

Policy

STUDENT SUICIDE PREVENTION

The Township of Union Board of Education recognizes that depression and self-destruction are problems of potentially increasing severity among children and adolescents. A student under severe stress cannot benefit fully from the educational program and may pose a threat to himself/herself or to others. In response to this serious problem, the board of education has determined that our schools must be prepared to meet this challenge.

The board of education encourages all school personnel to be alert to the warning signs of childhood and adolescent depression or potential suicide and the procedures to follow in the event he or she becomes aware or suspects the existence of such a condition. School personnel shall respond to those signs in accordance with procedures established by the superintendent.

The Superintendent shall establish guidelines and procedures to deal with these types of behaviors of students. In-service training will be organized by the Director of Special Services at least two hours of suicide prevention and awareness instruction as part of 100 hour professional development five-year cycle to individual teaching members by licensed health care professionals with training and experience in mental health. The school psychologist, school counselor, school social worker, and/or school nurse will assist staff to identify and deal with these conditions in the school environment and in the suicide intervention procedures.

The superintendent shall establish guidelines and procedures to deal with these types of behaviors of students. In-service training will be organized by the school counselors including but not limited to psychologist, guidance counselor, school social worker school nurse and/or guidance **school** counselor to assist staff to identify and deal with these conditions in the school environment.

NJSBA Review/Update: April 2012
Readopted: December 2013

Key Words

Suicide, Prevention, Crisis, Intervention

Possible

Cross References: *4131/4131.1 Staff Development; Inservice Education
*5142 Student Safety
*6164.2 Guidance Services
*6164.4 Child Study Team

*Indicates policy is included in the Critical Policy Reference Manual.

SUICIDE PREVENTION (continued)

A Mental Health Professional includes only a LCSW, Licensed Psychologist, Psychiatrists or Licensed Professional Counselor

N.J.S.A. 18A:6-111 through 113

Sources:

Peterson, S. Straubs R.L. (1992). School Crisis Survival Guide. West Nyack, N.Y.: The Center for Applied Research in Education.

Wilson, P.G.H. (1988). Helping Children Cope with Death. In J. Sandoval (Ed.), Crisis Counseling, Intervention, and Prevention in the Schools. Hillsdale, N.J.: Lawrence Erlbaum.

Underwood, M.M. & Dunne-Manm, K. (1992). Managing Student Violent Loss in Schools. Piscataway: New Jersey State Department of Education and New Jersey State Department of Human Resources.

Regulation

SUICIDE PREVENTION/ IDENTIFICATION/ INTERVENTION PROCEDURES

Responsibility

In accordance with Board Policy, the superintendent established the following procedures for the instruction of students and staff in suicide prevention, for the identification and intervention with students at risk for suicide, and for the response to a suicide completion.

Procedures

1. INSTRUCTION

Teachers shall be guided by the health curriculum approved by the Board of Education. Current thinking concerning suicide prevention curriculum is as follows: Instruction specific to suicide should be approached cautiously. Emphasis should be on educating students on various mental health problems (such as drugs, alcohol, dependency and depression), their common symptoms, and how and where to get help.

2. IDENTIFICATION

- a. School personnel must take seriously all suggestions, demonstrations, or communications of suicide. Any indication that a student may be in potential danger it shall be reported immediately. Confidentiality is superseded by the presence of any type of suicidal behavior.
- b. An Intervention Committee (IC) shall be established in each school building and will consist of the principal, middle/high-school guidance **school** counselor, school nurse, **School Psychologist or Social Worker**, Student Assistance Counselor (SAC), and teacher(s). This committee will assist in the identification of at risk students and intervention in their behalf. Each building principal will provide the ~~district-SAC~~ **Superintendent of Schools, Director of Guidance and Director of Special Services** with the names of the members of the Intervention Committee team at the beginning of the school year in September.
- c. The staff will be made aware of signs of suicide risk and instructed in the suicide intervention procedures through in-service training. A staff manual will include a statement describing warning signs and intervention procedures. (See Appendix 1).

3. INTERVENTIONS

- A. **LEVEL ONE:** Observation of behaviors or warning signs that indicate a student may be at risk of engaging in a suicidal act.

