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Leadership: Texas Suicide Safer Schools Necessitate a Suicide Prevention Policy

The first and most essential step to creating suicide safer schools is to develop a district suicide prevention policy. The Substance Abuse and Mental Health Services Association (SAMHSA, 2012) recommended a four-step process for developing suicide prevention policies and programs in schools.

Step 1- Engage administrators, school boards, and other key players who will endorse the policies/programmatic changes in the school and justify the time it takes to train school personnel and students. Administrators need to understand the scope of the problem, believe that suicide among our youth is unacceptable, realize that schools are the most logical places for suicidal students to be identified, and know that addressing suicidal ideology in students will not increase the risk. In short, administrators need to accept training for themselves and provide the leadership necessary to create a suicide safer schools culture.

Step 2- Bring people together to start the planning process. Be sure to include the key players who will help promote the suicide safe schools. This would include school staff members and key community resources, such as suicide prevention coalition members, clergy, cultural and parent groups.

Step 3- Provide key players with basic information about youth suicide and suicide prevention. See pages 4-27 of the Texas Suicide Safer Schools Report: 2015.

Step 4- Develop your overall strategy for training staff/students and creating a suicide safer school culture. Remember that using pathways to care for students with a mental



health or substance use condition, students at risk for suicide, or those needing treatment will save lives. Two models which might be used to help Texas school districts create their overall strategy and suicide safer school culture include the Trevor Project, which has a model suicide safer schools program created in collaboration with the American Foundation for Suicide Prevention, the American School Counselor Association, and the National Association of School Psychologists, and the model school program developed by Boerne ISD in Texas and published in May, 2016. (Tools # 3 and Appendix II). A two page overview of Suicide Safer Schools policy is available at Suicide Safer Schools Fact Sheet online at <http://www.texassuicideprevention.org/information-library/fact-sheets-related-to-suicide/>

The recommendations are based on the Texas legislation passed in the spring of 2015. Senate Bills 674 and HB 2184 require that K-12 schools provide suicide prevention training for public school teachers and teachers in training, counselors, principals, and all other appropriate staff in the detection and education of students at risk for suicide or with other mental or emotional disorders. (Appendix III: Texas Statutes)

Also, each year new employees in a district and open enrollment charter schools must engage in suicide prevention training. Senate Bill 831 of the 83rd Regular Texas Legislative Session amended the Health and Safety Code to include a list of best practice based programs to be reviewed and posted annually on the websites of DSHS, the Texas Education Agency, and each Regional Education Service Center.

In addition, the Health and Safety Code §161.325 states, “The Department of State Health Services, in coordination with the Texas Education Agency and regional education service centers, shall provide and annually update a list of recommended best practice-based programs in the areas specified [below] for implementation in public schools within the general education setting. The programs on the list must include components that provide for training counselors, teachers, nurses, administrators, and other staff, as well as law enforcement officers and social workers who regularly interact with students. Each school district may select from the list a program or programs appropriate for implementation in the district.

The list must include programs in the following areas:

- (1) early mental health intervention;
- (2) mental health promotion and positive youth development;
- (3) substance abuse prevention;
- (4) substance abuse intervention; and
- (5) suicide prevention.”

The programs listed above can be found at <https://www.dshs.texas.gov/mhsa/Public-Schools-Best-Practice-Based-Resources.aspx>



Key Components of a Model Suicide Safer Schools Policy

A model suicide safe schools policy can best be developed by creating a suicide prevention task force, reviewing local and state models, and being familiar with the Best Practices for suicide prevention in schools as identified in the National Registry at www.sprc.org/bpr.

Nothing is more important for a school district than to ensure the health, safety, and well-being of every student. Suicide is tragically a leading cause of death for school age youth. It is essential that policies and procedures mandate that all staff be trained on the warning signs of suicide and the pathways of care that are available in the district.

Model suicide safe school policies should include the following key components:

- Introduction and purpose
- Incidents of suicidal thoughts, plans, attempts, and deaths by suicide
- Consideration of at-risk populations within the school district; such as LGBTQ, bullying victims and perpetrators, and students engaging in self-injury
- Creation of a district suicide prevention task force that links with community resources
- Training and sharing of information with target groups including staff, students and parents that provides suicide prevention education and crisis resources. (Tools # 7, 8.)
- Assessment and identification processes that adhere to Best Practices as identified in the National Registry. (Tools #14, 15)
- Parent notification.(Tool #17)
- Referral process that includes identified community resource providers who are well trained in suicide assessment and management. (Tools #12, 16, 18)
- Procedures for responding to in-school suicide attempts. (Appendix II, Sample Plan)
- Procedures for responding to out of school suicide attempts. (Appendix II, Sample Plan)
- Re-entry procedures for students who have been hospitalized. (Tool #19)
- Postvention procedures based on Best Practices. (Tools #20, 21)



