

Students

ADMINISTRATIVE REGULATIONS ON SUICIDE PREVENTION, INTERVENTION, AND RESPONSE STUDENT ASSISTANCE TEAM

5141.5AR

A. The Superintendent shall establish a district Student Assistance Team

1. This Team shall be chaired by the Director of Special Education, Pupil Services, and Special Programs
2. Membership shall include: High School Director(s) of Guidance, Curriculum Coordinator for Health Education, Supervisor of School Nurses, and Chairpersons of all school-based Student Assistance Teams
3. To the extent possible, membership shall be for a minimum of 2 years
4. District Team shall meet at least quarterly to review data related to school climate, assess response, and address individual school concerns
5. This team shall review, revise and publish (annually) the template for the Guidelines for Suicide Prevention, Intervention, and Response. This document shall include district wide forms and protocols and sample communications and letters to be used in this process
6. This team shall be mobilized, as directed by the Superintendent or its Chairperson, to respond to crisis situations in the district.

B. Each school shall establish a Student Assistance Team

1. High School teams shall be chaired by the Director of Guidance; all other teams shall be chaired by Administrator/designee (if other than school administrator, chairperson serves a 2-year term and also serves on District Student Assistance Team).
2. Membership shall include cross section of faculty including, but not limited to: School Psychologist(s), School Social Worker(s), School Counselors, Deans, Classroom Teachers, Special Education and Related Service Personnel, and Health Educators.

Students

ADMINISTRATIVE REGULATIONS ON SUICIDE PREVENTION, INTERVENTION, AND RESPONSE STUDENT ASSISTANCE TEAM (continued)

5141.5AR

3. When warranted for individual intervention planning or crisis response, at least ONE (1) teacher of the student in question shall be invited to participate.
4. This team shall meet monthly to review data on school climate (including but not limited to attendance, counseling center referrals, referrals to outside sources, individual student interventions, discipline, etc.)
5. Using the district template entitled, Guidelines for Suicide Prevention, Intervention, and Response, the school team shall fill in all school specific information and publish annually to all staff and on the school website the school specific version of the Guidelines.

C. Professional Development

1. Annual training of the district and school teams shall be provided and can include:
 - a) *School climate improvement*
 - b) *Intervention planning, implementation, and progress monitoring*
 - c) *Evidence-based practices in suicide prevention and intervention*
 - d) *Impact of emerging technologies*
 - e) *Risk assessment*
2. The Student Assistance Team shall receive training in crisis management on a bi-annual basis

Students

ADMINISTRATIVE REGULATIONS ON SUICIDE PREVENTION, INTERVENTION, AND RESPONSE STUDENT ASSISTANCE TEAM (continued)

5141.5AR

II. Prevention

Evidence supports that comprehensive suicide prevention strategies should be viewed through a public health framework that incorporates universal prevention (Tier 1) for all students, targeted intervention (Tier 2) for students/groups of students at statistically higher risk, and individual intervention (Tier 3) for students deemed at high risk. See Appendix 1 – Primary Prevention Model. The Fairfield Public Schools will implement a primary prevention model of suicide prevention.

- A. Threat Assessment – Once a student is referred to the Student Assistance team a threat assessment is made. Threat levels are defined and protocols published in the “Guidelines for Suicide Prevention, Intervention, and Response”.
- B. Tier 1 Universal Prevention – This level of prevention is for ALL students, staff, and parents.
 1. Students – Each school shall provide all students with information/ education regarding suicide prevention. Resources make include:
 - a) *Beginning at Grade 6 and annually (by October 15) thereafter, students shall receive specific suicide prevention education. This shall include: signs of depression, making referrals, and an introduction to the school’s Student Assistance Team. To the extent available, evidence-based models shall be utilized.*
 - b) *Health Curriculum*
 - c) *Public Awareness Campaigns*
 - d) *Assemblies*

Students

ADMINISTRATIVE REGULATIONS ON SUICIDE PREVENTION, INTERVENTION, AND RESPONSE STUDENT ASSISTANCE TEAM (continued)

5141.5AR

2. Parent Education – Each school’s Student Assistance Team shall offer annual parent education regarding suicide prevention. This can be in the form of written material, newsletters, public awareness campaigns, workshops, web-based resources, and face-to-face parent education sessions.
 3. Faculty Education – Faculty education is universally advocated as an essential component of any school’s suicide prevention efforts due to the unique position that school faculty play in the lives of students. To that end, each school’s Student Assistance Team shall provide training to its entire faculty by October 15 of each year. This training must minimally include:
 - e) *The Educators’ Role in Suicide Prevention*
 - f) *Identifying students who may be at risk*
 - g) *An introduction of the Student Assistance Team*
 - h) *Referring to school Student Assistance Team*
 - i) *BOE Policies and Procedures and Protocols*
 - j) *Presentation of each schools “Guidelines for Suicide Prevention, Intervention, and Response”*
- C. Tier 2 – Selective Prevention – In addition to prevention efforts directed at ALL students, this tier provides selective prevention to students or groups of students who are at statistically higher risk for suicide.
1. Students or groups of student considered at statistically higher risk for suicide include, but are not limited to:

Students

**ADMINISTRATIVE REGULATIONS ON SUICIDE
PREVENTION, INTERVENTION, AND RESPONSE
STUDENT ASSISTANCE TEAM (continued)**

5141.5AR

- a) *Students who have undiagnosed, untreated, or ineffectively treated mental disorders (increased risk most clearly linked to: Major Depressive Disorder, Bipolar Disorder, Generalized Anxiety Disorder, Substance Use Disorders, Conduct Disorders, Eating Disorders, Schizophrenia)*
- b) *Family history of mental disorder*
- c) *Family history of completed suicide or suicide attempts*
- d) *Prior suicide attempt*
- e) *Past physical or sexual abuse*
- f) *Death or other trauma in family*
- g) *Persistent serious family conflict*
- h) *Traumatic break-up of romantic relationship*
- i) *Trouble with the law*
- j) *School failures or major disappointments*
- k) *Students with disabilities*
- l) *Bullying, harassment, or victimization by peers*
- m) *Sexual identity/orientation, gender identity issues*
- n) *Access to firearms*

Please Note that the presence of any one or more of these conditions does not automatically indicate that a student WILL become suicidal. These are simply students or groups of students at statistically higher risk and school should plan for and provide specific opportunities to address the issues related.