The staff member who has reason to believe that a student has self-destructive tendencies shall immediately notify the Principal who will assign a member of the Intervention Committee to proceed as follows:

- (1) Intervention Committee member will interview the student to assess The level of suicidal behavior. (See Appendix VI and VII)
- (2) In the case of special needs students, if the Intervention Committee member is not from the Child Study Team, a building designated crisis Child member shall be contacted to provide input and assistance.
- (3) If the situation is evaluated as constituting a suicidal threat, the procedures listed under Section B: Level Two will be followed, otherwise, proceed to step 4.
- (4) The Intervention Committee member will contact the student's parents by phone to arrange for a conference. All aspects of the incident will be reviewed and appropriate

SUICIDE PREVENTION PROCEDURES (regulation continued)

interventions will be (referral to community mental health center/or to consulting mental health professional, see Appendix X) made.

- (5) Intervention Committee member will prepare and submit a Suicidal Intervention Report (see Appendix II) to the Superintendent, Director of Special Services, Principal, and Intervention Committee members. An official file will be maintained by the Director of Special Services.
- (6) Intervention Committee member will follow up on response to the situation by checking with family, student, and/or treatment provider to ensure that adequate care has been offered.

B. LEVEL TWO: Student has voiced or ~~written intent~~ **expressed an intent in writing** to engage in a suicidal act.

If, after student contact, the Intervention Committee member deems the student to be sincere, the following steps will be implemented:

- (1) Keep the student under continuous adult supervision.
- (2) The Intervention Committee member will notify the Principal. The Principal will notify the Director of Special Services and the Superintendent. If the Principal is not available, the Intervention Committee member will contact the Director of Special Services and/or Superintendent directly.
- (3) The Intervention Committee member will contact the student's parent/guardian by phone and request that the parent/guardian come to school immediately. All aspects of the incident will be reviewed. (See Appendix VIII for a discussion guide) and the parent will be presented with a written determination stating the school's level of concern requiring a signature. A school psychologist or social worker will conduct a student interview and determine the level of suicidal risk.
 - a. If there does not appear to be imminent danger of bodily harm, screening by a psychiatrist will be suggested as well as referrals to community mental health centers and/or consulting mental health professionals (see Appendix-IX X).
 - b. If there appears to be imminent danger of bodily harm, parent/guardian consent for a psychiatric screening **by a licensed mental health professional** shall be requested (see Appendix-IX X). If it appears that consent is not forthcoming, the ~~Division of Youth and Family Services~~ **Department of Child Protection and Permanency** will be contacted to provide for the safety of the student.
- (4) If the parent/guardian is unavailable, an Intervention Committee member will remain with student until contact is made with the parent/guardian.
- (5) In the event a staff member is unavailable to remain for an extended period until the parent arrives, the ~~Director of Special Services~~ **Principal** or his/her designee will make a determination in regard to further procedure.
- (6) Intervention Committee member will prepare and submit a Suicide Intervention Report (see Appendix II) to the Superintendent, Director of Special Services, Principal and Intervention Committee members.
- (7) Intervention Committee member will follow up on response to the situation by checking with family, student, and treatment provider to ensure that adequate care has been afforded.
- (8) A written statement indicating that the student is **not** at minimal risk for harming himself/herself will be required from a ~~qualified~~ **licensed** mental health professional in order for the student to return to school.
- (9) **Certified** school personnel will monitor the student's school performance and behavior in relation to the specific treatment plan formulated by the treatment provider and/or Intervention Committee member.

SUICIDE PREVENTION PROCEDURES (regulation continued)

C. LEVEL THREE A: Response to Suicide Attempted Outside of School

- (1) When any staff member hears of an attempted suicide outside of the school setting, he/she will notify the Principal (or designee).
- (2) The Principal or designee will:
 - a. Contact the parent/guardian to review all aspects of the incident to arrange for appropriate follow up.
 - b. Notify the Director of Special Services, the Superintendent, and Intervention Committee.
 - c. Together with members of the Intervention Committee a determination will be made on an appropriate plan of action in response to the incident. This will be completed via phone chain when the event occurs outside of school hours.
 - d. Assign member of Intervention Committee in consultation with the Director of Special Services to manage the case.
- (3) The Intervention Committee member will:
 - a. Assist the parent/guardian with appropriate referral and placement (see Appendix IX).
 - b. Prepare and submit a Suicide Intervention Report (see Appendix II) to the Principal, Director of Special Services, Superintendent of Schools, and Intervention Committee.
- (4) Procedures for student returning to school will then be followed. (See Section E).

