and risk factors, the parent will need to come to the school to discuss the situation and pick up their child. ***This is not a choice***. Await parent's arrival before proceeding.
    - If a lower degree of match is evident, school staff may choose to communicate with the parent by phone or in person and release the child (to class, bus, drive home, etc.) with parent permission *(two staff members need to be present to receive this permission)*.

  Suggested Language: "Your son/daughter was referred to me today, because concerns were raised that your child might be thinking of harming himself/herself. We take every referral for potential suicidal behavior very seriously. Therefore, I spent some time today talking with your child about these concerns. Based on my conversation with your child, I gathered information about the referral concerns and your child's thoughts about suicide. I would like to discuss these with you."

- Explain the process that has taken place,
    - Referral reason(s)
    - Information gathered
    - Degree of match with warning signs and risk factors for suicide

- Provide referrals and discuss immediate safety needs,
    - Align recommendations with degree of match with known warning signs and risk factors of suicide
    - If a higher degree of match is evident, provide support for an immediate assessment
        - Facilitate a call to a mental health provider.
        - If the family has a mental health provider with whom they work or have worked, obtain a Release of Records and call that person.
        - If the family does not have a mental health provider, call the family physician for a referral or call the insurance provider for instructions and/or pre-approval.

        - If the above circumstances are not available, call Grassroots, Sheppard Pratt Scheduled Crisis Intervention Program in Towson, or Howard County General Hospital.
    - Recommend follow-up (e.g., referral for outside counseling)

- Assess the parents' willingness and commitment to provide immediate treatment for the student (see *Special Circumstances* as needed),
- Explain the Record of Notification. The Record of Notification should be shared with the parent every time a suicide intervention is completed. This form documents that the parent was notified of their child's referral due to concerns related to suicide and the parents' responsibility to obtain any treatment/counseling services they consider necessary for their child. The role of the school is to serve as a secondary support to the child's primary mental health provider rather than to provide ongoing treatment.

- An Authorization for Release of Records form should be completed to allow appropriate school staff to establish communication with the community-based mental health provider,

- Provide the parent and student, as appropriate, with copies of suicide prevention materials (e.g., Suicide Prevention pamphlet, Crisis Hotline card, etc.) in addition to copies of all signed documents (e.g., Record of Notification, Release of Records), and

- Schedule a follow-up phone call/appointment with the student and parent prior to the student returning to school.

Documentation (see *Special Circumstances as needed)*:

Documentation of contact with any student who has been referred for being suspected of having suicidal thoughts is highly sensitive and confidential. Throughout and immediately following the conclusion of the parent contact, the school counselor and/or school psychologist will be responsible for documenting information regarding the reason for referral, action steps, outcomes, and recommended follow-up. It is imperative that the guidelines below are followed to ensure the confidentiality of such sensitive information.

During the conference with the parents:

- Complete and have parent sign the Record of Notification,

- Complete and have parent sign the Authorization for Release of Records (as appropriate), and

- Provide suicide prevention materials.

At the conclusion of the parent contact, the school counselor and/or school psychologist will immediately:

- Complete the Record of Contact form summarizing the reason for referral, outcomes, and recommended follow-up,

- Personally deliver the Record of Contact and Record of Notification to the principal, and

- Place the completed Notice of Confidential Information form in the student's cumulative folder. Place a yellow dot on the student's folder indicating the inclusion of the notice.

Follow-Up:

Following-up with at risk students is an ongoing process. The most immediate and critical actions to be taken are detailed below; however, the school counselor and/or school psychologist will need to determine what additional follow-up actions, if any, need to occur.

- Complete school-based follow-up,
    - Inform administrators, student services staff, and appropriate teachers
    - Refer to the school's problem-solving team (as appropriate)

- School psychologist/counselor will monitor the student once he/she returns to school, and
    - Establish coping mechanisms, supports (e.g. school counselor, favorite teacher, custodian, etc)
    - Establish rules for safety (e.g. what the student should do if he/she feels suicidal) and "safe zones" (e.g., where should the student go if he/she becomes overwhelmed in class)
    - Continue monitoring the student's social-emotional-behavioral status, which may include direct contact with student, direct observations, consultation with teachers regarding the student's level of functioning, etc.
    - Closely monitor the student's reactions during times of crisis

- Establish/maintain communication with community-based mental health provider.

Telephone Resource List

Howard County Board of Education Numbers	
Executive Director of Special Education and Student Services	410-313-6656
Coordinator, School Counseling and Related Services	410-313-6748
Coordinator, School Psychology, Instructional Intervention, and Home & Hospital Instruction	410-313-7021
Resource School Counselors	410-313-5676/5637
Resource School Psychologist	410-313-7343
Chairperson, Crisis Intervention Team	410-313-1267
Office of International Student & Family Services	410-313-1549
Howard County Police	
Emergency	911
Non-Emergency Number	410-313-2200
Howard County Department of Social Services	
Child Protective Services	410-872-4203
	410-872-4303 (fax)
After Hours (police department)	410-313-2929
Hospitals/Emergency Mental Health Services	
Grassroots	410-531-6006
Laurel Regional Hospital	301-725-4300
Howard County General	410-740-7890
Howard County Mobile Crisis Team	410-531-6677
Sheppard Pratt at Howard County/Riverwood	410-740-1901
Sheppard Pratt at Ellicott City	443-364-5500
Suicide Hotlines	
Maryland Crisis Hotline Network	1-800-422-0009
Yellow Ribbon Suicide Prevention Program/National Suicide Prevention Lifeline	1-800-273-TALK (8255)
The Covenant House "9-Line"	1-800-999-9999
National Hopeline Network	1-800-442-HOPE (4673)
	1-800-SUICIDA (Spanish)
Grassroots Youth Suicide Hotline	410-531-6677
	410-531-5086 (TDD Line)
Miscellaneous	
Maryland Children's Health Program	1-800-456-8900

Suicide Intervention Procedures: *Special Circumstances*

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Intervention Stage: Pre-Referral	
Circumstance	**Guidelines**
A suicide is attempted/completed in the school building during the school day	• Call 911 immediately for an ambulance to transport student to the hospital and simultaneously notify the health assistant/nurse and administration • Immediately clear the area of other students and staff • Notify the parent(s) • Ensure that the emergency card and critical information is shared with the emergency response team • Contact the HCPSS Cluster Crisis Intervention Team to assist in managing other students' responses at the school and addressing the potential for copycat or cluster suicide attempts Follow-up with parents and students
A student dies by suicide after school hours	• Building administrators should notify staff according to crisis intervention plans Contact the HCPSS Cluster Crisis Team to assist in implementing crisis response procedures