- Communication guidelines for leadership: staff, students, parents, media, handbooks, website, etc. (Tools #20, 21,22, 23,24,25,26,27)
- Documentation procedures for training of staff and for actions taken with students referred for at-risk of suicide. (See Tools #10,18)
- Resources available for designing and implementing the district's suicide safe schools policy. (Tools #7,8,9)

Well Trained Staff and Students

Texas law requires all school staff to receive training on the warning signs of suicide and on referring at risk students to the administration and counseling staff. This is the cornerstone of suicide prevention in schools.

Additionally, the recent development of depression screening helps students learn the warning signs of suicide and the importance of seeking help from adults when they realize that they or a friend are depressed and need to be immediately evaluated by a mental health professional. These critical steps will result in more suicidal students being identified and referred for a suicide assessment.

Poland (1989) stresses that each school needs key personnel trained in suicide assessment and that school counselors are the logical personnel, as they are typically based only on one campus. Erbacher, Singer, and Poland (2015) clarify that a suicide risk assessment is done to determine if suicidal ideation, intent, and a plan are present and to identify what steps need to be taken to safeguard the student. A key step is to determine whether the student is in imminent risk (for example, in the next 48 hours). Miller (2011) stresses the necessity of school personnel training in suicide assessment, which is vital to an effective intervention. This training can be provided by bringing experts to the school system or by sending key personnel to conferences and trainings conducted by state and national associations that focus on suicide prevention, suicide assessment and management, and suicide postvention , like the annual Texas symposium on suicide.

Key personnel, such as school counselors, must also know the facts about youth suicide. In a recent Texas school training, a school psychologist asked the question "Is it true that some



students will die by suicide no matter what we do -- isn't it their destiny?" This is an example of why the required training in Texas is so important since the obvious answer is "no."

Additionally, it is important to provide training for all students to understand the warning signs of suicide and make referrals or seek self-help. At present, there are only a few resources for student training about suicide prevention. Care should be made to educate school staff before training students, and that student training is given in small groups and not in a large assembly. It is also important to only use programs that are best practice based. The following are some of the programs that are available, although not all of them are listed on the Best Practice Registry:

- Columbia Suicide Screen (CSS) has been used to identify teens at risk for suicide and includes 43 self-report questions about the student's general health and risk factors for suicide. www.cssrs.columbia.edu/
- Question, Persuade, Refer (QPR) Program involves gatekeeper training that teaches students and staff members how to identify risks and warning signs of suicide. <https://www.qprinstitute.com/>
- Signs of Suicide (SOS) is an effective intervention that educates students about suicide and how to identify suicide warning signs. <https://mentalhealthscreening.org/programs/youth>
- The Dialectical Behavior Therapy Skills Training for Emotional Problem Solving for Adolescents (DBT STEPS-A) targets all students with a program curriculum that includes 30 50-minute lessons. www.mazzaconsulting.com/dbt-steps-a/
- Youth Aware of Mental Health Program (YAM) is a role-play curriculum that provides youth with an opportunity to enact real-life situations related to suicide and to focus on changing negative thoughts into positive coping skills. This program has also proven to be significant in decreasing bullying, substance abuse, and increasing help seeking behavior. www.y-a-m.org/the-programme/



- The Good Behavior Game (GBG) is a program that works with elementary school classes to teach children how to self-regulate emotions and behaviors. Follow up studies have found that students who participated in the GBG had fewer suicide attempts. www.air.org/goodbehaviorgame/

The Texas Department of State Health Services ,Mental Health America of Texas and the Texas Suicide Prevention Council recommend best practice based training that includes understanding suicide and the suicide safe schools culture, identifying students who are at-risk of suicide and their assessment, pathways to care, community resources, re-entry, postvention practices, and liability issues.