D. LEVEL THREE B: Response to Suicide Attempted on School Premises

- (1) School staff member will immediately notify School Nurse and Principal. Principal or designee will contact parent/guardian and request that he/she comes to school immediately.
- (2) The student shall be kept under close supervision until the parent/guardian, or proper authorities, arrive to take the child for immediate treatment.
- (3) If immediate medical services are required for physical injuries, the School Nurse and Principal shall ensure that emergency medical treatment is provided, either through the use of first aid techniques and/or by telephoning the local rescue squad. A staff member, designated by the Principal, shall accompany the child if transported by ambulance. (see Appendix IX)
- (4) The Principal will:
 - a. Contact the Superintendent, Director of Special Services, Intervention Committee, and police juvenile officer.
 - b. Appoint in consultation with the Director of Special Services an Intervention Committee member who will meet with the child and be responsible for managing the case.
- (5) The Intervention Committee member will request consent of parent/guardian for psychiatric evaluation (see Appendix IX).
- (6) If parent/guardian is not available or if parent/guardian refuses to follow the recommendations of the Intervention Committee member, the ~~Division of Youth and Family Services~~ **Department of Child Protection and Permanency** shall be contacted.
- (7) Following the immediate crisis a faculty meeting will be called by the Principal at the earliest possible time to inform teachers of the event, offer them an opportunity to address their feelings and concerns, and to plan appropriate procedures for subsequent school days.

SUICIDE PREVENTION PROCEDURES (regulation continued)

- (8) Intervention Committee member will prepare and submit a Suicide Intervention Report to the Superintendent, Principal, Director of Special Services, and Intervention Committee. **(Appendix II)**
- (9) The nurse will file an accident report.
- (10) Procedures for student returning to school will then be followed. (See Section E).

E. Procedures for Student Returning after a Suicide Attempt:

- (1) The designated intervention Committee member should be apprised of the situation by the attending qualified mental health specialist.
- (2) Designated Intervention Committee member will apprise the Principal and other team members of the situation.
- (3) Designated Intervention Committee member should contact parents and treating therapist to discuss formulation of a treatment plan with respect to school attendance.
- (4) An information-sharing meeting will be held prior to the students return to school with members of the Intervention Committee, the parents, and possible the student. A written statement indicating that the student is **not** at risk for harming himself/herself and a statement indicating the level of counseling/care the pupil is receiving will be required from a qualified mental health professional in order for the student to return to school. The student's teachers will be informed of the student's return and follow-up services by Intervention Committee member.
- (5) **Certified** school personnel will monitor the student's school performance and behavior in relation to treatment plan.
- (6) The Intervention Committee member will maintain parental contact until the student is released from treatment.

4. RESPONSE TO A SUICIDE COMPLETION

- a. Upon verification with the police that a suicide has been completed.
 - i. Notice will be given to the Superintendent, the Director of Special Services, and the Intervention Committee and convene together as soon as possible to prepare for the subsequent steps in these procedures.
 - ii. Contact the family to express sympathy and to determine their wishes with respect to the acknowledgment of the death as a suicide and with respect to the disclosure of information concerning the death and the funeral arrangements. If news is received during the school day and there are siblings or other family members present in the schools, ask the student's family how and when to notify the family members and offer to have them escorted home. If appropriate at this time, offer information on counseling services.
 - iii. Begin making preparations for the subsequent steps as outlined below (i.e., media release, faculty statement, counseling arrangements, etc.)
- b. All contacts with the news media should be referred to the Superintendent or designee who will speak for the entire school during the suicide crisis.
 - i. The faculty shall be advised who the designated spokesperson is and that all media requests should be referred to this person.
 - ii. As soon as it is reasonably possible, the spokesperson shall meet the media as a group, but not at the building site affected by the suicide.
 - iii. The interviewing of students on school premises by the media shall be strictly forbidden.
- c. In order to control rumors the Superintendent or designee will prepare a statement for the staff to ensure consistency in the reporting of all facts surrounding the suicide to students. The name and grade of the student and the time and place of the suicide shall be reported. Details of how the suicide was committed should be provided in non-graphic terms if they are public information. In instances where the suicide is alleged, this fact

SUICIDE PREVENTION PROCEDURES (regulation continued)

should be clearly noted. Information on funeral arrangements will be included in accordance with the family's wishes.