Intervention Stage: Referral	
Circumstance	**Guidelines**
Referral occurs after the student has already left the building to go home	• Notify administrator • Contact the parent(s) • Discuss issues of immediate safety

	• Provide telephone numbers and addresses of Howard County General Hospital and/or Grassroots Crisis Intervention Center/Mobile Crisis Team and/or Sheppard Pratt at Howard County • *If unable to contact the parents*, notify the police. Reasonable attempts to contact the parents should be made even after notifying the police • Schedule follow-up for the first day the student returns to school • Establish coping mechanisms and supports (e.g., school counselor, favorite teacher) • Establish rules for safety (e.g., what the student should do if he/she feels suicidal) and "safe zones" (e.g., where should the student go if he/she becomes overwhelmed in class)

Intervention Stages: Initial Contact and Interview	
Circumstance	**Guidelines**
Student refuses to participate in the screening procedures	• Contact the parent(s) • The parent(s) **must** come to the school to pick up the student. **This is not a choice.** • Appraise the parent(s) of the situation and advise them that the student should be taken to their family physician, a mental health provider, or a hospital emergency room for a suicide screening • Facilitate contact with the health care professionals while the parent(s) is with you and provide resources • Complete the Record of Notification and Record of Contact
Student agrees to participate in the interview. However, in order to avoid breaching limits of confidentiality, the student clearly minimizes and withholds known information relevant to suicidal ideation, thoughts, actions, etc.	• Complete the interview process and identify possible matches with known warning signs and risk factors • Follow steps above for "*student refuses to participate in screening procedures*" • When meeting with the parent(s), inform the parent(s) of the student's possible withholding of information • Acknowledge that an informed decision regarding the student's match with known warning signs/risk factors cannot be made and that further mental health support would be necessary

Student leaves/runs from the room	• Notify the building administrator • Notify the police (call 911 in case of life threatening emergency; call the police non-emergency line for non-life threatening situation) and/or the School Resource Officer (SRO) in the building • Contact the parent(s)
English is not the primary language for the family and an interpreter is necessary	• Only HCPSS approved interpreters should be included as part of a suicide intervention • If your school has a Hispanic Achievement Liaison or International Achievement Liaison on staff that speaks the appropriate language, the Liaison should be asked to provide interpretation for the family • In all other cases, school staff should contact the HCPSS Liaison for Interpreting and Translation at x1549 to request an interpreter • All appropriate suicide intervention procedures (e.g., parent contact, documentation, etc.) should be followed with the assistance of the liaison or interpreter

Intervention Stage: Parent Contact	
Circumstance	**Guidelines**
The Record of Notification needs to be completed, but the parent contact occurs over the phone when a low degree of match with warning signs and risk factors is present	• Call the parent with another professional listening on the phone to verify that the Record of Notification was read to the parent • Both professionals sign the Record of Notification and note on the bottom that it was read to the parent • The original copy of the Record of Notification (signed by the two professionals) is placed in the principal's confidential file • A copy of the Record of Notification is sent to the parent(s) for their signature. The signed form is then placed in the principal's confidential file.
The parent refuses to sign the Record of Notification	• Collaborate with trained colleagues to help communicate the purpose of the Record of Notification to the parent • Have another professional join the parent meeting to verify that the Record of Notification was read to the parent

	• Both professionals sign the Record of Notification and note that it was read to the parent and that the parent declined to sign • The Record of Notification (signed by the two professionals) is placed in the principal's confidential file
Parent does not come to school but sends an emergency contact	• Call the parent with another professional listening on the phone to verify that the Record of Notification was read to the parent • Both professionals sign the Record of Notification and note on the bottom that it was read to the parent • The original copy of the Record of Notification (signed by the two professionals) is placed in the principal's confidential file • A copy of the Record of Notification is sent to the parent(s) for their signature. The signed form is then placed in the principal's confidential file. • Follow school system procedures to determine if the person representing the family is able to sign the student out
The **rare** instance in which the student insists that notifying his/her parents will result in unreasonable or harmful consequences ***(ONLY with a lower degree of match with warning signs and risk factors)***	• Consult with the principal (or designee) • If the interviewer and administrator agree that the parent should not be notified, a consult **must** be initiated with the Director of Special Education and Student Services (or designee). The principal has the final decision in this matter. • If, in consultation with the Director of Special Education and Student Services (or designee), it is determined that the parent should not be notified, a report needs to be filed by the interviewer with the Department of Social Services
Interviewer unable to make contact with the parents and emergency contacts ***(ONLY with a higher degree of match with warning signs and risk factors)***	• Notify the building administrator • The school counselor and/or psychologist will contact the school-based SRO (if applicable) and discuss the need for a petition for Emergency Evaluation. School counselors and/or psychologists who do not have a school-based SRO assigned to their school will contact the Mobile Crisis Team (410-531-6677) for consultation and intervention support.

	• The student may need to be transported to a local hospital. The responding police officer and/or Mobile Crisis Team staff will determine if the student will be transported to the hospital in the police cruiser or in an ambulance. • The emergency card should go with the student to the hospital. Any student being transported should have a representative from the school (an administrator or designee) go with the student in the ambulance if the parent(s) are unable to get to the school in time to go with the student. The staff member should remain with the student at the hospital at least until the parent(s) arrive. • The staff member should contact the building administrator at school or at home to provide updates as appropriate • The staff member should follow the hospital/police procedures regarding continued efforts to contact the parent(s)
Parents refuse to come to the school	• Follow steps above for "*Interviewer is unable to make contact with the parents"* except for continuing efforts to contact parents • After seeing to the student's immediate safety, the interviewer must file a report with the Department of Social Services
Parent(s) are unwilling to provide immediate treatment for the student	• Contact school-based SRO (if applicable) or police (call 911 in case of life threatening emergency; call the police non-emergency line for non-life threatening situation). Identify yourself and discuss the need for a Petition for Emergency Evaluation. • Call the Department of Social Services. Identify yourself and report the situation following established Howard County procedures.

