



SUICIDE PREVENTION/INTERVENTION GUIDELINES

These guidelines contain best practices for administrators and qualified school professionals to follow when concerned that a student may be at risk for suicide.

*Prepared by the Department of Student Services, Alternative Programs, and Equity
Alexandria City Public Schools
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DUTIES OF EDUCATIONAL PROFESSIONALS IN RESPONSE TO A SUICIDE THREAT

The Alexandria City Public Schools Suicide Prevention/Intervention Guidelines contain general guidance on suicide prevention and intervention. These guidelines include information on the duties of qualified school professionals (QSP) in responding to suicide threats and attempts, and procedures for conducting suicide risk assessment. They also include protocols for contacting parents or guardians of at risk students, an outline for developing a plan of action for student reentry into school, and additional resources related to suicide prevention and intervention.

In accordance with § 22.1-272.1 Code of Virginia, all licensed educational professionals who believe a student may be at risk for attempting suicide hold the responsibility of reporting these students to a qualified school professional, while ensuring the safety of the student. All educational professionals who discover that a student has thought or fantasized about taking one's own life, even without the presence of any action to carry out these thoughts, will immediately notify a QSP (school counselor, school nurse, social worker or psychologist).

Qualified School Professional (QSP)

A qualified school professional includes professional school counselors, school nurses, school psychologists, and school social workers. The QSP is trained to conduct interviews with students in order to *informally* assess the level of suicide risk.

Duties of the Qualified School Professional (QSP)

- The QSP will immediately interview the student to determine the suicide risk. Use the Suicide Risk Assessment Documentation Form (Appendix A).
- Consultation with other qualified school professionals when assessing risk is both reassuring and prudent. ***Notify school principals, professional school counselors, and other administrators of the circumstances as soon as possible in order for them to appropriately respond to potential phone calls or other contact from parents or guardians.***
- Under such conditions as a suicide threat, commitment to student confidentiality is superseded by the need to initiate life-saving interventions.
- The QSP will always contact the parents to inform them of the suicide risk, with the exception of suspected abuse or neglect. (Guidelines for such circumstances are found below.)
- When the suicide risk is deemed to be significant, the QSP will refer the student and parent or guardian to mental health services for further assessment at the expense of the family. If the student is receiving ongoing therapy from a community or faith-based mental health professional, the therapist shall be notified by the QSP as soon as the parent or guardian provides consent for release of information. The QSP shall indicate the present signs of suicide or observed behaviors of concern. The school will accept documentation that the therapist is aware of the suicidal concern and that a current treatment plan is in place to address the suicide risk.
- The QSP will document that parents were contacted including date and time of the contact, the response of the parent or guardian, and whether follow up with the family, a community agency, etc. is necessary using the Suicide Risk Assessment Documentation Form (Appendix A).
- The QSP will maintain the safety of the student until the parent or guardian physically accepts responsibility for the student's security. It is always best to inform the student of what is taking place during every step of the process. Solicit the student's assistance when appropriate.
- ***When a student is at risk for suicide, under no circumstances shall the student be allowed to leave the school alone or be left in any room or office alone (including the restroom).***

Instances of Abuse and Neglect

If a student is found to be at risk for suicide and the student suggests that a reason for this risk may be associated with parental/guardian abuse or neglect, the QSP will **NOT** contact the parent or guardian. The QSP will contact Alexandria Child Protective Services (CPS). The need for an immediate response in order to protect the student from danger must be emphasized. The qualified school professional will maintain the safety of the student until the CPS worker or authorized person physically accepts responsibility for the student's security. If the QSP does not get a timely response from CPS, the administrator shall be contacted to help facilitate an immediate response to the referral. Under no circumstances shall the student be left alone. Likewise, if a parent or guardian is contacted and the QSP discovers that although the adult acknowledges the suicidal risk, they do not appear determined to take immediate action for the safety of the student, this could also be considered abuse or neglect. CPS shall be contacted and appropriate steps taken. The QSP will document the referral to CPS using the Abuse/Neglect Referral Form for Students at Risk for Suicide (Appendix D).

**DUTIES OF EDUCATIONAL PROFESSIONALS
IN RESPONSE TO AN
IMMINENT SUICIDE ATTEMPT**

In accordance with Alexandria City Public Schools Crisis Intervention Plan, all educational professionals who discover that a student has attempted suicide or may imminently attempt suicide while in the jurisdiction of the school will immediately notify emergency personnel and parent or guardian according to the following guidelines (these guidelines apply whether the educational professional obtains information about the imminent suicide directly from the student or from a secondary source):

Non-Administrative Educational Professionals

Any non-administrative professionals who discover that a student, while in the jurisdiction of the school, has attempted or may attempt suicide will:

1. Immediately notify the administrator(s) of the school;
2. Remain with the student until support personnel have arrived including, but not limited to, qualified school professionals;
3. Evacuate any other students from the area, if appropriate; and
4. Attempt to calm the student and engage the student in conversation until help has arrived.

Administrators

All administrators who are notified that a student, while in the jurisdiction of the school, has attempted suicide or may attempt suicide imminently will:

1. Immediately **Call 911** and request police and ambulance response;
2. Ensure that a qualified school professional reports immediately to the scene where the student is located;
3. Notify the parents and request their presence at the school immediately;
4. Notify the Office of the Superintendent (703-619-8001);
5. If suicide is not prevented, secure the area and debrief staff using the outlined procedures in the ACPS Crisis Management Plan;
6. Ensure that counseling is provided and available for students and staff; and
7. Review the ACPS Crisis Intervention Manual.