Your training should be designed to achieve several specific goals related to suicide prevention:

- ✓ Convey current statistics, beliefs, and attitudes about suicide in youth. (Refer to Texas Suicide Safer Schools, 2015 and www.TexasSuicidePrevention.org.)
 - Dispel mistaken beliefs about suicide.
 - Review protective factors for youth, including having programs to create a suicide safer school culture.
 - Stress never keeping a secret about a student’s suicidal behavior and cultivate a climate of connections between students and adults who are approachable and trusted.
- ✓ Educate school staff so they are prepared to recognize and respond to warning signs of suicide risk. (Refer to Texas Suicide Safer Schools, 2015 page 13)
- ✓ Promote the importance of intervention with at-risk youth and connect them with the needed help.
 - Know the school referral procedures (Tools #9, 16) and Pathways to Care, (Tool 12) plus Sample Plan in Appendix II.
 - Know who the suicide prevention risk specialist (SPRS) is for the school.
 - Use Pathways to Care (Tool #12) and Suicide Risk Assessment and Safe Management Flow Chart (Tool #16).
- ✓ Provide information about protocols and resources in your school and community.
- ✓ Emphasize that suicide is almost always a preventable loss, and if a student died by suicide, it was likely the result of undiagnosed, untreated or undertreated mental illness as an underlying condition or contributing factor.



- ✓ Document staff understanding of suicide prevention and intervention with a pre and post training survey. (Tool #11 -- Survey Pre and Post Training).
- ✓ Document staff attendance at suicide prevention and intervention training as required by the Texas Legislation. (Tool #10 -- Documentation of Training)
- ✓ Suicide Prevention Risk Specialists (SPRS) require additional training and should
 - Know how to implement suicide assessment process (Tools #14,15),
 - Suicide Risk Assessment and Safe Management process (Tool #12, 16)
 - Parent Acknowledgement of Suicidal Concern (Tool #17)
 - Documentation of Assessment Steps and Resources (Tool #18)
 - Re-entry to school (Tool #19)
 - Postvention (Tools #20, 21)
- ✓ Principals and/or administrators serving in the leadership role at the school should also have additional training on
 - Communicating with staff in the aftermath of an attempted or completed suicide
 - Agenda for initial all-staff meeting (Tool #22).
 - Working with the local media (Tools #23, 24).
 - Providing teachers with information and guidance for working with shocked, confused and grieving students (Tools #25, 26, 27).
- ✓ Students should receive training on
 - Understanding suicide and the suicide safe schools culture
 - Student identification (S.O.S. screening, Sources of Strength, or other best practice based training (Tools # 2,4,6,15)
 - Pathways to care (Tool # 12)
 - ASK App (Tool # 2)
- ✓ Parents should receive information through meetings, school website, mailings on
 - Understanding suicide and the suicide safe schools culture (Tool # 1, 9)
 - Student identification (CSSRS,S.O.S. screening, Sources of Strength (Tools #4, 14,15,)
 - Pathways to care (Tool # 12)
 - Risk Factors, protective factors and resources for help in Texas (www.TexasSuicidePrevention.org and ASK About Suicide to Save a Life Online Training or ASK App. (Tool #2)

The Texas Suicide Safer Schools' annual in-service recommendations provide a list of topics suited for each category of school personnel: leadership, classroom professionals, support staff, and ancillary personnel.



- **Leadership: Principals, administrative team (minimum 2 hours)**
 - Understanding suicide and the suicide safe schools culture
 - Student identification and assessment
 - Pathways to care
 - Community resources
 - Re-entry
 - Postvention
 - Liability issues
- **Counselors, social workers, psychologists, nurses, suicide risk prevention specialists (minimum 4 hours)**
 - Understanding suicide and the suicide safe schools culture
 - Student identification and assessment
 - Pathways to care
 - Community resources
 - Re-entry
 - Postvention
 - Liability issues
- **Classroom professionals and their support staff: Teachers, teachers' aides, secretaries, school resource officers (minimum 1 hour)**
 - Understanding suicide and the suicide safe schools culture
 - Student identification
 - Pathways to care
- **Students (minimum 1 hour) and parents informed at meetings, district communications, and website**
 - Understanding suicide and the suicide safe schools culture (Tool 1)
 - Student identification (S.O.S. screening, Sources of Strength, ASK About Suicide to Save A Life) (Tools #2, 4, 14, 15)
 - Pathways to care (Tool # 9)
- **Ancillary personnel STRONGLY RECOMMENDED**
 - Ancillary personnel who come in contact with students, e.g., cafeteria workers, custodians, and bus drivers (highly recommended 1 hour but depending on interpretation may not be required by law)
 - Understanding suicide and the suicide safe schools culture
 - Be knowledgeable about the referral process

How does FERPA apply to a potentially suicidal student intervention?

School personnel struggle with when and if they must notify parents if they believe a student is suicidal. While mental health personnel are to always uphold confidentiality, there are key exceptions to this rule. Suicidal ideation or behavior is one of those exceptions.

