

**Dealing with Suicide in Schools:  
Prevention, Intervention and Postvention**

**A Model Protocol**

**Developed by:**

**Suicide Prevention Coalition of  
Warren and Clinton Counties**

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# Why have Procedures for Dealing with Issues of Suicide?

On the average, every high school will have at least 1 student every 5 years who dies by suicide. A typical high school also will have between 35 and 60 students every year who will attempt suicide. On the Ohio Youth Survey conducted in 18 Warren and Clinton County schools during the 2008-2009 school year:

- 12% of 6<sup>th</sup>-12<sup>th</sup> graders reported seriously considering attempting suicide within the prior 12 months.
- 9% had developed a suicide plan.
- 6% reported having actually attempting suicide.

Four primary reasons exist for developing and using procedures to deal with the issues of suicide attempts, suicide completions and other sudden deaths of students and school staff:

1. To deal with the issue of contagion.
2. To control rumors.
3. To do what is best for students.
4. Duty, Responsibility and Liability.

**Contagion** - The possibility of subsequent "**copycat suicides**" (the contagion effect) is greatly lessened in a setting which permits the open acknowledgement of a suicide or an attempt. According to most major research, discussion of suicide will NOT glamorize the action or invite similar behavior among other students. Open discussion of suicide in the classroom takes away the mystique and may free some students from their fear of revealing their thoughts and emotions to a caring adult. **However**, this discussion should be done without glorifying the method of death. Overemphasis of a suicide may be interpreted by vulnerable students as glamorization of the suicidal act, which can assign legendary or idolized status to taking one's own life. Those who desire recognition may be inadvertently encouraged to emulate the victim's behavior. The following guidelines can help school staff limit glamorization of suicide and reduce the likelihood of contagion:

**Do** verify the facts, and treat the death as a suicide if officially deemed as such.

**Do** acknowledge the suicide as a tragic loss of life.

**Do** provide support for students profoundly affected by the death.

**Do** emphasize that no one is to blame for the suicide.

**Do not** dismiss school or encourage funeral attendance during school hours.

**Do not** organize school assemblies or honor the deceased student or dedicate the yearbook/yearbook pages, newspaper articles, proms, athletic events, or advertisements to the deceased individual.

**Do not** pay tribute to a suicidal act by planting trees, hanging engraved plaques, or holding other memorial activities.

**Do** consider establishing a fund for contributions to a local suicide prevention hotline or crisis center, or a national suicide prevention organization.

**Rumor Control** - No matter how great the effort to maintain secrecy, some students and staff will know of a suicide attempt or a suicide completion, and more often than not, the facts will be garbled. The rumors that develop will usually be much worse than any fact related to the event. This can be avoided by having in place a procedure for sharing appropriate information with the school community.

***What is Best for the Student*** - The school should not ignore these situations. Ignoring a suicide attempt, for instance, can be detrimental to the attempter and other students. Appropriate procedures can bring students who feel isolated together with those who are in an ideal position to provide emotional support - the school staff. To prevent further tragedies, students considered to be especially at risk should be carefully monitored and appropriate action taken as necessary.

***Duty, Responsibility and Liability*** – A school district can be held liable and/or responsible for a student’s death if negligence is legally determined. School districts, administrators, educators, and staff may be held liable for a student’s suicidal behavior when there was knowledge that a student could potentially harm him/herself and when action was not taken to prevent such a tragedy. It should be noted that under the Family Educational and Privacy Rights Act of 1974 (FERPA), an exception to maintaining confidentiality is if a student is believed to be experiencing a suicidal crisis or has expressed suicidal thoughts. In these cases, confidentiality must be breached to protect the student. Researchers indicate that the best way to guard against legal difficulties is to have a written school policy that is known and followed by all school personnel. This policy should include issues such as confidentiality, suicide prevention methods, intervention strategies, and postvention strategies. **It is also recommended that the policy be reviewed by an attorney.** Another important protective strategy is to keep accurate and up to date records about students potentially at risk for suicidal behavior and explicitly indicate any actions that were taken by the school staff.