**DUTIES OF ADMINISTRATORS
IN RESPONSE TO A
COMPLETED SUICIDE**

The guidelines below are to assist administrators in implementing appropriate responses to a completed suicide. All administrators who are notified that a student has completed a suicide will immediately:

1. Notify the Office of the Superintendent 703-619-8001. The Superintendent's office will notify the appropriate School Board members and City Supervisors.
2. Involve QSPs in the post crisis planning.
3. Refer all media to the Director of Communications (703-619-8009). School staff shall ask reporters and media representative to leave school property.
4. In collaboration with the Director of Communications and the Student Services Office (703-619-8034), administrators will prepare an announcement. It is not necessary to mention the suicide/accident or to give details. Information at the early stages is often inaccurate. A straightforward sympathetic announcement of a loss with a simple statement of condolence is recommended. If indicated, also a statement that more information will be forthcoming when it is verified can be reassuring to the students.
5. Hold a faculty meeting at the end of the school day. Call the Crisis Intervention Team to coordinate and provide staff support services. Consider outside resources when appropriate to assist with faculty meeting. This may include the Alexandria Community Services Board (703-746-3600).
6. The administrator and members of the QSP will arrange crisis counseling for individuals impacted by the suicide.

CONDUCTING A SUICIDE RISK ASSESSMENT

In accordance with § 22.1-272.1 Code of Virginia, when a student appears to be at risk for attempting suicide, qualified school professionals are responsible for assessing a student's level of imminent risk. The following section provides guidelines for conducting a suicide risk assessment using the Suicide Risk Assessment Documentation Form (Appendix A). Be advised that a suicide risk assessment should not be completed for non-suicidal self-injury (NSSI). NSSI includes behaviors such as self-cutting, burning, scratching, or hitting.

Responding to a student in crisis who has expressed suicidal intentions requires prompt attention and the need to implement some key principles. According to research, a thought of suicide is a sensitive predictor of a suicide attempt (Deykin & Buka, 1994). Therefore, intervening at the stage of a student's contemplation of suicide is essential as it can very likely avoid an attempt, or worse, a completion.

First, **trust your instinct**. If you have the slightest suspicion about a drawing, a statement in a writing assignment, or a change in disposition, it is important for you to address your concerns directly with the student rather than adopting a wait-and-see approach. As the qualified school professional (QSP), you will be the person to address the student concerns on the initial intake. While a privately based professional can do an in-depth suicidal risk assessment and perhaps a contract agreement, you may ask some preliminary questions, delineate behaviors of concern, and share your findings with the parent or guardian and outside mental health professionals. Your questions will show that you care and that you are interested in the feelings the student is experiencing. Your questions will not fuel suicidal thoughts but instead help to uncover the line of thinking and display your care and concern for the student's safety.

Generally speaking, the line of questioning shall cover three general categories:

- 1) *What is the nature of the suicidal thoughts?*
- 2) *How long has the student been having such thoughts?*
- 3) *What precisely would the student do to carry out his/her intentions for self-harm?*

Nature of the thoughts: If the nature of the thoughts entail realistic efforts for self-harm and there are reasonable means to carry out the threat, immediate follow-up with a mental health professional is warranted because this risk for harm would be considered moderate to high.

Length of time: If the student reports having thoughts for three months or more, this suggests a high level of hopelessness which warrants follow-through. Listen empathetically. It is not the goal at this point to try to instill hopefulness. The fact that the student is being heard is beneficial and feelings shall be validated.

The plan to carry out intentions: A young person with thoughts of suicide might articulate his/her intention to do a variety of different things to carry out his/her own self demise. If the student can articulate any kind of coherent plan, this means his/her thoughts have materialized to the level of outlining steps he/she might take to stop his/her pain. Suicide is a permanent solution to temporary discomfort and sometimes fleeting emotional pain. It is your role to intervene, and listening is the first step in this process. ***One example of a suicidal plan might include taking a large dose of pills. This is a threat that should be taken seriously. Another example would be a threat to use something electric and take it into the shower. This is accessible means (e.g., blow dryers) and self-harm could be immediate.***

Communicate your concerns

Suicide thoughts are often nurtured or encouraged when behavioral changes are ignored by others. The loneliness and perceived isolation associated with feelings that nobody cares tend to energize suicidal thoughts. A concerned adult's open line of communication helps to decrease thoughts of hopelessness and feelings that no one cares.

AVOID the tendency to dismiss the person's feelings or the tendency to withdraw from the person because of mood changes. Avoid saying, "Oh, don't think that way" or "You have every reason to feel that way." Such statements sound dismissive and deny the reality of the feelings the person is experiencing.

When talking to a distressed student:

- Remain calm and be understanding.
- Communicate your concerns for the well-being of the student.
- Ask open ended questions and ask for clarification to allow the student to elaborate (e.g., "explain what you mean").
- Ask the student to provide examples.