BEST PRACTICES IN IMPLEMENTING SUICIDE INTERVENTION PROCEDURES

Office of Special Education and Student Services
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Ellicott City, Maryland 21042-6198
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These guidelines are provided for defining and clarifying federal, state, and county expectations for effectively intervening with students suspected of being suicidal. These guidelines reflect best practice recommendations from a variety of sources including legal definitions, federal and state guidelines, professional associations, and current research in school counseling, school psychology, and mental health. This information is presented to promote clarity and consistency in the implementation of the Suicide Intervention Procedures across the Howard County Public School System.

The information contained in this and the associated *Procedures* document has been designed for staff who recognize the importance of suicide prevention and are professionally trained to deal with such situations. There is no single professional group who has sole responsibility to intervene with these individuals. On the contrary, suicide intervention procedures require a coordinated response among school staff to be effective in providing a safe and nurturing school environment.

Rationale for Procedures:

Suicide prevention and intervention are critical issues for mental health practitioners and educators working in school settings. Current frameworks providing direction and support to schools for implementing suicide prevention strategies include federal and state law (e.g., *Youth Suicide Early Intervention and Prevention Expansion Act,* 2004; *Code of Maryland*), government programs (e.g., Surgeon General's *Call to Action*, 1999), case law (*Eisel vs. Montgomery County,* 1991; *Wyke vs. Polk County*, 1997), and research in school mental health.

Nationally, the Surgeon General of the United States of America recognized the need for creating a national strategy for suicide prevention. Collaborative efforts between experts in public health, advocacy groups and suicide survivors, led to the development of a 15-point approach to effectively address suicide. The 'Call to Action' (1999) charged educators with the

responsibility to: "develop and implement safe and effective programs in educational settings for youth that address adolescent distress, crisis intervention, and incorporate peer support for seeking help." Statewide, the Code of Maryland (COMAR; Md. Educ.sec. 7-501 et seq.) requires Local Education Agencies (LEAs) to implement suicide prevention programs that may include classroom instruction, school or community based alternative programs, and teacher training programs.

Locally, the Howard County Public School System has long sought to develop unified suicide screening and intervention procedures. Issues related to confidentiality, liability, and best practices in service provision have guided the process. The Suicide Intervention Procedures (SIP) were developed based on the concept that school is a central part of a child's life. Along with parents, school staff are the most likely to identify warning signs and risk factors of suicide and effectively respond to such issues. Poland and Lieberman (2002) and Brock and Sandoval (2002) stressed the importance of intervention models including accurate assessment, effective intervention, a duty to warn parents, provision of referrals, follow-up and support of the student and family, and school- and community-wide postvention. The current procedures guide Student Services staff within the Howard County Public School System in addressing suicidal risk in students based on current best practices in the field while applying legally defensible and supported procedures (e.g., duty to warn/inform).

Legal Foundations:

Case law and governmental statutes have helped define the roles and responsibilities of schools and their employees when intervening with students suspected of being suicidal (Poland and Lieberman, 2002; Jacob and Hartshorne, 2003). Critical guidelines for which school-based mental health practitioners are responsible, and must practice within, are defined and discussed below:

- *'In loco parentis':* In loco parentis is Latin for "in the place of parents." The relation of a school and its personnel to the student is analogous to one who stands in loco parentis, with the result that schools are under a special duty to act in the role of the parent and exercise reasonable care to protect a student from harm. Eisel v. Board of Montgomery Co., 597 A.2d 447, 451 (Md. 1991).

Case Law:

In Eisel v. Board of Montgomery County (1991), Stephen Eisel filed a negligence suit against two school counselors, based on their failure to communicate information to him concerning his daughter's contemplated suicide. Mr. Eisel believed he could have prevented his daughter's death had he been told about her statements. Initially, the Circuit Court granted summary judgment in favor of the counselors, and an appeal was

taken. The Court of Appeals held that school counselors have a duty to use reasonable means to attempt to prevent suicide when they are aware of a child or adolescent student's suicidal intent. The court ruled that notifying parents is one reasonable means of fulfilling a school's duty.

❖ *Duty to Warn:* A school has a duty to warn parents of an adolescent's possible suicide by reasonable means when the suicide is foreseeable and there is a close connection between the school's conduct and the suicide. Eisel v. Board of Montgomery Co. (1991), Wyke v. Polk County, Florida (1995)

- A duty to warn arises when the school has information that a student has stated suicidal intent.
- Even when the student has denied any intent to commit suicide; school employees may have a duty to warn when classmates report that the student has expressed such intent.
- School employees trained in identifying signs of mental problems, including contemplation of suicide, and who have therapeutic relationships with students, may have an even greater duty to recognize signs of potential suicide and warn parents.
- Confidentiality does not bar the duty to notify parents of all reports of suicidal statements…[where] school policy explicitly disavows confidentiality when suicide is a concern.

Case Law:

In Wyke vs. Board of Education (1995), Polk County, Florida, a suit was filed by the parent of a middle school student whose 1989 death was ruled a suicide by hanging. The court found that the school system was not liable for violating federal civil rights but was liable for negligence under the state's wrongful death statute. Testimony showed that the school was negligent by failing to notify the mother of the student's verbalization of suicidal ideation and an alleged suicide attempt at school. Although the mother was aware that the student had emotional difficulty and had requested counseling, it was the school's responsibility, ruled the court, to keep her informed.

❖ *Prevention Responsibilities:* The Maryland state legislature has expressed that the prevention of youth suicide is an important public policy, and that local schools should be at the forefront of the prevention effort (Md. Educ.sec. 7-501 et seq). Accordingly, the Maryland State Department of Education has created a suicide prevention program for its

public schools, and local schools are expected to have their own programs. In addition, case law (*Eisel,*1991; *Wyke,* 1995; *Kelson v. City of Springfield,* 1985) has been interpreted to clearly suggest the need for schools to implement suicide prevention policies and procedures that include referral procedures, notifying parents, ensuring adequate staff training, and supervision of potentially suicidal students.

Code of Maryland; Educ.sec. 7-504-c:

(c) Requirements for Programs established under [Youth Suicide Prevention School Programs] shall:

(1) Assist in increasing the awareness, among school personnel and community leaders, of the incidence of teenage suicide;
(2) Train school personnel in individual and schoolwide strategies for teenage suicide prevention;
(3) Develop and implement school-based teenage suicide prevention programs and pilot projects; and
(4) Through cooperative efforts, utilize community resources in the development and implementation of teenage suicide prevention programs under this subtitle. (1986, ch. 122; 1990, ch. 6, § 2; 1996, ch. 10 § 16.)