The Family Educational Rights and Privacy Act (FERPA) prohibits a school from disclosing personally identifiable information from students' education records without the consent of a parent or eligible student, unless an exception to FERPA's general consent rule applies.

It is important to understand the exception to the FERPA rules when addressing the needs of a suicidal student. Under this health or safety emergency provision, an educational agency or institution is responsible for making a determination whether to make a disclosure of personally identifiable information on a case-by-case basis, taking into account the totality of the circumstances pertaining to a threat to the health or safety of the student or others. If the school district or school determines that there is a significant threat to the health or safety of the student or other individuals and that a party needs personally identifiable information from education records to protect the health or safety of the student or other individuals, it may disclose that information to such appropriate party without consent. 34 CFR § 99.36.

This is a flexible standard under which the Department defers to school administrators so that they may bring appropriate resources to bear on the situation, provided that there is a rational basis for the educational agency's or institution's decisions about the nature of the emergency and the appropriate parties to whom information should be disclosed. More information about this exception can be found at

<http://www2.ed.gov/policy/gen/guid/fpco/pdf/emergency-guidance.pdf>

In summary, all students should be aware of the limits of confidentiality and that the school staff must notify the parents of a suicidal student. While it may upset the student that you are divulging their private information to their parents or other necessary school staff, it will be less difficult to repair trust with a student who is alive than to deal with the potential



outcomes if he or she does attempt and/or die by suicide without parent notification. Anecdotal reports from experienced school suicide prevention experts indicate that most suicidal students are actually relieved that help or a lifeline is being offered, and many students know that their parents will be supportive of their child getting the help they need.

Most of the liability cases against schools following the suicide of a student have been because the parents of a student known to be suicidal were not notified. The only exception to parent notification is when you have reason to believe the suicidal student is being abused by their parents; if so, a call must be made immediately to Child Protective Services.

As an example, the Arapaho High School Shooting Report (http://www.colorado.edu/cspv/publications/AHS-Report/Report_on_the_Arapahoe_High_School_Shooting_FINAL.pdf), done by the University of Colorado, was critical of the school and revealed that many opportunities were missed by school personnel who could have shared information on a need-to-know basis with other staff, which may have prevented the deadly outcome.

Depression: How Can We Help Students Identify Signs of Depression?

The most promising addition to suicide prevention is depression screening. Before the development of depression screening programs, youth suicide prevention programs only focused on training adults to recognize warning signs of suicidal behavior in youth, referred to as “gatekeeper training” according to Poland (1995). The problem with only providing suicide prevention information for school personnel and the other adults in the lives of students is that students are by far the most likely to share thoughts of suicide with their friends instead of the adults in their lives.

It is curious that depression screening in schools is sometimes referred to by those outside the schools as medical screening, since it is simply a questionnaire about energy level, joy of life, and thoughts of suicide. Students score their own questionnaire and can determine if they are likely suffering from depression and need mental health services. Signs of Suicide



(SOS), which is evidence based, and BPR I (which is the most rigorous evaluation category) provide a screening and educational package that is used in a large number of schools around the country, including some schools in Texas. Extensive information about SOS appears below. SOS is inexpensive and often has been provided free, but there is a cost for the questionnaires and the ACT video.

- SOS Signs of Suicide is a secondary school-based suicide prevention program that is listed as evidenced based on Best Practices Registry I. The program includes screening and education. Students are screened for depression and suicide risk and referred for professional help as indicated. Students also view a video that teaches them to recognize signs of depression and suicide in themselves and others. They are taught that the appropriate response to these signs is to use the ACT technique: acknowledge that there is a problem, let the person know you care, and tell a trusted adult. Students also participate in guided classroom discussions about suicide and depression.

Research on the program has shown it reduces suicide attempts, increases knowledge about suicide and depression, and increases help-seeking behavior among middle and high school students. A randomized control study found that there was a 40% drop in suicide attempts in schools that implemented the Signs of Suicide Prevention Program (SOS). SOS Signs of Suicide has been implemented in more than 7,000 schools in the United States, Canada, and Ireland. In 2012, two additional gatekeeper tools were made available for use in program implementation: Training Trusted Adults, a 22-minute DVD for use in staff meetings or parent nights, and Plan, Prepare, Prevent: The SOS Online Gatekeeper Training, a 90-minute online course.