(Further detail available at in “School-Based Youth Suicide Prevention Guide” published by the Louis de la Parte Florida Mental Health Institute; <http://www.fmhi.usf.edu/institute/pubs/bysubject.html> )

## Suicide Facts

- Suicide is the third most common cause of death among adolescent and young adults in the U.S.
- Most teens will reveal that they are suicidal; however they are more willing to discuss suicidal thoughts with a peer than a school staff member.
- 90% of suicidal youth feel their families don't understand them. Conversely, studies have shown that 86% of parents were unaware of their child's suicidal behavior.
- Most suicidal adolescents do not want suicide to happen. The person who contemplates suicide believes that the action will end the pain of feeling hopeless and helpless or is making a dramatic plea for help.
- Most adolescent suicide attempts are precipitated by interpersonal conflicts. The intent of the behavior may be to influence the behaviors or attitudes of others.
- Not all adolescent attempters may admit their intent. Thus, any deliberate self-harming behaviors should be considered serious and in need of further evaluation.
- Nationally, guns are the most frequently used method among adolescents. Having a gun in the house increases an adolescent's risk of suicide.
- The largest number of suicides occur in the spring.
- One of the most powerful predictors of completed suicide is a prior suicide attempt.
- Most adolescents who are contemplating suicide are not presently seeing a mental health professional.
- When issues concerning suicide are taught in a sensitive educational context, they do not lead to, or cause, further suicidal behavior. Talking about suicide in the classroom provides adolescents with an avenue to talk about their feelings, thereby enabling them to be more comfortable with expressing suicidal thoughts and increasing their chances of seeking help from a friend or school staff member.
- On the average, every high school will have at least 1 student every 5 years who commits suicide. A typical high school also will have between 35 and 60 students every year who will attempt suicide.

(Sources: "Lifeline," a publication created by the staff of the Derby (KS) Unified School District 260 and "Youth Suicide Prevention School-Based Guide" by The Louis de la Parte Florida Mental Health Institute at the University of South Florida.)

## Warning Signals for Suicide

*The more clues and signs observed, the greater the risk. Take all signs seriously and consider as cause to ask the student about their intent.*

### Direct Verbal Cues

- "I've decided to kill myself."
- "I wish I were dead."
- "I am going to commit suicide."
- "I'm going to end it all."
- "If (such and such) doesn't happen, I'll kill myself."

### Indirect "Coded" Verbal Cues

- "I'm tired of life, I just can't go on."
- "My family would be better off without me."
- "Who cares if I'm dead anyway?"
- "I just want out."
- "I won't be around much longer."
- "Pretty soon you won't have to worry about me."

### Behavioral Clues

- Previous suicide attempt.
- Acquiring a gun or stocking up on pills.
- Depression, moodiness, hopelessness.
- Putting personal affairs in order.
- Giving away prized possessions.
- Sudden interest or disinterest in religion.
- Unexplained anger, aggression, irritability.
- Drug or alcohol abuse, or relapse.
- Perfectionism.
- Recent disappointment or rejection.
- Sudden decline in academic performance.
- Increased apathy.
- Physical symptoms: decline in personal hygiene or grooming, eating disturbances, changes in sleep patterns, chronic headaches, stomach problems.
- Sudden improvement in the mood or optimism, or making of grandiose plans.

### Situational Clues

- Being expelled from school or fired from job.
- Family problems or alienation.
- Loss of any major relationship.
- Death of a family member or close friend; especially by suicide.
- Diagnosis of a serious or terminal illness.
- Financial problems (self or family).
- Sudden loss of freedom or fear of punishment.
- Victim of assault.
- Public shame to family or self.

(Source: "QPR: Question, Persuade, and Refer" by Paul Quinnett)

**Just one concerned, caring person can save the life of a young person**

## Prevention: Suicidal Ideation and Threats

The following are procedures for dealing with students who express a desire to harm themselves. When the risk of suicide exists, the situation must be managed by the designated staff. Under no circumstances should an untrained person attempt to assess the severity of suicidal risk. All assessment of threats, attempts or other risk factors must be left to the appropriate professionals (i.e. guidance counselors, social workers, psychologists, mental health therapists, resource coordinators, building administrators, school nurse).

In cases of suicidal risk, the school should maintain a confidential record of actions taken. This will help assure that appropriate assessment, monitoring, and support are provided as well as document the school's efforts to intervene and protect the student. The following form template may be used for this purpose and then signed by appropriate staff members. It is recommended that the forms be readily available for reference/documentation.

### √ STEPS for School Staff/Teachers

\_\_\_\_\_ 1. During the school day, if a student indicates to any School Employee that they are thinking of  
\_\_\_\_\_ harming themselves, call the student's guidance counselor or \_\_\_\_\_. If neither of these people are available, call \_\_\_\_\_. (see Suicide Facts and Warning Signs on page 5 and Approaches to Suicidal Students on pages 23-25) A Suicide Risk Assessment Referral Form may be used to convey all warning signs and risk factors identified to the student's guidance counselor or designated staff. (see Risk Assessment Referral Form on page 22).

**DO NOT LEAVE THE STUDENT ALONE.** Take immediate action to isolate the individual posing a threat and prevent access to potential weapons (if known). The student should be escorted to the guidance department or an administrator's office.