Risk factors associated with suicidal behavior

Suicidal behavior is defined as suicidal ideation expressed in the form of threats to do self-harm. There are numerous risk factors associated with suicidal behavior that can range from stressors such as physical abuse, substance abuse, or temporary home displacement. Risk factors or presenting problems shall be regarded as exacerbating feelings of hopelessness. As a trained professional, use clinical judgment and knowledge of the student to apply guidelines and draw conclusions. Best practice entails erring on the side of caution when assessing imminent danger. **Consultation with other QSPs is not only strongly advised but also reassuring and prudent to ensure the safety of the student.**

While not an exhaustive list, some risk factors associated with suicidal behavior include:

Personal Risk Factors

- Substance abuse
- Isolation
- Psychiatric disorders (e.g., mood disorders, schizophrenia, anxiety, and personality disorders)
- Poor impulse control
- Confusion or conflict about sexual orientation
- Loss of significant relationship(s)
- Compulsive, extreme perfectionism
- Deficits in social skills
- Loss (perceived or real) of identity or status
- Feelings of powerlessness, hopelessness, or helplessness
- Pregnancy or fear of pregnancy
- Exaggerated humiliation or fear of humiliation
- Certain cultural and religious beliefs (e.g., that suicide is notable resolution to a personal dilemma)
- Major illness

Behavioral Risk Factors

- Prior suicide attempts (* number one predictor of suicide)
- Aggression/rage/defiance
- Running away from home
- School failure, truancy
- Fascination with death, violence

Family Risk Factors

- Family history of suicide
- Changes in family structure (e.g., death, divorce, remarriage, etc.)
- Family involvement in alcoholism/other drug abuse
- Lack of strong bonding/attachment within the family
- Withdrawal of support
- Unrealistic parental expectations
- Violent, destructive parent-child interactions
- Inconsistent, unpredictable parental behavior
- Depressed, suicidal parents
- Abuse (i.e., physical, emotional, or sexual)

Environmental Risk Factors

- Stigma associated with help-seeking
- Lack of access to helping services
- Frequent moves and changes in living situation (e.g., homelessness)
- Social isolation or alienation from peers
- Access to lethal means (e.g., firearms)
- Exposure to suicide of a peer
- Anniversary of someone else's suicide or unexpected death
- Incarceration or loss of freedom; trouble with the law
- High levels of stress, including the pressure to succeed
- High levels of exposure to violence in mass media

Warning Signs for Suicide

- Difficulties in school (especially dramatic decreases in academic performance)
- Pervasive, exaggerated or inappropriate feelings of sadness and/or anger
- Drug or alcohol abuse, especially if the young person has not been involved in this previously or if the experimentation turns into habitual use
- Sleeping too much or too little
- Sudden changes in weight (either gains or losses)
- Lack of interest in usual activities/friends
- Loss of religious or spiritual beliefs
- Persistent physical complaints
- Restlessness, agitation, anxiety, aggression
- Feeling like a failure/worthless
- Overwhelming guilt or shame
- Pessimism
- "Roller coaster" moodiness; more often and for longer periods than usual
- Overly self-critical, self-hatred
- Difficulty concentrating
- Preoccupation with death (often expressed through music or poetry)

A history of prior suicide attempts is the **number one risk factor** associated with a heightened tendency to exhibit the behavior again. Ask the student whether he or she has ever attempted suicide before and determine what kind of previous attempt was made. Most people who have attempted in the past are likely to increase the lethality of their methods if another attempt is made. Be aware of this fact, and take the necessary precautions to ensure the student's safety.

Do not leave the student alone or isolated. Ensure that adult supervision is available. This includes supervising the student while he/she is in the office of a qualified school professional or administrator. Simply because the student is in someone's office, does not mean that he/she is safe. Direct adult supervision is required.

Specific criteria to consider:

Communication of intent to inflict self-harm can be expressed through such comments as *"I wish I were dead, gone, or not here anymore," "You'd be better off without me,"* or *"No one would care if I just disappeared."* Such comments shall be taken seriously and interventions shall be immediate.

Some youth tend to verbalize suicide ideation indirectly as a reasonable solution to end a state of turmoil, unhappiness, or pain. All educational professionals shall pay attention to students' writings, artwork, or other work products that reflect themes of death and darkness. Such themes shall be addressed by QSPs.

Gender: Adolescent females are more likely to self-report suicidal ideation. Adolescent males are three to four times more likely to attempt suicide, and tend to make more lethal attempts (e.g., firearms) than females (e.g., pills). Suicidal behavior is more common in boys under the age of 12. There is no difference in the degree of severity or lethality of the attempt among younger children.

A student at a high risk is one with **a clear plan**. The QSP shall listen for a workable plan because this puts the student at a higher risk than a vague unlikely notion of how to commit suicide. Access to lethal means, particularly firearms, combined with a history of a prior attempt reflects high risk and the need for immediate intervention. Adolescents who have access to drugs, alcohol, and motor vehicles are also at a greater risk. A gun in the house increases an adolescent's risk of suicide whether it is locked up or not. While younger children may not have access to self-destructive means, they may have reasonably developed planning skills.

Unsupervised time can contribute to the likelihood of the young person engaging in high risk behaviors such as:

- Jumping from heights (common for 6-12 year olds)
- Using firearms (if accessible)
- Ingesting poisonous substances
- Stabbing
- Drowning
- Running into traffic
- Playing with fire or burning

Limited or lack of access to a perceived support system and coherent plan for self-harm can increase the risk of imminent danger. A student is at high risk for follow through when no friend, family member, or other trusted adult can be identified to offer support or if he/she refuses the support of such an identified person. Young children can experience serious emotional distress when there is a disruption in family structure, particularly if it has not been sufficiently explained.

A recent loss can trigger hopelessness, unbearable pain, and increase the potential for self-harm. The school professional must consider the student's developmental stage within the context of the perceived or real loss of the student. Perceived or real losses that may spark grief, depression, or suicide ideation include loss in social position, a love or friendship, or even self-esteem. Other situational factors that may increase suicidal risk include unstable life conditions, an awareness of family economic conditions, or rejection by peers.

CONTACTING THE PARENT OR GUARDIAN

If the student is not-at-risk or at low risk:

Parents or guardians must be contacted anytime a student is assessed for suicide risk, **even if the student is found to be not-at-risk or at a low risk**. Parents or guardians may have additional knowledge that can give statements new context. It is vital that parents or guardians be given information about the concern so that they can make decisions about the best next steps for their child.