A concern expressed by many educators is that if they implement the SOS program, then many students will be identified as suicidal, and the school will not be able to follow up as needed with each student. The SOS website



www.mentalhealthscreening.org) provides many practical suggestions for implementation and overcoming resistance to screening, and recommends that only a manageable portion of the student body be screened at a time so that follow up and intervention can be provided. Texas requires parental permission prior to students participating in SOS, and screening programs were referred to as a medical screening (Tex. Health & Safety Code 161.325). Unfortunately, often multiple suicides have had to occur in a school before resistance to screening is overcome. Erbacher, Singer, and Poland (2015) stress many benefits of SOS, most notably that students learned the importance of getting adult help for themselves or their friend in a time of suicidal crisis.

Student Substance Use Disorders and Suicide Prevention

According to the 2015 Texas Suicide Safer Schools, alcohol has been proven to increase the risk of completed suicides, and drug abuse is correlated with more attempts. This information demonstrates the importance of substance abuse prevention programming within schools in regards to suicide prevention.

Substance use is the second-most frequent risk factor for suicide. SAMHSA reports that alcohol misuse or dependence, is associated with a 10 times greater suicide risk than among the general population, and those who inject drugs are at 14 times greater risk. Alcohol intoxication is present in 22% of suicide deaths, and opioids are present in 20% of deaths. Another 30-40% of non-fatal suicide attempts involve alcohol intoxication, and 230,000 emergency department visits resulted from drug-related non-fatal attempts in 2011.

There are other similarities between substance use and suicide. First, providers lack sufficient skills to treat patients who are either misusing substances or who express suicidal



thoughts or intentions. Suicide and substance use are seldom addressed in health settings as health professionals believe it to be the responsibility of another provider. Second, the stigma surrounding deaths by drug overdose and suicide may prevent people who have lost loved ones from reaching out for help, resulting in prolonged shock, anger, guilt, isolation, and depression.

The Department of State Health Services, through the Substance Abuse Prevention and Treatment Block Grant from the Substance Abuse and Mental Health Service Administration (SAMHSA), funds substance abuse prevention providers across the state who implement prevention services in schools and community sites. These programs utilize evidence based curricula approved by SAMHSA's National Registry of Evidence-based Programs and Practices (NREPP), and also facilitate one-time presentations to students, parents, and/or school personnel on a variety of topics related to substance abuse prevention. Contact the Prevention Resource Center (PRC) in your area for a list of substance abuse prevention providers who can offer these services at no charge to the school. A list of PRC's can be found at <http://www.dshs.texas.gov/sa/PRC>.

Substance Use Disorder Treatment Services for Adolescents

Texas Department of State Health Services (DSHS) funds substance use disorder treatment services for youth statewide. Admission to DSHS-funded treatment services is based on clinical and financial and financial assessment.

Resources

Substance Use Disorder

OSAR information can be found at: <http://www.dshs.texas.gov/sa/OSAR/>

Substance Use intervention programs can be found at:

<http://www.dshs.texas.gov/sa/child-adolescent-services>

<http://www.dshs.texas.gov/mhsa-sa-help>

SAMHSA Website



Laws, Regulations and Guidelines Related to Health information technology as it relates to maintaining confidentiality of personal health information in the new health care environment to include Health Insurance Portability and Accountability Act (HIPPA) and Patient Privacy and Substance Use Disorder Treatment Records 42 CFR Part 2.

<http://www.samhsa.gov/health-information-technology/laws-regulations-guidelines>

Mental and Substance Use Disorders

<http://www.samhsa.gov/disorders>

<http://www.samhsa.gov/disorders/substance-use>

Publications and resources on mental health and substance use disorders with evidence based and best practices

<http://www.samhsa.gov/disorders/publications-resources>

NIH - National Institute on Drug Abuse resource for parents and educators on substance

<https://www.drugabuse.gov/parents-educators>

Bullying and Suicide Prevention

School personnel are often asked about the relationship between bullying and suicide.

Extensive research has found a strong association between bullying and suicide as outlined in the Suicide Safer Schools in Texas document 2015. Research has not identified causation between bullying and suicide, as it is difficult to rule out the many other factors that involve mental illness or substance use disorders, trauma, loss, family or possible abuse.

Students who are depressed, anxious, have low self-esteem, and few problem solving skills are very likely to be targets of bullying. School personnel should not hesitate to ask a student known to be the victim of bullying about thoughts of hopelessness and depression.

There is a strong relationship between bullying and suicide. Children who have been bullied have reported a variety of behavioral, emotional and social problems. With suicide



as a leading cause of mortality in children and adolescents, it is troubling to note that studies reported positive associations between all bullying types and suicidal risks.