- d. The Principal shall call an emergency faculty and staff meeting as soon as is reasonably possible or early in the morning on the first school day following the suicide. Teacher notification will occur via the snow chain.
 - i. Relevant facts and an outline of staff procedures for the subsequent days should be disclosed.
 - ii. The written statement shall be distributed to assist the teachers in maintaining consistency in the reporting of facts to the students. Teachers will be given guidelines for discussing the situation in the classroom setting in a developmentally appropriate manner (see Appendix III and IV), as well as guidelines for identifying high-risk students (close friends, teammates, siblings, students who have exhibited suicidal behavior). Possible reactions to a suicide will also be reviewed (see Appendix V).
 - iii. Every effort shall be made to inform students in a small group setting such as homeroom or the mentor group; large assemblies or the public address system will be avoided.
 - iv. Whenever possible, parents of elementary students should be told prior to students. A statement prepared by the Principal which informs parents of the death and of possible reactions of children could be read to each parent over the telephone. Parents would be instructed to give their children the same information.
 - v. Emotional support of the staff will be addressed.
- e. The ~~Guidance~~ **School** Counselor, SAC, relevant teacher(s), and CST members shall compile a list of students who were close to the deceased student or who may be at risk. These students shall be identified, counseled, and closely observed.
- f. Students shall be provided with factual information as soon as possible in a small group or classroom setting.
 - i. Time shall be allotted in the daily schedule to enable students to express and discuss their feelings with school or mental health personnel regarding the incident. Homerooms, drop-in center, class periods, or mentor groups could be utilized.
 - ii. Students shall have the opportunity to visit a counselor as needed during the initial crisis period (3-5 days).
 - iii. Community resources such as clergy, juvenile officer, and mental health agencies could be used to assist school personnel in counseling the students.
- g. Over-focusing on a suicide can have deleterious effects, including copycat attempts on young children. A regular school routing should be followed as soon as possible. Under no circumstances shall the suicide be memorialized through such things as assemblies or yearbook dedications. On the day of the funeral school will remain open; grief may be recognized through a moment of silence. The flag will not be lowered. Students will be allowed to attend the funeral with parental permission. It will be recommended that, if possible, parents attend the service with their children. Principal or an official school representative will attend.
- h. An afterschool faculty meeting on the first school day following the suicide will be called.
 - i. To debrief the events of the day.
 - ii. To provide emotional support for all staff after a full day of dealing with their responses and those of the students.
 - iii. To review the characteristics of high-risk students and compile an additional list based on staff observations of student reactions during the day.

SUICIDE PREVENTION PROCEDURES (regulation continued)

- i. The Principal will maintain communication with parents through such means as written messages, and/or small group meetings. The following information would be helpful for parents to know.
 - i. Pertinent facts surrounding suicide and subsequent steps taken by school.
 - ii. A review of school/community resources parents may wish to utilize.
 - iii. A description of their children's special needs during this time including the developmental understanding of death. (Appendix III) and possible reactions to a suicide (Appendix V).

- j. The Principal will prepare a report evaluating the districts' response to the crisis situation. The Intervention Committee will meet to discuss the report and make appropriate changes to the procedures.

Adopted: December 2013

Exhibit

APPENDIX I

WARNING SIGNS OF SUICIDE

A. Suicidal Indicators

1. Suicidal threat or other statement indicating desire of intention to die
 - a. May be direct verbal statement or indirect through joking, creative writing assignment, art work younger children;
 - b. Acting out, violent behavior often with suicidal or homicidal threats pre-adolescents;
 - c. Wish to die, intense preoccupation with death.
2. Previous attempts even if superficial
3. Depression
 - a. Withdrawal from friends and activities
 - b. Loss of joy in life and bleak outlook for future
 - c. Changes in sleeping and eating habits
 - d. Risk-taking or reckless behavior
 - e. Pre-occupation with death
 - f. Increased somatic complaints
 - g. Concentration problems with schoolwork
 - h. Frequent mood changes
 - i. An uncharacteristic emotional or rebellious outbursts
 - j. Low self-esteem or lack of confidence in abilities and in decision-making capabilities
 - k. Significant weight loss or gain
 - l. Decreased attention to physical appearance
 - m. Hyperactivity
 - n. Chronic fatigue
 - o. Feelings of worthlessness, inferiority or guilt
4. Marked or sudden changes in behavior
 - a. A behavior symptomatic of depression
 - b. School problems
 - c. Substance abuse
 - d. Psychosomatic ailments
 - e. Constant accidents
5. Final arrangements
 - a. Giving away of valued articles
 - b. Sudden lifting of severe depression
 - c. More characteristic of older children and adolescents