❖ *Breach of Duty:* A school may breach its duty to prevent suicide when:

- It fails to follow its suicide prevention policy,
- It fails to warn parents of a potential suicide, and
- When its failure to exercise reasonable care to prevent the suicide directly resulted in the suicide (*Wyke*, 1995; *Eisel*, 1991)

Interviewing:

An effective interview process is vital to ascertaining risk factors and warning signs, as well as determining appropriate referrals to community-based mental health providers for students at risk for suicide (Arvey & Petzold, 1983; Poland and Lieberman, 2002). By virtue of training curricula focusing on counseling theory and skills, professional experiences, and role definition, school counselors and school psychologists are appropriate school-based mental health staff to complete interviews with students suspected of being suicidal. By role and profession, these school-based mental health providers are expected to demonstrate sufficient communication skills and professional competencies to effectively proceed through an interview. Best practices in intervening with potentially suicidal students suggest that practitioners should carefully reflect on issues, which may arise during an interview in order to proceed in a caring, effective, and planful manner. Points for consideration include:

- *Student Contact:* Intervening with suicidal students can be anxiety provoking for students and staff alike (Brown & Schroff, 1986; Poland & Lieberman, 2002). Sensitivity, reassuring language, and appropriate communication skills should be used throughout the interview to avoid stigmatizing the student, reduce the inherent emotional vulnerability and disequilibrium of the situation, and create an environment in which healing can begin.

- *Cultural and Identity Factors:* Currently available national statistics document the variability in suicide attempts and completions by gender, race, ethnicity, and sexual orientation (Lieberman and Davis, 2002). An awareness of these risk factors and patterns of functioning is critical as students and families representing different backgrounds bring challenges to mental health professionals in their responses to suicidal behaviors. Many cultures differ in their comfort regarding the use of nonverbal communication (e.g., eye contact, personal space), the timing in discussing sensitive issues, the "proper" number of people present in a parent conference, issues related to mental health disorders, etc.

  Professionals should familiarize themselves with the various cultures and group identities represented in their schools in order to strengthen their cultural awareness skills and provide opportunities for reflecting on how these factors may influence interactions with suicidal students and their families (Lieberman and Davis, 2002). Information about specific cultures can be gleaned from reference materials, reputable Internet sites, the HCPSS Office of International Students, and school staff, family members, and community members sharing a similar group identity. Professionals are encouraged to use cultural awareness resources and retain flexibility in family interactions as no two individuals or families are exactly alike within any culture. Providing culturally sensitive support versus applying stereotypes may be the difference between an effective intervention and an alienating experience.

- *Social Patterns:* Suicidal thoughts and behaviors may be impacted and/or maintained by social influences including media coverage, community reactions, and peer relationships. Interactions with a suicidal student must be conducted with an awareness of social patterns that may be present and should be explored. As a result of belongingness and identity needs, students may be drawn toward homogenous groups sharing similar backgrounds, experiences and difficulties. It is important to identify people who are close to the suicidal individual, may have knowledge of the suicidal thoughts, or are witnesses to previous suicidal behaviors. Such relationships could exist across school buildings and communities (e.g., sports clubs, internet chats, etc.). Further, when dealing with any potentially suicidal behaviors in a student, special attention should be paid to any socially-connected individuals in the school with a history of suicidal ideation or attempts. As deemed appropriate by the professional gathering the information, these individuals' coping responses and current functioning should be explored to determine if suicidal ideations or behaviors are present.

Contagion involves the onset of suicidal behaviors in others following a suicide attempt or completion by another individual. Moscicki (1995) found this to be a rare occurrence, happening in only 1% to 3% of all adolescent suicides. However, as with other crisis responses, it is best to be prepared and adopt a preventive approach to potential crises. As noted elsewhere in the Suicide Intervention Procedures manual, it is essential that an immediate and comprehensive response be taken in relation to a suicide attempt or completion. Practitioners should be aware of "suicide pacts" and address any possibilities that the student has engaged in such an agreement.

- *Staff Issues:* Lieberman and Davis (2002) note the critical importance of collaborating with colleagues when working with suicidal students. Acknowledging that the "process is fraught with unexpected developments", the authors noted that collaborating with colleagues "is both reassuring and prudent because difficult decisions are often necessary when advocating for a suicidal youth" (Lieberman and Davis, 2002, p. 539). Staff directly involved in suicide intervention should acknowledge the inherent stress and anxiety involved in the process and engage in self-care activities including processing thoughts and feelings with colleagues, recognizing that no one person can completely assume the responsibility for successfully preserving the life of an individual who is threatening suicide (Brown and Schroff, 1986).

- *Parent Notification:* Parent notification should be completed in a manner that elicits support from the parents to obtain help for their child (Stanton & Stanton, 1987). It is typically in the best interest of the student to have the parent involved in the process and advocate for the student as part of a strong, united support system. With the inherent stress, anxiety, and fear a parent may experience when called into a suicide intervention, practitioners can optimally help parents cope by identifying and mobilizing parental strengths and empowering the parent with the belief that their child can be helped. Parent responses may vary significantly and may include acceptance, appreciation, denial, anger and/or efforts to minimize and rationalize the situation. The interviewer should refer to the Suicide Intervention Procedures document (*Special Circumstances* section) for specific guidance on addressing these situations.

Follow-Up and Transitions:

Current research notes the importance of ongoing support and monitoring of potentially suicidal students and encourages the use of school multidisciplinary teams, classroom modifications, and parent communication (Poland and Lieberman, 2002; Lieberman and Davis, 2002). However, this research offers few specific recommendations for follow-up and transition activities and timelines. Best practices in suicide intervention involves parents, school staff, and outside mental health practitioners working collaboratively with the student to address ongoing emotional, behavioral, and academic needs. Such collaborative work should include:

- *Open Communication:* Communication lines may funnel through the school-based mental health practitioner due to his/her professional role, direct involvement in the intervention, and access to all appropriate interveners (i.e., administrators, teachers, parents, school support staff, private health care providers, etc.). Communication should be ongoing throughout the time the student is in need so as to build a trusting relationship, improve school-based intervention planning, and maintain the student's academic progress. Considerations for effectively communicating with treatment teams, school staff, and families include:

    - Ensuring the collection of accurate, objective, and thorough information (e.g., diagnoses, treatment plans, etc.) across settings and reporters (i.e., not relying exclusively on one report of functioning),
    - Completing timely contacts with parents and outside practitioners in order to share ongoing treatment information for intervention planning,
    - Addressing school reporting responsibilities (e.g., communicating behavioral risks and instructional needs to administrators, teachers, support staff), and
    - Informing parents of school information reporting responsibilities (e.g., what information will be shared with whom).