The following information about the connection of bully behaviors and the risk of suicidal ideation and attempt is critical:

- Both victims and perpetrators are at higher risk than peers
- Personal characteristics such as internalizing problems, low self-esteem, and low assertiveness increase the risk of being bullied, and these factors are also associated with risk for suicide
- It is difficult to control all the risk factors to determine if being bullied was a proximal cause to a youth suicide
- LGBTQ youth: Higher rates for youth not due to identity but to unique life complications of students who are LGBTQ. In other words, there is “nothing inherently suicidal about same sex orientation”
 - Studies have found 2 to 3 times more attempts
 - External factors: conflict, harassment, abuse rejection, lack of support
 - Advocacy for LGBTQ population in school often met with resistance
 - Strongest protective factor is parental acceptance

Additional information and resources about bullying and suicide can be found at http://www.sprc.org/sites/sprc.org/files/library/Suicide_Bullying_Issue_Brief.pdf and Texas School Safety Center (Tool 2).

The Texas Education Code 37.001 requires schools to implement bullying prevention policies and programs. Schools have been very responsive to bullying that occurs at school but have been less clear in accepting their important role in cyberbullying intervention. Cyberbullying, because of its anonymity, is often particularly cruel. It certainly follows the



victim to school and impacts learning and disrupts education; therefore, it is important for schools to develop policies and procedures that include cyberbullying.

The definition of bullying stresses the repetitive/humiliating nature of the direct physical or verbal harassment or the indirect spreading of rumors and exclusion of the victim. Since the bully has power over the victim, it is not appropriate to expect the bully and the victim to work it out. Schools must support the victim and let them know they are not bringing the behavior on themselves, and school personnel will get the bullying stopped. The bully should receive consequences that escalate if the bullying continues and need to know that all staff are aware of their bullying behavior and will be alert to further incidents.

With cyberbullying, school personnel may debate whether one posting on line qualifies as bullying, but when other students join in and support the victimization and add to the postings, it certainly becomes more than a single incident. An excellent resource is the Texas State Educational site, <https://txssc.txstate.edu/topics/bullying/>, which emphasizes, “bullying is one of the most prevalent and widely discussed topics pertaining to school safety and security.” A survey from the Youth Risk Behavior Surveillance System (2013) reported that 19.1 percent of students in Texas had been bullied on school property, and 13.8 percent of students had been electronically bullied (i.e., cyberbullied) during the 12 months before the survey. Students who have been bullied are at increased risk for a number of psychological and physical issues, including depression and substance use. Bullying has also been shown to interfere with academic and behavioral adjustment. Clearly, bullying has harmful effects for the school environment and is a serious concern for educators.

In recent years, cyberbullying has become increasingly prevalent among students, especially those in high school. Research indicates that cyberbullying is as common as traditional in-person bullying, and its effects are equally, if not more, harmful. One study linked cyberbullying with higher instances of dating violence, suicide risk, alcohol and cigarette use, and carrying weapons on school property. The study also found that students who were victimized both in-person and online were at the highest risk for these negative outcomes,



particularly suicide. Another study revealed that 90 percent of all youth who had been victimized by cyberbullying did not tell adults. Cyberbullying is a relatively recent phenomenon, and while these studies provide us with a glimpse of its harmful effects, we cannot truly understand its impact on youth if they are not able to talk about it. It is imperative that we develop strategies for better communication between youth and adults around this issue.

Strong connections with parents, teachers, peers, and communities can be instrumental in reducing bullying behaviors. Research shows that the most successful anti-bullying programs emphasize positive school climate and use strategies based on social, emotional, and character development.” -- <https://txssc.txstate.edu/topics/bullying/>

Additional Resources

- StopBullying.gov
- [National Bullying Prevention Center](http://NationalBullyingPreventionCenter.org)
- Cyberbullying.org
- [National Association of School Psychologists \(NASP\)](http://NationalAssociationofSchoolPsychologists.org)

Suicide and Non-Suicidal Self Injury

NSSI (non-suicidal self-injury) is a behavior that has caught school personnel by surprise with the frequency of incidence and the complexity of the behavior. The behavior is most common in adolescents but has also increased with upper elementary aged students. This section will answer the following questions...

- How many student engage in it?
- What exactly is non-suicidal self-injury?
- Why do adolescents engage in it?
- What is the school’s role with NSSI?
- Do parents need to be notified?



- What is the relationship between NSSI and suicide?
- What is the best treatment for NSSI?