B. Risk Factors

1. Relationship to School
 - a. Sense of not belonging in a school
 - b. Alienation from peers
 - c. Sense of having restricted future because of poor performance in school

SUICIDE PREVENTION (Appendix I, continued)

2. School Environment

- a. Recent transitions imposed by system
- b. Lack of specialized programs
- c. Alienation and rejection of certain students
- d. Too much attention given to suicide threats or attempts

3. Family

- a. Low level of family support
- b. Suicidal behavior in family
- c. Instability
- d. Communication problems
- e. Dysfunctional or disturbed structure
- f. Crises not tolerated
- g. History of physical, mental emotional or sexual abuse

C. Common Stresses or Precipitating Events

1. Increased arguments with friends
2. Breakup with boyfriend or girlfriend
3. Trouble with sibling
4. Loss of friend
5. Divorce
6. Change in parents' finances
7. Injury or illness
8. Trouble with teacher
9. Failing grade
10. Change of school
11. Getting into trouble, being afraid
12. Disappointments, rejection, failure
13. Anxiety over impending change
14. Recent example of suicide

D. General "Types" of Teenagers More at Risk:

1. Impulsive, aggressive teenager with troubled relationship and a history of failure in school or work
2. Perfectionistic, rigid teenager who is successful, but has very distorted or negative view of self
3. Depressed teenager

Adopted: December 2013

Sources:

Davis, J.M. (1988). Suicide and the School: Intervention and Prevention. In J. Sandoval (Ed.), Crisis Counseling, Intervention, and Prevention in the Schools. Hillsdale, N.J.: Lawrence Erlbaum.

Peterson, S. Straubs R.L. (1992). School Crisis Survival Guide. West Nyack, N.Y.: The Center for Applied Research in Education.

Poland, S. (1989). Suicide Intervention in the Schools. N.Y.: The Guilford Press.

Exhibit

APPENDIX II

FOR PERSONAL FILES ONLY
SUICIDE INTERVENTION REPORT

Name _____ Date _____ Grade _____

Address _____ Phone (Home) _____

_____ Phone (Work) _____

Parent/Guardian _____

Details of Incident: _____

Parent/Guardian Notification: _____

Interventions: _____

Follow-up: _____

SUBMITTED BY: _____ DATE: _____
(Name, Title)

SUICIDE PREVENTION/INTERVENTION, File 5141.6 Policy and Regulation

REPORTS SENT TO: _____ CHEF SCHOOL ADMINISTRATOR
_____ DIRECTOR OF SPECIAL SERVICES
_____ PRINCIPAL
_____ SUICIDE INTERVENTION COMTTEE MEMBERS

Adopted: July 28, 1997
Readopted: December 2013

Exhibit

APPENDIX IV

GUIDELINES FOR CLASSROOM TEACHERS
(Related to Suicide)

1. The following are points to keep in mind:
 - a. Suicide is result of complex interaction of many factors in a person's life: There is no one cause. Avoid speculating on possible causes or attributing blame.
 - b. Students will react in a variety of different ways. There is no "right way to feel" or "right way to mourn." Each person will have a unique response involving various different feelings that change over time.
 - c. Mourning is a process that takes time, varying in length for each individual.
2. Each first period or homeroom teacher should inform students of the death, using the outline provided by the administration. If they are unable to do so, or are absent, assistance should be given by the child study team, and guidance personnel. The instructor should share basic facts to dispel rumors, but not dwell on details.
3. The teacher should share his/her own feelings of loss and grief, but not in any way convey the message that suicide is admirable or a viable way of dealing with problems.
4. Students should then be encouraged to share their feelings with each other and the teacher in an open-ended way, either verbally and/or through drawings for about 20 to 30 minutes. The goal is to help move the students towards constructive, creative grieving and away from a focus on anger. The following are suggested responses to possible reactions.
 - a. Shock and Denial: acknowledge shock and indicate a willingness to talk when students feel ready.
 - a. Anger and Blame: explain that this is a normal reaction to something that can't be explained.
 - b. Guilt: discuss the limits of personal responsibility
 - c. Anger at Deceased: explain that it is a normal reaction
 - d. Anger for Self: differentiate between the students and the deceased; discuss problem solving strategies and ways to seek help
 - e. Loneliness: encourage students to work together to support each other
 - f. Hope and Relief: indicate the importance of mourning as a process that leads to the acceptance of the reality of death and that with time the pain and hurt subsides
5. Specific classes affected may wish to consider a commemorative response such as condolence letters to the family (which would be screened before sending) or a fund-raising project for a specific activity such as a mental health project. Plaques or trees are not recommended.
6. The classroom teacher should encourage students to seek out appropriate school personnel and discuss their reactions and feelings. The students should be excused from class to do so. A hallway pass/monitor or "buddy" should be in place for exiting students.
7. During the next several days' students should be allowed to leave class to attend counseling groups.