- *Educational Supports:* School staff are uniquely empowered to make direct changes in the instructional environment and with peer groups which may be contributing factors to identified emotional and suicidal thoughts/behaviors. Multidisciplinary teams, support staff, and classroom teachers should consider available and appropriate supports for the student which may include:

    - Individualizing classroom instruction,
    - Modifying academic demands,
    - Modifying academic schedules (e.g., class changes, Home/Hospital as appropriate, etc.),
    - Providing peer supports, and
    - Providing work for the student while they are out of school.

- *Emotional/Behavioral Interventions:* Aside from the educational challenges the student will face upon returning to the instructional environment, his/her emotional and behavioral needs may be significant. In cooperation with parents and treatment teams, student services staff should actively participate in researching, planning, and/or implementing a variety of appropriate interventions. These may include skill building experiences (e.g., anger management, conflict resolution), participation in extracurricular activities, community agency involvement, classroom-based social skills activities, providing opportunities to process situations with trusted adults, etc. Student services staff should consult with teachers regarding absences, return to school, classroom discussions or lesson plans related to suicide, and other associated issues.

Additional steps may be taken to broaden the targeted population from one student to classes or the entire school population. Student services staff may see significant benefits from introducing staff development around outcomes related to school suicide prevention and intervention strategies. Training outcomes may focus on myths, risk factors, warning signs, strategies for responding to the issue of suicide in class, and reporting responsibilities and procedures within the school.

- *Transition Plans:* In cases where a student is out of school for any period of time, transition plans support a return to school by delineating instructional needs, staff responsibilities, student responsibilities, and structures for managing obstacles within the school setting. Considerations for developing and implementing effective transition plans include the following:

    - Anticipating transition issues in advance (e.g., questions from peers, missed work, etc.),
    - Problem-solving anticipated issues with the student and parent(s),
    - Providing a safe, supportive school-based contact person for the student (e.g., school counselor, school psychologist, etc.),
    - Defining changes in roles and responsibilities of the student or staff that may result from any new academic, behavioral, or emotional interventions to be implemented,
    - Establishing a social support network, and
    - Establishing a method and timeline for evaluating ongoing needs and progress and communicating with parents and treatment team members.

APPENDIX

Record of Notification

Office of Special Education and Student Services
10920 Clarksville Pike
Ellicott City, MD 21042-6198
410-313-6776

I/We _____, the parents of _____, were involved in a conference with school personnel on _____. We have been notified that our child was referred due to concerns related to suicide. We have been advised that it is our responsibility to obtain treatment/counseling services for our child. The role of the school staff will be to serve as a secondary support to my child's primary mental health provider rather than to provide ongoing treatment.

☐ Parent was available to sign the Record of Notification:

_____	_____
(Parent or Legal Guardian)	(Date)
_____	_____
(Parent or Legal Guardian)	(Date)
_____	_____
(School Personnel - Title)	(Date)
_____	_____
(School Personnel - Title)	(Date)

☐ The notification occurred over the phone. Sign the School Personnel lines above and note the following:

- Parent contacted: _____
- Date: _____
- Time: _____

Upon completion, this document is to be kept in the school administrator's *confidential* file, along with the completed Record of Contact.

Record of Contact

Department of Special Education and Student Services
10920 Clarksville Pike
Ellicott City, MD 21042-6198
410-313-6776

Name of Student: _____ Date and Time of Contact: _____

School: _____

Date of Birth: _____ Age: _____ Grade: _____ Gender:_____

Race/Ethnicity:

____ American Indian/Alaska Native
____ Asian
____ Black/African American
____ Hispanic/Latino
____ Native Hawaiian/Other Pacific Islander
____ White
____ Two or more races

Parent Name: _____

Address: _____

Phone:(home) _____ (work)_____ (cell)_____

Referred By: _____ Position of Referral Source (e.g., teacher): _____

Referral (For the current school year; circle one): **NEW** or **REPEAT**

Reason for Referral: _____

_____

_____

Administrator Notified: _____

Intervention Completed By: _____ _____
(School Counselor/School Psychologist) (School Counselor/School Psychologist)

Consulted With: _____ _____
(School Counselor/School Psychologist) (School Counselor/School Psychologist)

Parent Contacted By: _____

Time: _____ Name of Contact: _____

Action Steps:

____ A. Suicide Intervention Procedures completed
____ B. Record of Notification signed by parent/read to parent over the phone
____ C. Suicide prevention information shared (e.g. pamphlet, hot-line card, etc.)
____ D. Mental health supports and resources discussed with parent

Outcomes: (check all that apply)

____ A. Student released to instructional environment
____ B. Student released to parent
____ C. Student released for immediate assessment
  ____ Transported by emergency personnel
  ____ Transported by parent
____ D. Student referred to Mobile Crisis Team (See Special Circumstances)
____ E. Appointment confirmed with a mental health provider
____ F. Release of Records
  _____ Signed to allow school to communicate with private providers
  _____ Already available in Student Record
____ G. Case referred to outside agency (DSS or Police)

School-Based Follow-Up: (check all that apply)

____ A. School psychologist/counselor will monitor
____ B. Refer to school-based problem-solving team
____ C. Establish/Maintain communication with community-based mental health provider
____ D. Schedule meeting with parents (and student) prior to student returning to school
____ E. Other (please specify) _____

Upon completion, this document is to be kept in the school administrator's *confidential* file, along with the Record of Notification.

Notice of Confidential Information

Office of Special Education and Student Services
10920 Clarksville Pike
Ellicott City, MD 21042-6198
410-313-6776

Date: _____

Student Name: _____ Date Of Birth: _____

Student Identification Number: _____ Grade: _____

School: _____

The maintenance of confidential records is the responsibility of the principal. A record including confidential information exists for this student. Please contact the principal if there is a need for access to this record.

C: Principal
Cumulative File

HCPSS Suicide Intervention Procedures (SIP): *Frequently Asked Questions*

Pre-Referral

1. *Is there a PPT or other training for staff at our school? Who is responsible for this training?*
   A: Yes. A PowerPoint entitled *Suicide Prevention Awareness: Information for Educators* is available to school psychologists (wikispace) and school counselors (Al Fresco). Providing this annual training is a shared responsibility.