NSSI is defined as the purposeful harming of one's body with no suicidal intent. The most common forms are cutting, burning, scratching of the skin, or not letting wounds heal. This behavior fulfills a multitude of complex needs for the student engaging in it and often is addictive. The most common theories for NSSI are the following:

- The act has a biological basis as endorphins are released (much like those released in exercise).
- The act provides a psychological regulation of emotions as students concentrate on the injury and are able to shut out the conflict they are having at the moment. e.g., an argument with their parent(s) or a peer or a disappointment in their life.
- The act from a Freudian viewpoint is viewed as a way of punishing oneself. The most common motivation for this behavior is to release endorphins or to regulate emotion by concentrating on the injury and bleeding rather than the precipitating event such as an argument or disappointment. More information is available from Cornell in the handout entitled, What is Self-Injury, available at <http://www.crpsib.com> . Additional resources are listed in Tool # 5.

NSSI is an episodic behavior for some adolescents, with some studies estimating that as many as 18% report engaging in this behavior at least once. Research indicates that 6% to 8% of adolescents engage in the behavior repetitively and more girls engage in it than boys. A common denominator found with students who self-injure is a trauma history of loss or abuse. Most young people engaging in NSSI are cleverly hiding the behavior from adults. The most common parts of the body that are injured are the arms, thighs, and the stomach. Students often wear long sleeved shirts or sweaters even in



the summer or wear many bracelets to hide the signs of NSSI. NSSI is also associated with mental illness such as anxiety, depression, and a borderline personality disorder.

Research has emphasized that there is a “new breed” of self-injurers who neither hate their bodies nor have an extreme psychiatric history. In fact, many students who engage in NSSI are intelligent, functional, likable, but are having difficulty managing stress.

School personnel need to know the incidence of NSSI and be alert to the warning signs such as frequent or unexplained bruises, scars, cuts, or burns, and the wearing of inappropriate clothing designed to conceal wounds. Secretive behaviors such as spending unusual amounts of time in the school bathrooms or isolated areas on campus may also be a warning sign. Students might also show evidence of the behavior in work samples, journals, or art projects. They might also be in possession of sharp instruments such as razor blades, shards of glass or thumb tacks.

Schools need to develop a protocol to respond to a student engaging in NSSI. It is recommended that the school counselor and school nurse be involved. A staff member who suspects the behavior should approach the student in a confidential manner or go with the student to see a counselor or nurse. A typical adult response to NSSI is to be horrified and demand that the student stop engaging in the behavior. It is not that simple. The behavior is complex and may be working to help the student cope with the issues in their life. Educators need to respond with empathy, and recognize the struggle the student is experiencing. The focus should be on the underlying issues the student is experiencing. Helping the student gain control over NSSI and diminish the behavior is the goal.

Interventions with NSSI need to be done individually. School counselors and nurses can help students learn to substitute behaviors that will distract them when they are having the urge to cut or burn their skin. These substitute behaviors include scratching clothing, standing on tip toe, scribbling with a red marker, tearing paper or



playing with Play-Doh. Extensive information about substitute behaviors and distraction techniques is available from Cornell in a handout entitled, Distraction Techniques and Alternative Coping Strategies and can be found at <http://www.selfinjury.bctr.cornell.edu>

In addition, school counselors and nurses can help students keep a trigger log of the situations that caused them to want to self-injure and can explore with them better ways to manage the situation.

Parent notification when a student is known to be engaging in NSSI has been a controversial issue. The counseling/psychology literature has been inconsistent with those who caution against parent notification, concerned about loss of rapport with the student. There has been one legal case in New Jersey, *Coulter v. Washington Township*, where the school system and the counselor were sued over the issue of parent notification of an adolescent girl engaging in NSSI. The counselor, who was taken to court, maintained that Mrs. Coulter was notified of the concern about NSSI for her child. Mrs. Coulter maintained that school personnel knew about the behavior but never contacted her. The counselor had no record of the parent notification. The school counselor was not found liable.

It is highly recommended that parents be notified by school personnel when a student is engaging in NSSI. The ideal notification would be a conference with key school personnel, parents, and the student to give the opportunity of explaining/discussing the NSSI behaviors. School personnel should follow the parent notification procedures and referral procedures that are outlined in this toolkit for notification of suicidal behavior.

A referral should be made for the student to receive treatment in the community. The most effective treatment for NSSI is dialectical behavior therapy (DBT) pioneered by Dr. Marsha Linehan at the University of Washington. DBT is a blend of cognitive behavior therapy and techniques such as mindfulness, relaxation, yoga, and



social skills training. The challenge for school personnel such as counselors, nurses, or the SPRS will be to identify the therapists in the community that are trained on DBT.