### √ STEPS for Guidance Counselors/Administrators/Designated Staff

\_\_\_\_\_ 2. ASSESSMENT OF RISK/THREAT:  
\_\_\_\_\_

The counselor/\_\_\_\_\_ and an administrator will assess the seriousness of the threat. In the case of a life-threatening situation, the student and the staff members involved must understand that the issue of confidentiality shall no longer apply. Question the student about:

- a. any feelings of hopelessness and the length of time of such feelings.
- b. any thoughts about killing himself/herself and discuss the persistency and strength of the thoughts.
- c. whether any plans have been made, the details of the plan, and whether any preliminary actions have been taken. Determine lethality for suicide by asking pointed questions and/or by administering a standardized assessment tool (See Approaches to Suicidal Students on pages 23-25, and Suicide and Depression Screening Tools on page 26).

NOTE: Should the student reveal issues of parental abuse or neglect, school professional should notify Children's Services immediately and emphasize possible contributory factors in suicidal ideation. (Warren County Children's Service Hotline 513-695-1600; Clinton County Children's Service Hotline 937-382-2449).

\_\_\_\_\_ 3. PARENTAL COMMUNICATION: The parent/guardian must be notified immediately. Contact  
\_\_\_\_\_ with parent/guardian should be made in person by the building principal, a Building Crisis Team (BCT) member, and/or other trained school personnel. **The student may only be released to a parent/guardian, law enforcement official or emergency medical staff.**

The building principal and/or a designee will offer support to the student and the family, letting them know specifically the services to which the school can refer.

- a. The student should receive a psychological or mental health assessment before returning to school. The assessment must include a recommendation that the student is safe to return to school.
  
- b. Parent/guardian will be given a letter to explain the procedure to obtain the assessment (see sample letter on page 29). Attached to this letter will be information from the school that notates the concern exhibited at school with a place to be signed by the emergency room doctor, the psychologist or mental health professional who assesses the student (see sample letter on page 30).
  
- c. Make the parent/guardian aware of sources for assessment and treatment (refer to Referral Sources, pages 40-42).
  
- d. The parent/guardian will be asked to fill out a release of information to the professional who will assess their child.
  
- e. The student's absence will be excused and credit will be given for work completed.
  
- f. The importance of restricting access to means of suicide and general safety planning should be stressed to the parent/guardian (see Creating a Safety Plan: Reducing the Risk of Suicide, page 27, for a suggested handout).

NOTE: The school professional should immediately notify Children's Services (Warren County Children's Service Hotline 513-695-1600; Clinton County Children's Service Hotline 937-382-2449) in the following situations:

- a. If, in the course of parental contact, the parent refuses to acknowledge the child's suicidal intent and indicates no plans to act for the immediate safety of the child
- b. The parent is unavailable to be consulted and has not provided consent for treatment authority to another adult.

This Children's Services referral does not preclude the school staff from securing the necessary medical care for the student, such as calling the life squad for transport to the emergency room.

#### 4. CARE FOR OTHER STUDENTS:

\_\_\_\_\_ If a peer alerted the staff to the situation, a debriefing for this individual should take place and any  
\_\_\_\_\_ further intervention provided as necessary.



\_\_\_\_\_ 5. CLEARANCE TO RETURN TO SCHOOL:

\_\_\_\_\_ The psychological/mental health report should consist of:

- a. testing administered.
- b. evaluation of tests and interview.
- c. results and findings.
- d. interventions.
- e. recommendations including whether the student is not a danger to themselves or others and is safe to return to school.

\_\_\_\_\_ 6. APPROVAL TO RETURN TO SCHOOL: The psychological/mental health report must be sent to \_\_\_\_\_ staff person's name \_\_\_\_\_ at the school prior to the student returning to school.

\_\_\_\_\_ 7. RE-INTEGRATION OF STUDENT INTO SCHOOL:

- a. The student and parent will meet with the student's guidance counselor and an administrator or their designee. If the student is on an IEP, the support educator will be included in the re-entry meeting. If a student needs an adjustment to his schedule or other accommodations, the student's guidance counselor will work with the student, parent/guardian and others as needed. Among the things that might be discussed would be the student's wishes to return to school-half-day basis, full-day, etc.
  
- b. The student may be asked to identify an adult staff member with whom he/she feels comfortable, if one is not readily identified by the principal. This trusted adult should agree to visit the student to coordinate the return to school. There should be an on-going, open relationship between the child and the trusted adult.

School Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Intervention: Suicide Attempt on School Property or at a School Event

The following procedures will help when dealing with students who attempt suicide while on school property. When the risk of suicide exists, the situation must be managed by the designated staff. Under no circumstances should an untrained person attempt to assess the severity of suicidal risk. All assessment of threats, attempts or other risk factors must be left to the appropriate professionals.

The designated building administrator and building crisis team (BCT) will direct all steps in this procedure and will document every step in the handling of information about the suicide attempt. The district crisis team will be notified and be available.