The QSP will:

1. Identify themselves and their position within the school.
2. Explain the purpose of the call, expressing the concern regarding the student's mental health status. Inform the parent or guardian of the legal requirement for the phone call, **citing § 22.1-272.1 of the Code of Virginia**. The best practice would be to notify parent or guardian even if the student is 18 years or older.
3. If the student is found to be not-at-risk or low risk, discuss the reason for the initial concern, the responses of the student, and any additional observable information provided by the student.
4. If requested and appropriate, provide referral information for counseling/evaluation resources emphasizing that all services would be at the parent or guardian's own expense.

If the student is at risk:

If a qualified school professional (QSP) determines that a student is at risk for suicide, or is expressing suicidal thoughts, the parent or guardian shall immediately be contacted. Do not contact the parent or guardian if the risk for suicide is related to parent or guardian abuse or neglect. (See "Instances of Abuse and Neglect" on pg. 4.) When contacting the parent or guardian to notify him/her that a student is at risk for suicide, the following guidelines shall be applied:

The QSP will:

1. Identify themselves and their position within the school.
2. Explain the purpose of the call, expressing the concern regarding the student's mental health status. Inform the parent or guardian of the legal requirement for the phone call, **citing § 22.1-272.1 of the Code of Virginia**. The best practice would be to notify parent or guardian even if the student is 18 years or older.
3. If the student is found to be at low or moderate risk, discuss the reason for the initial concern, the responses of the student, and any additional observable information provided by the student.
4. Inform the parent or guardian that he/she believes the student is at risk of suicide and indicate the warning signs or observed behavior that supports the concern. The QSP will request the presence of the parent or guardian at the school immediately if the student is at imminent risk. He/she will inform the parent or guardian that the safety of the student will be maintained until the parent or guardian arrives.
5. Discuss whether the parent or guardian is aware of the student's mental health status and inquire whether the student has received counseling in the past and/or present. Discuss whether the parent or

guardian intends to obtain an immediate evaluation/counseling for the student.

6. If the child is receiving ongoing therapy from a community-based mental health professional or faith-based counselor who is aware of the suicidal risk, the school will accept documentation identifying that a current issues-based treatment plan is in place. The parent or guardian shall provide such documentation to the school. The QSP shall also request consent for release of information (see Appendix C) for the school to directly communicate to the therapist the present signs of suicide and/or observed behaviors related to suicide. The QSP shall indicate to the parent that communication with the therapist would be helpful to ensure school success.
7. Inform the parent or guardian of the legal requirement to call CPS and report abuse or neglect if the student is considered to be at risk for attempting suicide and the parent or guardian refuses to provide care necessary for the student's health.
8. Emphasize the importance of reducing potential risks within the student's environment. It is recommended that both the home and school be secured and all guns, poisons, medications and sharp objects shall be removed or made inaccessible.
9. Provide referral information for counseling/evaluation resources emphasizing that all services would be at the parent or guardian's own expense.
10. Document the details of the phone call to the parent or guardian, including the date/time, the response from the parent or guardian, and any information pertaining to follow-up on the Suicide Risk Assessment Documentation Form (Appendix A). **Place a copy of all documentation in the student's Cumulative Health Record in the orange "Mental Health" folder located in the Health Office files.**
11. Contact CPS if the QSP is unable to make successful contact with at least one parent or guardian of the student by the end of the school day.
12. Send a follow-up letter home to parent or guardian reviewing the concern, school procedures, intended follow up meetings at school, and parental resources. **Place a copy of the letter in the student's Cumulative Health Record in the orange "Mental Health" folder located in the Health Office files.** (See Sample Letter to Parent or Guardian-Appendix E.)

PARENT OR GUARDIAN CONFERENCE PRIOR TO STUDENT LEAVING THE SCHOOL

When a student is at risk for suicide, the parent or guardian must come to the school to pick up the student. It is best practice for the parent or guardian to meet with an administrator and the qualified school professional (QSP) who conducted the risk assessment. The subsequent guidelines shall be communicated to the parent or guardian at the meeting:

- Inform the parent or guardian that the student is at risk for suicide and needs an immediate mental health evaluation at the parent or guardian's expense.
- If the student is currently receiving therapy for suicidal concerns, parent or guardian should provide a copy of the documented current treatment plan.
- Provide the parent or guardian with information about local mental health centers at which the student may be evaluated. When possible, have the parent or guardian call to make an appointment during the conference or before leaving the school. Parent shall contact their medical insurance provider for a list of approved mental health providers if necessary. Other community mental health resources include:
 - Alexandria Community Services Board (703-746-3600)
 - Dominion Hospital (703-536-2000)
- Inform the parent or guardian that before their child returns to school, a letter or the documented treatment plan from a mental health facility or licensed mental health provider stating that the student is not at imminent risk for harming him/herself or others should be provided to the school. The licensed mental health provider may not be an employee of Alexandria City Public Schools. For general education students, home bound educational services may be requested through the Department of Student Services, Alternative Programs, and Equity. Homebound instruction is provided to students who are temporarily unable to attend school due to medical, physical, and mental health related needs. For special education students, the principal/designee shall conduct an IEP meeting to address excessive absences and the changing placement of services.
- Provide the parent or guardian with the name of the primary contact at the school (School Counselor) who can be reached the following day and subsequent days if necessary.
- Inform the parent or guardian that a reentry meeting will be held prior to the student's return to school.
- Obtain consent for release of information from the parent or guardian in order to facilitate planning for the student's reentry into school. The release shall specify that the mental health provider may communicate with appropriate school personnel (see Appendix C).