SUICIDE PREVENTION (Appendix IV, continued)

8. Children experiencing significant duress will be assisted by following the regular classroom activities. Structured activities are helpful in containing any contagion affect. It is advisable that stressful activities such as major examinations be rescheduled for later dates. If you have any questions about an activity, ask an Intervention Committee member.

Adopted: December 2013

Exhibit

APPENDIX V

POSSIBLE REACTIONS TO A SUICIDE

A. Specific to a Suicide:

1. Intense grief, but grief reactions vary
2. Anger that may lead to scapegoating and blaming
3. Denial
4. Intensified anxiety
5. Exaggerated feeling of responsibility for death

B. Normal Reactions to Traumatic Stress Situations:

1. Forgetfulness
2. Sleep and appetite disturbances
3. Loss of concentration
4. Irritability, anger
5. Perseveration (i.e. going over and over the last contact with the deceased)
6. Numbed feelings
7. Diminished interest

C. Immediate, upon hearing news:

1. Flight
2. Avoidance by creating distractions
3. Giggling
4. Immobilization

Adopted: December 2013

Exhibit

APPENDIX VI

SUICIDE EVALUATION

To be completed by School Psychologist, **School Nurse** or School Social Worker

Name: _____ Age: _____ Date: _____

1. Suicide Potential:

- a. Non-suicidal
- b. Suicidal ideation
- c. Suicide threat
- d. Mild attempt (believes would not ~~has-e~~ **have** killed **self**)
- e. Serious attempt (believes would have been fatal)

2. Suicide Plan:

- a. Lethal potential of plan
- b. Availability of means
- c. Sophistication

3. Past Attempts:

- a. Self
- b. Others

4. Affects and Behaviors:

- | | | |
|-----------------|-------------------------------------|----------------------|
| a. Anxiety | g. Hopeless resignation | l. Defiance |
| b. Anger | h. Temper tantrums | m. Trouble sleeping |
| c. Sadness | i. Psychomotor increase or decrease | n. Social withdrawal |
| d. Weight loss | j. Transformed rage | o. Drug addiction |
| e. Running away | k. Fire setting | p. Alcoholism |
| f. Depression | | |

5. Family Behavior:

- a. Drug, alcohol, child abuse
- b. Recent deaths or separations
- c. Parents have coping plan

6. Precipitating Events:

- a. loss or threat of loss
- b. health problems
- c. social disgrace
- d. school problems
- e. loss of reason to live

SUICIDE PREVENTION (Appendix VI, continued)

7. Response from Support Network

8. Concept of Death

9. Ego Functioning

- a. Reality testing
- b. Intelligence
- c. Impulse Control
- d. Regulation of affect

Adopted: December 2013

Signature _____

Print Name _____

Title _____

Date _____

Exhibit

APPENDIX VII

EVALUATION QUESTIONS FOR CHILDREN

1. It seems things haven't been going so well for you lately. Your parents and or teachers have said _____ . Most children your age would feel upset about that. Have you felt upset or maybe had some sad or angry feelings you've had trouble talking about?
2. Maybe I could help you talk about these feelings and thoughts.
3. Do you feel things can get better or are you worried (afraid or concerned) things will just stay the same or get worse?
4. Other children I've talked to have said that when they feel that sad and/or angry they thought for awhile that things would be better if they were dead. Have you ever thought that? What were your thoughts?
5. What do you think it would feel like to be dead?
6. How do you think your father and mother would feel?
7. Has anyone that you know of attempted to kill themselves? Do you know why?
8. Have you thought about how you might make yourself die? Do you have a plan? Do you have the means available?
9. Have you ever tried to kill yourself before? How far have you gone towards reaching an attempt?
10. What has made you feel so awful?
11. Who is there for you?