This toolkit emphasizes that when a student is believed to be suicidal and parents are not receptive to obtaining community mental health interventions for their child, that the state protective services need to be notified. If parents are not receptive to obtaining outside services for their child engaging in NSSI, things are not as clear because the student is not in imminent danger. Each school district will have to decide what their protocol is in this situation, but follow-up and support services for the student are essential regardless of whether outside mental health services are obtained.

What is the relationship between suicide and NSSI? NSSI has been added as a risk factor for suicide because students engaging in NSSI are becoming comfortable with the habit of harming their bodies. Research estimates are that approximately 30% of adolescents who repetitively self-injure ultimately make a suicide attempt. The NSSI risk factors for suicide are the following:

- utilizing multiple methods
- long standing history of NSSI
- reporting little physical pain from NSSI
- reporting disassociation when engaging in NSSI

School personnel should not hesitate to ask a student known to be engaging in self-injury about thoughts of suicide, and parental notification procedures need to be followed and referrals made to community providers skilled in managing NSSI. If the student admits to suicidal thoughts, then safety planning and pathways to care procedures for suicide outlined in this toolkit must be followed. A video created by Dr. Scott Poland on NSSI for state of Florida provides critical insight into self-injury with the interview of two young women who received a national award for their willingness to discuss their struggle with self-injury. The video is available free of charge at <http://www.nova.edu/suicideprevention> under training videos.



Pathways to Care: Treatment for the Student Who is At-Risk of Suicide

It is critical that staff, students, and parents be able to recognize the warning signs of a depressed and/or suicidal student. The training outlined earlier will prepare the school staff to be alert and responsive to the needs of a distressed student. What we haven't mentioned is the part that a student or parent plays in alerting the staff to warning signs and how to get assistance for their friend or loved one. Additional training for students, such as the SOS program, can be conducted in the classroom, and parents should be educated about the warning signs and how to get help for their child. (Tool # 27).

School personnel have also frequently asked if all student threats of suicide need to be taken seriously and have commented that many times a student is perhaps just seeking attention or is trying to manipulate a situation. The answer is that all student threats of suicide must be taken seriously and the steps outlined below followed. This will take a lot of time for key personnel, such as school counselors, but taking all threats seriously will save lives and will also protect school personnel from liability should a suicide occur.

Creating a suicide safer school culture through a school environment that respects students and honors their emotional needs as well as their academic needs will go a long way towards decreasing the number of incidents. Even so, it's important for all students, staff, and parents to know how to get help for themselves or others should the warning signs arise in an individual. Pathways to Care (Tool #12) provides a compassionate and effective process for seeking assistance in averting a student death by suicide.



- A referral to the counselor (who is likely the designated suicide risk prevention specialist) comes from a student, parent, or staff member. Sometimes, the student who is in distress will be the one to self-report. Many times a friend, parent, or alert staff member will report the concern to the appropriate person. Tool #9 Pathways to Care identifies the important steps the counselor/suicide risk prevention specialist should take upon notification.
- The designated suicide risk prevention specialist will conduct an assessment of the student to determine if he/she is at-risk, notify parents, and follow with a conference, and possibly a referral to community mental health resources.
- Community mental health resources that have been explored and preapproved by district administration should be readily available by the following means:
 - Interviewing possible community mental health resources by phone or through site visit to determine if they are trained in suicide assessment and management.
 - Determining that the health provider has experience with school age youth.
 - Deciding whether the mental health provider has a cooperative relationship with the district/school and, with parent permission, is willing to share appropriate information with designated school staff for the purpose of a smooth re-entry to school.
 - Keeping a list of these providers that is readily available to the staff whose role it is to respond to students who are at-risk of suicide and to make recommendations to parents. (Note that all Local Mental Health Authorities in



Texas (LMHAs) are required to have a suicide prevention specialist who can provide technical assistance and support to schools).

- Administrators, counselors, and designated suicide risk prevention specialists must understand the importance of a re-entry procedure that involves long-term monitoring and inclusion of appropriate staff on a need-to-know basis. (Tool #19)

In the event the death by suicide cannot be prevented, postvention procedures are extremely critical for the benefit of the family, grieving students and staff, and for educating the community about suicide prevention and intervention. Administration will most certainly take the lead in this process as it is critical to the student body's and community's well-being (Tools 20, 21, 22, 23, 24 and Postvention Information online at [TexasSuicidePrevention.org](https://www.texasuicideprevention.org) and Postvention in Schools Fact Sheet online at <http://www.texasuicideprevention.org/information-library/fact-sheets-related-to-suicide/>).