RE-ENTRY INTO SCHOOL

Before a student returns to school following an evaluation due to a high risk of suicide or suicidal ideation, a letter or a copy of the documented current treatment plan from a mental health facility or licensed mental health provider stating that the student is no longer at imminent risk for harming him/herself or others should be provided to the school. The licensed mental health provider shall not be an employee of Alexandria City Public Schools. The subsequent procedures are recommended best practices to integrate the student back into the school setting.

1. A reentry meeting shall be held at the school to include an administrator and at least one qualified school professional (QSP). The QSP shall be one of the two Primary Contacts identified in the Safety Plan (See Safety Plan-Appendix F). Parent or guardian and the student shall be present at the meeting. The student shall not return to the classroom until the reentry meeting has been held. Non-school mental health professionals working with the student may be present at this meeting to offer recommendations.
2. All of the student's records shall be made available at this meeting and a release of information shall be completed in order for the school to communicate with other service providers. (See Consent for Release of Information-Appendix C.)
3. The school should obtain a copy of a letter or a copy of the documented current treatment plan stating that the student is no longer at risk for suicide.
4. A Safety Plan shall be created and agreed upon by the student and parent in order to help the student reintegrate back into the school. (See Safety Plan-Appendix F.)
5. If the student is returning after inpatient hospitalization:
 - a. It is recommended that the parent or guardian provide a copy of the discharge summary from the hospital before the student reenters the school setting. The discharge summary may include but is not limited to the student's diagnosis, behavior and progress during treatment, therapeutic recommendations such as individual, family, and/or group therapy, and possible recommendations for school-based staff. In the event that the aforementioned documentation is not provided by a parent upon student re-entry and concerns about their safety continue another suicide risk screening shall be conducted.
6. A follow-up meeting may be scheduled to assess student progress and amend the Safety Plan, if necessary. Any outside mental health providers currently assisting the student shall be included in such meetings.

SAFETY PLAN

A Safety Plan shall be developed to provide a support system at school and help minimize stressors for the returning student. The Safety Plan represents the school's efforts to identify and mobilize resources available within the school setting to assist the student. The Safety Plan shall be simple to implement, practical, and individualized for the student. It is important to ensure that all suggestions are realistic and capable of being implemented. Maintain records that indicate the presence of a suicidal risk, specific measures being taken to minimize the student's risk at school, and parent or guardian contacts and responses as a legal precaution. Consult with other professionals to provide a continuum of support services throughout the school day. Use Safety Plan form in Appendix F at the student's re-entry conference.

Considerations for Development

1. Identify a qualified school professional (QSP) within the school to meet with the student as a Primary Contact. In the event that the Primary Contact is not available, assign an alternate contact person. The Primary Contact is responsible for monitoring the Safety Plan and maintaining communication with the parent or guardian.
2. Identify possible changes in the student's school routine that may need to be altered (i.e. class schedule, shortened school day).
3. Identify additional staff within the school that already have rapport with the student and can serve as supplementary support.
4. Identify what information will be shared with the student's current teachers. The student, parents and administrators shall be involved in this process to help maintain the student's right to confidentiality.
5. Identify potential counseling groups available in the school to support skill development.
6. Consider referral to the school's Student Support Team, Child Study Team or Section 504 Committee, as appropriate, to provide additional resources related to educational and social/emotional impact.
7. Identify potential school and community groups (i.e. sports groups, school clubs, youth groups) appropriate for the student's needs and interests.
8. Distribute the Safety Plan to all relevant participants within the school. **Place a copy of all documentation in the student's Cumulative Health Record in the orange "Mental Health" folder located in the Health Office files.** (See Suicide Risk Assessment Documentation Form-Appendix A.)
9. Follow-up on the Safety Plan as a support team (including parents and student) periodically and amend the Safety Plan as needed.

APPENDICES

6. **Mail a follow-up letter to parent or guardian** **Date Letter Mailed:** _____
(Refer to Sample Letter to Parent or Guardian- Appendix E)

_____ Place copy of letter in student's "Mental Health" folder

7. **If parent or guardian does not seek appropriate mental health services for their child, contact Child Protective Services (CPS) at 703-746-5800.**

_____ Parent or guardian did seek mental health services for their child and documentation has been provided and placed in the students "Mental Health" folder

_____ Parent or guardian did NOT seek mental health services for their child (contact CPS)

Name of CPS Worker Contacted

Date Contacted

Time Contacted

8. **Conduct a Reentry Meeting with an administrator, QSP member who will serve as primary contact, parent or guardian, student, and other staff, as appropriate**
(Refer to Re-entry into School- Page 14)

Location of Meeting

Meeting Date

Meeting Time

Reentry Meeting Members Present:

Name/Title

Name/Title

Name/Title

Name/Title

_____ Develop a Safety Plan (Safety Plan- Appendix F)
(Refer to Safety Plan- Page 15)

9. **Schedule a follow up meeting to discuss progress of student and amend the Safety Plan as necessary**

Location of Meeting

Meeting Date

Meeting Time

10. **Submit a copy of completed Suicide Risk Assessment and CPS Referral Form (if CPS was contacted) to the Department of Student Services, Alternative Programs, and Equity.**

NOTE

All documentation (Suicide Risk Assessment Documentation Form, Letters, Release form, CPS Referral, Safety Plan, etc.) are to be kept in the students Cumulative Health Record in the orange "Mental Health" folder located in the Health Office files.

Considerations When Conducting a Student Interview

The following questions are provided as a guideline to uncover the level of risk. The line of questioning is designed to determine whether there has been a history of suicidal behavior, whether there is a current workable plan in place, whether the student has experienced a recent loss, whether the student has any perceived social supports in place, and whether the student has engaged or is currently engaging in risky behaviors such as substance abuse or impulsive high risk behaviors.