2. *Can threat management procedures and interventions (e.g., psychiatric assessments) be used for suicidal threats?*
   A: No. Threat management and suicide intervention procedures overlap only if a referral indicates both threatening and suicidal ideation. In this case, the two separate procedures are conducted simultaneously. Otherwise, the appropriate procedure should be followed based on a threat toward others (TM) or toward themselves (SIP).

3. *Should/Can self-injury be considered part of this plan?*
   A: Self-mutilation and suicidal behaviors have been considered separate, but related behaviors. They may be symptomatic of similar life experiences (e.g., environmental stressors, depression, etc.), however generally serve different functions for the student. When identified in isolation as a non-suicidal behavior, self-injury should be considered a high-risk behavior worthy of parent notification and intervention, however should not be managed through SIP. If evidence of suicidal thought is coupled with reports of self-injury or if the injury is so extreme that it becomes life-threatening, then the student's needs should be managed through SIP Procedures.

Referral

1. *Do you complete the suicide intervention procedures every time a student writes/draws/says something that could be perceived as suicidal?*
   A: Yes.

2. *At what point are drawings or writings considered suicidal ideation?*
   A: School staff should err on the side of caution when making judgments about writings, comments, actions, and drawings. Every student who has created artwork depicting or implying any degree of harm to self or others should be questioned about their intent. If their response(s) reflects any match with known suicide risk factors or warning signs, then SIP Procedures should be completed.

3. *What is the administrator's role if a student says they want to hurt themselves in the administrator's presence?*
   A: Per SIP procedures, all staff should "immediately refer any student suspected of being suicidal to an administrator, school counselor, or school psychologist". Upon notification, an administrator is asked to notify the school counselor and/or school psychologist who will complete SIP procedures.

4. *Do we complete an intervention if a parent tells you their child expressed suicidal ideation (or attempted suicide) at home?*
   A: Parents often seek support from school-based mental health staff in the event their child discusses suicide at home. Staff are encouraged to provide appropriate intervention, information, and referrals given the unique nature of each case. If the student is in school and any indication is present that they may be experiencing suicidal thoughts, SIP procedures should be completed.

5. *If a referral occurs moments before dismissal and the interview process is occurring as buses are dismissed, what do we do?*
   A: SIP procedures require parent contact prior to releasing the student. In some cases, students have been held from buses to address the needs of the situation. An administrator should be consulted if holding the child from the bus is perceived as necessary to understand the situation and complete an informed parent notification.

6. *What if a parent calls after school hours and says their child's friend made a suicidal comment. Are you responsible or can you tell the parent who called to call the child's parent?*
   A: In a situation where the child is not accessible for SIP procedures, immediate response options for the school should be considered based on the situation. Once notified, school staff are responsible for completing reasonable means to prevent the suicide. In this situation, options include contacting police, contacting the child's parents, or contacting the Mobile Crisis Team.

7. *What do you do if a staff member brings you a child who made a suicidal statement (you feel it is <u>low level</u> – just joking, etc.), but you have somewhere else you need to be. Can the child return to class with adult supervision or do they need to wait in the office until you can talk with them?*
   A: At the point of referral, available information is limited and insufficient for determining a degree of match with known warning signs and risk factors for suicide and subsequent actions. School counselors and psychologists should establish procedures with administrators in advance for prioritizing immediate responses to SIP referrals.

8. *What should a teacher do if staff receive information on weekends/in the evening (while grading papers)?*
   A: If possible, a school counselor or school psychologist may be contacted for support and to assist with contacting the student's parents immediately to report the suicidal concerns. If contacting the parent is not an available option, staff should contact police to report the suicidal concerns.

9. *If a child's statements are reported the next day and the teacher has already told the parents, what should we do?*
   A: SIP procedures continue to be necessary. At a minimum, the counselor or psychologist should meet with the student, contact the parent to discuss their child's ideation, share suicide prevention information and referrals, discuss necessary follow-up, and complete the appropriate documentation. A follow-up with the teacher to clarify the importance of immediate referrals is necessary.

10. *What if your administrator is unavailable (out of building, in a meeting) when you get a referral?*
    A: It is important to discuss school-based 'backup' procedures for administrative contacts and decisions prior to troubleshooting specific events. Meet with your principal and discuss his/her preferences for contact should this situation arise. Possible solutions include sending a message into a meeting, contacting an assistant principal or designee, or calling the principal's cell phone.

Initial Student Contact

1. *If you are the only student services staff at your school and a child makes a statement at the very end of the day, can you do the procedures alone or with an administrator?*
   A: School psychologists and school counselors are able to individually complete a SIP intervention with a child. SIP procedures require consultation "*(in person or on the phone) with a colleague. The colleague must be a school counselor or school psychologist trained in implementing the HCPSS Suicide Intervention Procedures*". This consultation can occur with a school psychologist or school counselor in another building prior to the parent contact. Administrators should be informed of ongoing SIPs, however SIP procedures identify school counselors and school psychologists as the only trained staff to complete interventions.

Interview

1. *It is my understanding that Alt. Ed. staff who are/have their LCSW can be intervenors and implement the suicide intervention procedures. Has this changed? What is the social workers role? (assist, serve as intervenor/consultant, etc.)?*
   A: Per SIP Procedures (pp. 1-2) all school staff, including alternative education staff and social workers, carry responsibilities to refer any student suspected of being suicidal to an administrator, school psychologist, or school counselor. SIP Procedures identify school counselors and school psychologists as the trained intervenors to complete student interventions. At Homewood School, the role of intervenor extends to Mental Health Therapists and Mental Health Specialists.

2. *Where can we find degree of match information?*
   A: Degree of match information can be found in the HCPSS Suicide Intervention Procedures on pages 4-6. Detailed discussions of warning signs and risk factors related to suicide can be found in Suicidal Ideation and Behaviors (Brock & Sandoval; pp. 113-129 in HCPSS Student Services Crisis Intervention Resource Manual). It is expected that HCPSS staff will determine the "degree of match" using the known warning signs and risk factors that are part of our training along with our clinical judgment and interview data from each specific case. In every case, staff members are required to consult with a school counselor or school psychologist in determining degree of match.

3. *When meeting with a student, the student discloses LBGTQ feelings associated with suicidal ideation. How do you handle this if the parent does not ask for specifics about what that child said?*
   A: Provide the parent with the child's statements/thoughts about harming himself/herself, such as a plan, time, etc. If the issue is not related to self-harm, then the information may remain confidential, but the psychologist/counselor may work with the student to assist in telling parent to access supports for the student.