Adopted: December 2013

Exhibit

APPENDIX VIII

EVALUATION QUESTIONS FOR PARENTS

1. Has any serious change occurred in your child's or your family's life recently (last year)?
2. How did your child respond?
3. Has your child had any accidents or illnesses without a recognizable physical basis?
4. Has your child experienced a loss recently?
5. Has your child experienced difficulty in any areas of his/her life?
6. Has your child been very self-critical or have you or his teachers been very critical lately?
7. Has your child made any unusual statements to you or to others about death or dying? Any unusual questions or jokes about death or dying?
8. Have there been any changes you've noticed in your child's mood or behavior over the last few months?
9. Has your child ever threatened or attempted suicide before?
10. Have any of his friends or family, including you, ever threatened or attempted suicide?
11. How have these last few months been for you?
12. How have you reacted to your child (anger, despair, empathy)?

Adopted: December 2013

Exhibit

APPENDIX IX

RESOURCE LIST

AMERICAN DAY TREATMENT CENTER Adolescent Mental Health	908-272-0307
CARRIER COUNSELING CENTER Adolescent/Adult Mental Health/Substance Abuse	908-769-7070
CENTER FOR THE TREATMENT OF EATING DISORDERS	201-740-0234
CHARTER BEHAVIORAL HEALTH Mental Health/Substance Abuse	908-522-7000
TRINITAS	908-994-5000
FAMILY RESOURCE CENTER Mental Health Counseling	908-276-2244
GANNON COUNSELING Substance Abuse Counseling	908-964-4233
HIGH FOCUS TREATMENT CENTER Adolescent/Adult Substance Abuse	800-877-FOCUS
MOUNT CARMEL GUILD Mental Health/Substance Abuse	908-709-2120
NJ CENTER FOR FAMILY STUDIES Mental Health Counseling	908-467-4350
PROCEED (SPANISH) Substance Abuse Counseling	908-351-7727
RESOLVE Mental Health/Substance Abuse	908-322-9180
ST. BARNABAS BEHAVIORAL HEALTH Adolescent/Adult Mental Health & Substance Abuse	800-327-3121
SHAPEDOWN Child/Adolescent Eating Disorder	908-522-5353
SUMMIT PSYCHIATRIC & COUNSELING Mental Health Counseling	908-277-1550
SUMMIT PSYCHOLOGICAL SERVICES Mental Health/Substance Abuse	908-273-5558

SUICIDE PREVENTION (Appendix IX, continued)

UNION COUNTY MENTAL HEALTH ASSOCIATION Mental Health Counseling	908-272-0300
UNION COUNTY PSYCHIATRIC CLINIC Mental Health Counseling	908-281-1000
YOUTH & FAMILY COUNSELING SERVICES Mental Health Counseling	908-233-2042

Adopted: December 2013

Exhibit

APPENDIX X

PARENT/GUARDIAN NOTIFICATION FORM

(SCHOOL LETTERHEAD)

Parent/Guardian:

The Crisis Intervention Team of _____ School has recently met regarding concerns for your son/daughter. It has been brought to the attention of the Crisis Intervention Team that your son/daughter has voiced or written intent to engage in a suicidal act. Due to the seriousness of the situation, it is the request of the Crisis Intervention Team that a ~~psychiatrist~~ **Mental Health Professional** evaluate your son/daughter. Documentation of your actions must be submitted to the building Principal from a treatment facility before your child is permitted to return to school. Please understand that this is a recommendation made out of caring and concern for your son/daughter.

School Principal

Crisis Intervention Team Leader **Member**

Please check the appropriate sentence below and sign.

_____ I understand the above recommendation and will follow through with a psychiatric evaluation.

_____ I understand the recommendation for a psychiatric **Mental Health** evaluation, however, I do not feel that it is necessary at this time.*

Signature

Date

METHOD OF DELIVERY:

_____ Provided at Conference

_____ Mailed to Home

*See Appendix X, page 2