**ADMINISTRATIVE REGULATIONS ON SUICIDE
PREVENTION, INTERVENTION, AND RESPONSE
STUDENT ASSISTANCE TEAM (continued)**

5141.5AR

D. Each school shall provide opportunities to address these students individually and in small groups. Interventions may include:

1. Individual and/or group counseling
2. Clubs (i.e., Gay/Lesbian Alliance,)
3. Substance abuse education and treatment
4. Positive behavioral supports
5. Academic supports
6. Family support groups
7. Parent/teen groups
8. Conflict resolution
9. Bullying prevention programs
10. Character Education programs

III. Tier 3 – Individual Intervention

- A. Upon referral to the school Student Assistance Team or a school administrator an individual threat assessment shall be conducted and a student's risk level determined. This determination shall be made by the school psychologist, school social worker, or school nurse.
- B. Threat Assessment – Once a student is referred to the Student Assistance team a threat assessment is made. Risk levels are defined as follows:
 1. Urgent Care: A serious, self inflicted injury or life-threatening circumstance is reported

Students

ADMINISTRATIVE REGULATIONS ON SUICIDE PREVENTION, INTERVENTION, AND RESPONSE STUDENT ASSISTANCE TEAM (continued)

5141.5AR

2. Imminent Danger: A school psychologist, school social worker, or school nurse has assessed the student to be in imminent danger for suicide. The following may be among the indicators taken into consideration:
 - a) *The student has recently expressed a wish to die and it appears that an attempt at suicide is possible*
 - b) *The student has recently discussed a plan or previously attempted suicide*
 - c) *There is a report that the student has obtained/purchased means (pills, firearms, rope, etc)*
 - d) *The student has given away personal items*
 - e) *The student has stopped participating in previously preferred activities (teams, arts, sports, etc)*
 - f) *There is a dramatic change in affect (depressed to cheerful)*
 - g) *A vulnerable student is confronted with the rejection/loss of a friend or loved one (especially if by suicide)*
 - h) *A student gives verbal cues, such as (but not limited to), "I won't be a problem much longer, Nothing matters, It's no use", etc.*
 - i) *A student expresses a wish to join a beloved deceased parent, friend, or loved one and believes that, by dying, they will be reunited*
 - j) *A student cannot verbalize a plan for safety*
3. High Risk - A school psychologist, school social worker, or school nurse has assessed the student to be at high risk for suicide. The following may be indicator taken into consideration.

Students

**ADMINISTRATIVE REGULATIONS ON SUICIDE
PREVENTION, INTERVENTION, AND RESPONSE
STUDENT ASSISTANCE TEAM (continued)**

5141.5AR

- a) *Previously diagnosed mental illness (depression, anxiety, bi-polar disorder, schizo-affective disorder, etc)*
 - b) *Expressed thoughts of suicide*
 - c) *Preoccupation with death, verbally, pictorially, and/or in writing*
 - d) *Persistent joking about death or suicide*
 - e) *Exhibits patterns or incidence of self-destructive behavior (substance abuse, increased accidents, risk-taking, etc)*
 - f) *Expressed feeling of worthlessness, discouragement, and guilt*
 - g) *Personality changes (increase nervousness, carelessness, apathy, moodiness, fatigue, impulsive or aggressive behavior)*
 - h) *Changes in social activities (increased isolation, uninterest in friends, reduced motivation for previously preferred activities)*
 - i) *Student or others report dramatic changes in eating or sleeping habits*
 - j) *Student begins to neglect appearance or hygiene*
 - k) *Increased visits to school nurse, recurrent or persistent somatic complaints, such as, but not limited to abdominal pain, chest pain, headache, lethargy, dizziness, or other non-specific symptoms*
4. Low Risk - a school psychologist, school social worker, or school nurse has assessed the student to be at low risk for suicide. The Student Assistance Team will continue to monitor the student.
- C. Once the risk level is determined the intervention protocol will be followed and documented according to the “Guidelines for Suicide Prevention, Intervention and Response”.

Students

**ADMINISTRATIVE REGULATIONS ON SUICIDE
PREVENTION, INTERVENTION, AND RESPONSE
STUDENT ASSISTANCE TEAM (continued)**

5141.5AR

IV. Response

- A. In the event of a completed suicide the Superintendent shall immediately mobilize the District Student Assistance Team, and notify the school principal/headmaster. The school principal/headmaster will in turn mobilize the school Student Assistance Team.
- B. Both the district and school Student Assistance Teams shall implement the emergency response protocol(s) outlined in the “Guidelines for Suicide Prevention, Intervention and Response”.
- C. The goals of the emergency response protocol shall be:
 - 1. To prevent “contagion”
 - 2. To provide quality information to staff, students and parents
 - 3. To support the school community, including the family of the deceased
 - 4. To plan for both short-term and long-term needs of staff, students, and the school community

Students

ADMINISTRATIVE REGULATIONS ON SUICIDE PREVENTION 5141.5AR

Appendix 1 – Primary
Prevention Model



Revised 5/24/2011