Be sure to **discuss the limits of confidentiality** with the student. Let the student know that if he/she is at risk, his/her parent or guardian **must** be contacted. Offer to make contact in his/her presence so he/she will be clear as to what information you are sharing with the parent or guardian.

Limits of Confidentiality

- Student shares that they are or have been the victim of abuse and/or neglect
- Student engages in behavior and/or expresses the intent to harm themselves
- Student engages in behavior and/or discloses the intent to cause serious injury or death to another person

History:

- How long have you been having these thoughts?
- Have you ever had thoughts like this before?
- Have you ever tried to harm yourself? How?
- How many times have you tried?
- Has anyone in your family or close to you ever attempted or committed suicide?

Expressed plan:

- If you were to try to take your own life, have you thought about how you would do it?
- Do you have access to such a method?
- Where would you do it?

If the student is able to articulate a specific plan that suggests targeted times when no one is around, or method for preventing access by others to stop an attempt (e.g. barricading), this is a clear indication that the risk for self-harm is very high.

Support Systems:

- Why do you feel it would be better to die than to keep living the way things are?
- Are there people or activities that can make you feel better?
- Have you told anyone else about these thoughts that you have had?
- Is there a time that things seem to go well for you?
- Who do you feel closest to?
- Do you have a friend or someone in your life that you can share these feelings with?
- Can you think of someone who would be devastated by your decision and how does that make you feel?
- Are there any future events that you are looking forward to?

Other important information:

- Are you currently taking any medication or using any drugs or alcohol?
- Are there guns in your house? Can you access the weapons?

Authorization to Use and Exchange Information

COMMONWEALTH OF VIRGINIA UNIFORM AUTHORIZATION TO USE AND EXCHANGE INFORMATION

I understand that different agencies provide different services and benefits. Each agency must have specific information to provide services and benefits. By signing this form, I allow agencies to use and exchange certain information about me, including information in an electronic database, so it will be easier for them to work together efficiently to provide or coordinate these services or benefits.

I, _____, am signing this form for
(FULL PRINTED NAME OF AUTHORIZING PERSON OR PERSONS)

(FULL PRINTED NAME OF INDIVIDUAL)

(INDIVIDUAL'S ADDRESS) (INDIVIDUAL'S BIRTH DATE) (INDIVIDUAL'S SSN - OPTIONAL)

My relationship to the individual is: Self Parent Power of Attorney Guardian
 Other Legally Authorized Representative

I want the following confidential information about the individual to be exchanged:

Yes	No		Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Assessment Information	<input type="checkbox"/>	<input type="checkbox"/>	Medical Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	Educational Records
<input type="checkbox"/>	<input type="checkbox"/>	Financial Information	<input type="checkbox"/>	<input type="checkbox"/>	Mental Health Diagnosis	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric Records
<input type="checkbox"/>	<input type="checkbox"/>	Benefits/Services Needed, Planned, and/or Received	<input type="checkbox"/>	<input type="checkbox"/>	Medical Records	<input type="checkbox"/>	<input type="checkbox"/>	Criminal Justice Records
<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Records	<input type="checkbox"/>	<input type="checkbox"/>	Psychological Records	<input type="checkbox"/>	<input type="checkbox"/>	Employment Records
Other Information (write in): _____						<input type="checkbox"/>	<input type="checkbox"/>	All of the Above

Other Information (write in): _____

I want _____

(NAME AND ADDRESS OF REFERRING AGENCY AND STAFF CONTACT PERSON)

and the following entities to be able to use and exchange this information among themselves:

Yes	No	Identify By Name	
<input type="checkbox"/>	<input type="checkbox"/>	No Wrong Door Tools/SeniorNavigator	Area Agencies on Aging
<input type="checkbox"/>	<input type="checkbox"/>	Dept. of Medical Assistance Services	Centers for Independent Living
<input type="checkbox"/>	<input type="checkbox"/>	DMHMRSAS	Community Services Boards
<input type="checkbox"/>	<input type="checkbox"/>	DRS Local/Regional	Dept. of Social Services
<input type="checkbox"/>	<input type="checkbox"/>	Dept. Blind and Visually Impaired	Home Health Agencies
<input type="checkbox"/>	<input type="checkbox"/>	Dept. Deaf and Hard of Hearing	Hospices
Other: _____		_____	Hospitals
		_____	Local Health Departments
		_____	Nursing Facilities
		_____	Physicians

I want this information to be exchanged ONLY for the following purpose(s):

Service Coordination and Treatment Planning Eligibility Determination
 Other: _____

I want this information to be shared by the following means: (check all that apply)

Written Information In Meetings or By Phone Computerized Data Fax

I want to share additional information received after this authorization is signed: Yes No

This authorization is effective: _____
(DATE)

This authorization is good until: My service case is closed. Other: _____
For No Wrong Door this authorization is valid for one year from date of signature, unless the individual or his authorized representative specify an expiration date, event or condition that will occur prior to one year from the date of signature.

I can withdraw this authorization at any time by telling the referring agency. The listed agencies must stop sharing information after they know my authorization has been withdrawn. I have the right to know what information about me has been shared, and why, when, and with whom it was shared. If I ask, each agency will show me this information. I want all agencies to accept a copy of this form as valid authorization to share information. **If I do not sign this form, information will not be shared and I will have to contact each agency individually to give information about me that is needed.** However, I understand that treatment and services cannot be conditioned upon whether I sign this authorization. There is a potential for information disclosed pursuant to this authorization to be re-disclosed by the recipient and not be subject to the HIPAA Privacy Rule.