How do you handle if parent does ask for specifics about what the child said?
A: Provide the parent with the specific statements that the child had made regarding self-harm. Reiterate the importance of follow-up activities such as counseling to support the student.

4. *Is it important for the counselor/psychologist to ensure that adults supervising the student not engage the student in conversation prior to leaving the room for consultation or parent contact?*
   A: It is understandable that conversations may occur to promote comfort and understanding at a difficult time, however conversations/questions related to the student's referral, suicidal ideation, and suicidal behaviors should be deferred to the school counselor or school psychologist.

Actions

1. *The consulting part is ambiguous. Who can we consult with? Sometimes we have to call multiple schools before we reach someone - what do we do?*
   A: Per SIP Procedures, the school counselor or school psychologist must "*Consult (in person or on the phone) with a colleague. The colleague must be a school counselor or school psychologist trained in implementing the HCPSS Suicide Intervention Procedures*" (p.4). If a school counselor or school psychologist is unavailable in your school, options for phone consultation include school counselors or school psychologists in other buildings, the Resource School Counselors, Resource School Psychologist, Coordinator for School Counseling and Related Services, or Coordinator for School Psychology, Instructional Intervention, and Home & Hospital.

2. *In threat management, the administrator needs to call their supervisor before a child is removed by police or for an evaluation. What if we have to call the MCT or police about suicide intervention?*
   A: Administrative and colleague consultations are very important throughout the SIP process. These consultations are generally sufficient to guide school counselors and school psychologists when deciding whether *Special Circumstances* (SIP Procedures, pp. 11-15) apply which would result in the SRO, police, or MCT being contacted. If additional consultation is necessary, school counselors and school psychologists are encouraged to contact the Resource School Counselor, Resource School Psychologist, Coordinator for School Counseling, or Coordinator for School Psychology and Instructional Intervention.

3. *If a parent refuses to pick up a higher degree of match student and the school resource officer gets an Emergency Petition (EP), do we have to accompany the student to the hospital?*
   A: While it is not required that a staff member accompany a student to the hospital, schools may wish to consider this action. Accompanying the student provides the student a level of comfort while also providing hospital staff with current and complete referral information. The possibility of this action should be discussed with school-based Student Services staff, school-based Health Services staff, and Administration prior to events occurring in order to ensure that all school-based procedures are followed should such a situation arise.

4. *Can school psychologists do an Emergency Petition (EP)?*
   A: No.

5. *Can we (school staff) ever get in legal trouble for overreacting or arguably going beyond procedure and erring on the side of sending students to the ER?*
   A: School staff are not empowered to complete Emergency Petitions for students to be admitted to the ER. A child may be admitted to the ER following one of several situations: a) consultation with either the SRO or police whereby the officer follows independent police procedures to complete an Emergency Petition (EP), b) contact with the parents whereby the parent elects to bring their child to the ER for assessment, or c) a suicide attempt in the building or presentation with injuries which lead to *Special Circumstances* (p.11) requiring health assistant/cluster nurse involvement and a possible 911 call following Health Services Emergency Procedures.

6. *If the Mobile Crisis Team (MCT) chooses to assist in the intervention, who determines the degree of match and next steps – either transport to the hospital or not? School staff or MCT staff?*
   A: MCT staff are an available support for unique circumstances detailed in SIP *Special Circumstances* (p. 13). Anytime SIP Procedures are completed, the school counselor and school psychologist are responsible for identifying degree of match, contacting parents, completing written SIP procedures and documentation, etc. If MCT are called to supplement a SIP intervention due to special circumstances, MCT will follow MCT procedures for gathering information about the student, intervening with the student, and collaborating with law enforcement should an Emergency Petition be in order.

7. *Can 'no-suicide' contracts be used as a follow-up action with the student?*
   A: No.

8. *What can be shared with teachers? Is there follow-up?*
   A: Suicide is a significant at-risk behavior. Teachers, who provide primary supervision for the child, should be made aware of at-risk behaviors requiring monitoring. School counselors and school psychologists should consult with administrators when determining how to maintain appropriate confidentiality while ensuring that teachers are aware of at-risk behaviors.

Parent Contact (Please see *Special Circumstances* pp. 12-13 for specific guidance regarding contacting non-English speaking families, an inability to contact parents, completing the Record of Notification, etc.)

1. *What if we can't get in touch with the parent? What do we do when listed numbers do not work? Since it's stated that we need permission to release the child to the classroom, what do we do with the student?*
   A: SIP Procedures require a parent contact when a SIP intervention is completed. Various challenges may make parent contacts difficult. Staff are encouraged to use multiple approaches to contact the parent (voice-mail messages, e-mail messages requesting a call, using Emergency Procedure Card contacts to request assistance with

contacting the parent, etc.). In cases where parent contact continues to be unavailable, staff should consult with their administrator and central office Student Services staff as needed. Students should not be released on the bus, to the instructional environment, or to other environments until the parent contact has been completed. It is important that the student be supervised until the parent contact is complete.

2. *Is it necessary to have a colleague in the office when we make a phone call home?*
   A: No. However, if a staff member anticipates a challenging conversation or special circumstance where colleague/administrative support is needed (e.g., when a Record of Notification will be read over the phone and a witness is needed), having appropriate staff in the office for the phone call is permissible and encouraged.

3. *How do we handle parent contacts, permission to leave, etc. for students that are 18 years or older?*
   A: Students that are 18 years old fall into one of three groups. Staff should handle parent contacts, etc. according to the group in which the student falls as follows:
   i. An 18 year old student living with parents: Staff should follow SIPs and contact the student's parents,
   ii. An emancipated 18 year old student: Staff should follow SIPs and utilize the student's emergency card for additional contacts (e.g., significant other, family members, etc.)
   iii. An 18 year old that is a 'vulnerable adult' due to mental or physical limitations: Staff should follow SIPs and contact the student's parents.

4. *How familiar is the international office with these procedures when we call to get interpreters for the parent contact?*
   A: Staff in the International Student and Family Services office have received an awareness training about the HCPSS Suicide Intervention Procedures. When interpreting services are necessary, the International Liaison for Interpreting and Translating Services should be contacted at x1549.

5. *Are there legality/confidentiality issues involved in using an interpreter to discuss suicidal thoughts/issues with parents?*
   A: Yes. Schools should only use HCPSS certified interpreters. Interpreters follow a 'Code of Ethics' and have completed trainings which emphasize the code of ethics and confidentiality. When dealing with specific cultures, it is best practice to meet with the interpreter prior to meeting with the parent to ensure the information is conveyed in a manner that is aligned with the parents' cultural norms. The professional interpreter should assure the parents that information will not be revealed outside of the interpretation encounter.

Documentation

1. *Can we get the updated suicide forms on line?*
   A: The most current documentation forms are available on the school psychologist wikispace and the school counseling Al Fresco site.

2. *Is it appropriate to do a Record of Notification over the phone with another person present for verification? How do I complete it by phone?*
   A: Yes. The Record of Notification can be read to the parent. Staff should complete the appropriate section with the school counselor or school psychologist and second person (e.g., administrator, other student services staff member) present signing the Record of Notification noting that it was read to the parent.

3. *What should we do if a parent refuses to sign the Record of Notification?*
   A: It is important that school counselors and school psychologists exercise every effort to collaborate with the parents to help them understand the purpose of the Record of Notification. However, if a parent continues to refuse a signature, follow the steps in question #2 above with an added note that the parent refused to sign.

4. *A child is referred and it is determined to be a lower degree of match. The parent does not want documentation of any type kept in school files that has to do with or contains the word "suicide." What do you do? Do parents get copies of any of the forms? Should the parent get a copy of the completed Record of Notification?*
   A: If a student is suspected of being suicidal and the Suicide Intervention Procedures are completed, then the Confidential Information Form, Record of Notification, and Record of Contact are completed and kept in the appropriate locations. The only SIP form kept in the student's cumulative file is the Confidential Information Form which does not contain the word 'suicide' in the language. When forms are completed, the parent may have copies of the completed forms. If the parent requests that the required records be pulled from the file, please refer to question #5 in this section.

5. *Does the parent have the right to remove SIP forms from the cumulative folder?*
   A: If a parent expresses concern about the use of SIP documentation forms, school staff should work with the family collaboratively to ensure that all persons involved understand the importance of maintaining accurate and confidential documentation regarding the child's well-being. This documentation ensures that current and future decisions regarding support can be made in an informed and appropriate manner for the student. Should the parent choose to request that this information be removed, the school should follow appeal procedures for the removal of documents from the permanent record. These procedures are outlined in Policy 9050: Student Records and Confidentiality.

6. *If the suicide attempt happened outside of school, do I still need to fill out the Notice of Confidential Information?*
   A: SIP documentation (Record of Contact, Record of Notification, Confidential Information Form) is completed only when SIP procedures are followed. If the attempt does not lead to a SIP intervention (e.g., child goes directly to hospital from home and is admitted), then SIP documentation would not be completed.

7. *Should a copy of a suicidal letter/drawing be attached to documentation in the confidential file?*
   A: Yes. Any documentation available as a result of the intervention (e.g., student's art, writings, statement, etc.) can be housed in the principal's confidential file.

8. *What are the yellow dots for folders?*
   A: Yellow dots are placed on cumulative folders to indicate that information is available in either the folder or confidential file related to Threat Management Procedures, SIP Procedures, or a reportable offense. Procedures for communicating 'yellow dot' information when a student transfers are available to school counselors.

9. *Following a SIP intervention, can we require a doctor's note indicating they are safe to return to school?*
   A: No. However, it is best practice to communicate with the parent, prepare the school for the child's return, and build supports into the child's return as needed (i.e., transition meeting, parent conference, communication with outside providers, safety plan, etc.)

Follow-Up

1. *Can the school require re-entry conferences when a student is referred from the school?*
   A: The school system cannot require re-entry conferences for students returning to school after being involved in the SIP Procedures except in cases where the conference is otherwise allowable under separate policies and procedures which overlapped with the students involvement in the Suicide Intervention Procedures (e.g., threat management procedures, disciplinary responses/suspension, etc.). While they can not be required, re-entry conferences are encouraged and provide school staff with valuable opportunities for participating constructively in collaborative meetings with students and parents that will likely improve the level of care provided to the student.

2. *If a parent picks up a child with a high degree of match, signs paperwork, takes resources home, etc. but does nothing else and the child comes back the next day, can the child return to school?*
   A: Yes.

3. *Who is responsible for a transition meeting for a student after discharge from a hospital? Counselor or psychologist?*
   A: It is the shared responsibility of counselors and psychologists to develop and implement SIP procedures and follow-up transition/action plans. The most logical person to meet with the parents may vary from case to case, but will likely be the person(s) that knows the child the best, has worked with the family effectively in the past, and/or completed the Suicide Intervention Procedures with the child. An appropriate place to identify follow-up roles and responsibilities would be in the student's follow-up action plan.

4. *If your school has put a safety or action plan in place, when do you remove it? Do you have to assess degree of match again to make sure it is low before removing the safety plan?*
   A: An action plan is a short-term intervention that is developed collaboratively with parents, school system representatives (e.g., IIT, student services staff) and community care providers (when available). Action plans should be written using clear and measurable terms with definitive goals, actions, and monitoring strategies. The development team should monitor the plan closely during implementation. Once the goals of the intervention plan are met, then the team should consider removing the intervention plan.

5. *How do you define 'monitoring' after the incident? Is this the counselor or psychologists responsibility?*
   A: "Monitoring" activities include ongoing support strategies based on the student's current needs. Monitoring activities could include parent communication, transition planning, direct student follow-up, communication with outside providers, and/or staff supports. It is the shared responsibility of school counselors and psychologists to implement monitoring activities.

6. *If a child learns that saying "I want to kill myself" will initiate procedures, and begins to repeatedly use this phrase to escape task and gain attention. What do you do?*
   A: It is incumbent on staff to consider all threats seriously and respond to the threat using SIP Procedures. In cases where the behavior appears to serve multiple functions (e.g., attention, escape, etc.), school staff should initiate behavioral support strategies to facilitate the learning and generalization of replacement behaviors which may serve to minimize and/or extinguish the behaviors of concern. Appropriate behavioral support strategies may include the use of a Functional Behavior Assessment and Behavior Intervention Plan, counseling-based skill-building activities, collaboration with outside care providers, etc. In these cases, it is recommended that the school counselor and/or school psychologist consult with the Resource School Counselor, Resource School Psychologist, Coordinator for School Counseling and Related Services, or Coordinator for School Psychology and Instructional Intervention.