Signature(s): _____ Date: _____
(AUTHORIZING PERSON OR PERSONS)

Person Explaining Form: _____
(Name) (Address) (Phone Number)

Witness (If Required): _____
(Signature) (Address) (Phone Number)

Approved by the Attorney General's Office 3/10/08

CONSENTIMIENTO PARA INTERCAMBIAR INFORMACIÓN (Consent to Exchange Information)

En lo posible, favor de completar en inglés.

Entiendo que distintas agencias proporcionan diferentes servicios y beneficios. Cada agencia debe poseer información específica para poder proveer servicios y beneficios. Al firmar este formulario, permito que las agencias intercambien cierta información a los fines de facilitarles el trabajo efectivo en conjunto para proporcionar o coordinar estos servicios o beneficios.

Yo, _____ firmo este formulario para
(NOMBRE COMPLETO CON LETRA DE IMPRENTA DE LA PERSONA O PERSONAS QUE DAN CONSENTIMIENTO)

(NOMBRE COMPLETO CON LETRA DE IMPRENTA DEL CLIENTE)

(DIRECCIÓN DEL CLIENTE) (FECHA DE NACIMIENTO DEL CLIENTE) (N° DE SEGURO SOCIAL DEL CLIENTE – OPCIONAL)

Mi parentesco con el cliente es: Yo mismo Padre Poder notarial Tutor
 Otro representante legal autorizado

Deseo que la siguiente información confidencial sobre el cliente (excepto diagnósticos de abuso de drogas o alcohol o información sobre tratamiento) sea intercambiada:

Sí No	Sí No	Sí No
<input type="checkbox"/> Información de evaluaciones	<input type="checkbox"/> Diagnóstico médico	<input type="checkbox"/> Historial educativo
<input type="checkbox"/> Información financiera	<input type="checkbox"/> Diagnóstico de salud mental	<input type="checkbox"/> Historial psiquiátrico
<input type="checkbox"/> Beneficios/servicios necesitados, Planificados y/o recibidos	<input type="checkbox"/> Historial psicológico	<input type="checkbox"/> Historial de empleo
Otra información (completar): _____		

Deseo que: _____

(NOMBRE Y DIRECCIÓN DE LA AGENCIA QUE HACE LA REFERENCIA Y DE LA PERSONA DE CONTACTO)

Y las siguientes otras agencias puedan intercambiar esta información:

¿Se enumeran más agencias en el reverso? SÍ NO

Deseo que esta información sea intercambiada SOLAMENTE con el(los) siguiente(s) propósito(s):

Coordinación del servicio y planificación del tratamiento Determinación de elegibilidad
Otro (completar): _____

Deseo que la información sea compartida: (marque todos los que apliquen)

Información escrita En reuniones o por teléfono Datos informáticos

Deseo compartir información adicional recibida después de haber firmado este consentimiento: SÍ NO

Este consentimiento es válido hasta: _____

Puedo retirar este consentimiento en cualquier momento informándole a la agencia que hace la referencia. Esto evitará que las agencias enumeradas compartan información luego de conocer que mi consentimiento ha sido retirado.

Tengo el derecho de saber qué información con respecto a mí ha sido compartida y por qué, cuándo y con quién. Si lo solicito, cada agencia me mostrará esta información.

Deseo que todas las agencias acepten una copia de este formulario como consentimiento válido para compartir información.

Si no firmo este formulario, la información no será compartida y tendré que contactar a cada agencia individualmente para darles la información que necesitan sobre mí.

Firma(s): _____ Fecha: _____

(PERSONAS QUE DAN CONSENTIMIENTO)

Formulario explicativo de la persona:

(Nombre) (Título) (Número de teléfono)

Testigo (En caso de ser requerido):

(Firma) (Dirección) (Número de teléfono)

032-01-0005-00-spa (5/92)

Abuse/Neglect Referral Form for Students at Risk for Suicide

In accordance with § 22.1-272.1 Code of Virginia, licensed educational professionals will report to the Virginia Department of Social Services (DSS) or Child Protective Services (CPS) any suspected incidences of children at risk for suicide related to abuse and/or neglect by a parent or guardian. The following information provides documentation of such circumstances and the subsequent report to DSS or CPS.

Date: _____ Time of Report: _____

Referring School: _____

Referral Received By: _____ Accepted as Complaint: ____ Yes ____ No

Student Suspected of Being Abused/Neglected: _____

DOB: _____ Race/Ethnicity: _____

Age: _____ Gender: ____ Male ____ Female Grade: _____

Other Children in Home:

Name	Abused/Non-Abused	Gender	DOB	Ethnicity	School/Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Parent or guardian Information:

Name: _____ Relationship to Student: _____

Gender: ____ Male ____ Female DOB: _____ Race/Ethnicity: _____

Address: _____

Phone: Home _____ Work _____ Cell _____

Nature of Complaint (Describe suspected abuse/neglect by whom, include when/where most recent incident occurred, recent noted changes in school attendance, performance or behavior, etc.)

Referral Outcome: _____

Send copy of this referral form to the Department of Student Services, Alternative Programs, and Equity.

Appendix D

Letter To Parent Or Guardian

Dear (name of parent),

I am writing this letter to you as a follow up to the suicide risk assessment completed on *(name of student)* on *(date)*. As we discussed in our conference, I consider *(name of student)* to be at risk for suicide and believe *(name of student)* is in urgent need of a mental health evaluation by a qualified mental health professional. These services are strongly recommended and must be secured at your expense.

We are requesting that (Name of Student) should have a written statement by a mental health professional that he/she is “is not at imminent risk for harming him/herself or others” provided to the school before returning. A reentry conference with you, the parent or guardian, *(name of student)*, school administrator, and necessary support personnel will be held prior to *(name of student’s)* return to school. At that conference, we will create a plan of action for *(name of student)* in order to provide the mental health support necessary for academic success and safety in the school environment.

I will continue to maintain contact with you throughout this process. Please provide the school with updated information on *(name of student’s)* progress. If you have not already signed a consent for release of information for us to communicate with *(name of student’s)* mental health supporters, please consider doing so in order to help provide the most integrated support network for *(name of student)*. If you have any questions or need assistance in securing community resources, please contact me at _____.

Sincerely,

(Name/professional title)

cc: Principal
Cumulative Health Record, Orange Folder

Safety Plan
(To be completed at re-entry conference)

Student: _____ **Date of Initiation:** _____

School: _____ **Grade:** _____

Primary School Contact (Who is the first adult I can ask for help at school?):

_____ This shall be a Qualified School Professional (QSP) who will meet regularly with the student and monitor the Safety Plan.

Secondary School Contact (Who is the second adult I can ask for help at school?):

_____ This QSP will be available to the student when the primary contact is not available.

I will act on this safety plan when I'm feeling (List thoughts images, thinking, mood or behavior):

1. _____
2. _____
3. _____

When I am feeling unsafe, I will do the following:

1. _____
2. _____
3. _____

Student Support Team (SST) - What are the names of the staff that I can go to for help at school?

1. School Counselor _____
2. School Psychologist _____
3. Social Worker _____
4. School Nurse _____

Who else is a support for me at school and at home?

Teacher(s) _____

Administrator(s) _____

Coach(es) _____

Family member(s) _____

Friend(s) _____

Outside Counselor _____

Church or Community Supporter _____

Other _____

Additional Recommendations: _____

When will the SST review the Safety Plan? (Through the MTSS Process, Section 504 or Child Study)

Date of Distribution: _____ **Date of Follow Up :** _____

Who will receive a copy of the Safety Plan?

Distributed to: _____

What was the outcome of the review of the Safety Plan?

Progress: _____

What changes were made to the Safety Plan at the review?

Amendments (if needed):

When will any changes to the Safety Plan be reviewed again? (If changes were made at the initial review meeting)

Outcome or follow-up: _____

Emergency Contacts

EMERGENCY NUMBERS	
EMS	911
Alexandria City Child Protection Services	703-746-5800
Alexandria Hospital Emergency Room	703-504-3066
Alexandria Community Services Board Emergency Services	703-746-3401

COMMUNITY RESOURCES	
Crisis & Suicide Prevention Hotline	703-527-4077
National Suicide Prevention	1-800-273-TALK (8255)
	1-800-SUICIDE (784-2433)
Crisis & Suicide Prevention TEXT line	Text NEEDHELP to 8551
Children's Regional Crisis Response	1-844-627-4747
DCHS Community Services Board	571-213-7963
Teen Wellness Center	703-746-4776

Glossary

NON-SUICIDAL SELF INJURY (NSSI) – The deliberate injury of oneself without suicidal intent.

SUICIDE- The deliberate termination of one’s own life- “completed suicide.”

SUICIDE ATTEMPT- A failed, premeditated or spontaneous attempt to terminate one’s own life. The attempt was incomplete due to a miscalculation by the individual, or by intervention of a second party, or by the individual changing his/her mind part-way through the attempt.

SUICIDAL GESTURE- An action by an individual to hurt themselves but without the direct desire to terminate their life. Such a gesture may involve an overdose or some other type of self-destructive behavior, but not of a serious enough nature to cause death.

SUICIDE THREAT- Threatening orally or in written form to take one’s own life without the presence of any action to carry out this threat.

SUICIDAL IDEATION- Thinking or fantasizing to take one’s own life without the presence of any action to carry out these thoughts.

SUICIDE RISK ASSESSMENT – A procedure in which a standardized instrument or protocol is used to identify individuals who may be at risk for suicide.

Suicide Prevention Resources

American Association of Suicidology
(202) 237-2280
www.suicidology.org

American Psychological Association
www.apa.org

National Institute of Mental Health
www.nimh.nih.gov/health/topics/depression/index.shtml

National Association of School Psychologists
<https://www.nasponline.org/resources-and-publications/resources>

National Suicide Prevention Lifeline
1-800-273-TALK (8255)
Online Chat: <http://www.suicidepreventionlifeline.org/GetHelp/LifelineChat.aspx>

American Foundation for Suicide Prevention
<https://afsp.org/>

Virginia Department of Education, Crisis Management and Emergency Response in Virginia Schools,
November 2007, www.doe.virginia.gov

Virginia Department of Health
<http://www.vdh.virginia.gov/livewell/programs/suicide/>

Yellow Ribbon Suicide Prevention Foundation
www.yellowribbon.org

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- Soloman, A., “Anatomy of Melancholy,” *The New Yorker*, January 12, 1998
- Sun, L. H., “As Gay Students Come Out, Abuse Comes In: Changing Attitudes, New Laws Push Ambivalent Schools to Confront Harassment,” *Washington Post*, July 20, 1998 (front page A1).
- Suicide Prevention Guidelines, Code of Virginia, § 22.1-272.1, 16.1.288, 63.2-100 (as revised 2003).
- Virginia Department of Education, Crisis Management and Emergency Response in Virginia Schools, November 2007, www.doe.virginia.gov

Prepared by the Department of Student Services, Alternative Programs, and Equity, Alexandria City Public Schools

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