In the cases of suicidal risk, the school should maintain a confidential record of actions taken. This will help assure that appropriate assessment, monitoring, and support are provided as well as document the school's efforts to intervene and protect the student. The following form template may be used for this purpose and then signed by appropriate staff members.

### √ STEPS for School Staff/Teachers

- \_\_\_\_\_ 1. During the school day, if School Staff/Teacher becomes aware a student has attempted suicide  
\_\_\_\_\_ on school property, call 911 immediately. Then, notify the building administrator and school nurse, and follow their instructions.

**DO NOT LEAVE THE STUDENT ALONE.** Take immediate action to isolate the individual posing a threat and prevent access to potential weapons (if known).

Maintain a safe environment for other students. Initiate Lockdown procedures if necessary.

### √ STEPS for Guidance Counselors/Administrators/Designated Staff

2. PARENTAL COMMUNICATION: The parent/guardian must be notified immediately. Contact with parent/guardian should be made in person by the building principal, a BCT member, and/or other trained school personnel. The student may only be released to a parent/guardian, law enforcement official or emergency medical staff.

The building principal and/or a designee will offer support to the student, school-age siblings, and the family, letting them know specifically the services which the school can offer to their child, and referral information for those services which cannot be provided by the school.

a. The student must receive a psychological or mental health assessment before returning to school. The assessment must include a recommendation that the student is safe to return to school.

b. Parent/guardian will be given a letter to explain the procedure to obtain the assessment (see sample letter on page 29). Attached to this letter will be information from the school that notates the concern exhibited at school with a place to be signed by the emergency room doctor, the psychologist or mental health professional who assesses the student (see sample letter on page 30).

c. Make the parent/guardian aware of sources for assessment and treatment (refer to Referral Sources, pages 40-42).

d. The parent/guardian will be asked to fill out a release of information to the professional who will assess their child.

e. The student's absence will be excused and credit will be given for work completed. However, if another person was threatened or a weapon was brought to building, the school's approach may be altered accordingly to match other policies and procedures.

f. The importance of restricting access to means of suicide and general safety planning should be stressed to the parent/guardian (see Creating a Safety Plan: Reducing the Risk of Suicide, page 27, for a suggested handout).

NOTE: The school professional should immediately notify Children's Services (Warren County Children's Service Hotline 513-695-1600; Clinton County Children's Service Hotline 937-382-2449) in the following situations:

- a. The student reveals issues of parental abuse or neglect, school professional should notify Children's Services immediately and emphasize the possible contributory factors in the suicidal ideation.
- b. If, in the course of parental contact, the parent refuses to acknowledge the child's suicidal intent and indicates no plans to act for the immediate safety of the child
- c. The parent is unavailable to be consulted and has not provided consent for treatment authority to another adult.

This Children's Services referral does not preclude the school staff from securing the necessary medical care for the student, such as calling the life squad for transport to the emergency room.

\_\_\_\_\_ 3. PARENTAL PERMISSION: Parent/guardian permission to share information (excluding name  
\_\_\_\_\_ and address) about the attempt is not legally required, because it took place on school property or  
at a school event. However, as a courtesy, parent/guardian of the student may be notified of school  
plans regarding the handling of the situation. Name of the student may be revealed to school staff  
**if** parent/guardian permission is obtained. Discuss risks of widespread rumors.

\_\_\_\_\_ 4. NOTIFICATIONS: Notify the following:  
\_\_\_\_\_ a. Superintendent.  
b. School Board members.  
c. Schools attended by siblings so support can be provided as necessary.  
d. It may also be advisable to notify neighboring school districts.

- \_\_\_\_\_ 5. COMMUNICATION TO STAFF: The building principal, working with the BCT, will notify  
\_\_\_\_\_ the staff through memo or meeting, (see announcement/memo samples on pages 31-34).
- \_\_\_\_\_ 6. STAFF MEETING: A meeting with all staff is advisable as soon as possible. At this meeting:  
\_\_\_\_\_ a. Inform all staff about the facts known at that point.  
\_\_\_\_\_ b. Allow time for staff to ask questions and express feelings.  
\_\_\_\_\_ c. Ensure that all staff have an updated list of referral resources.  
\_\_\_\_\_ d. Review the process for students leaving school grounds and tracking student attendance.  
\_\_\_\_\_ e. Announce to staff how the school will interact with the media and inform staff who will act  
\_\_\_\_\_ as the school's media spokesperson.  
\_\_\_\_\_ f. Review planned in-class discussion formats and disclosure guidelines for talking to students.  
\_\_\_\_\_ Prepare staff for student reactions.  
\_\_\_\_\_ g. Alert staff of the possible contagion effect and advise to watch for "at risk" students.  
\_\_\_\_\_ h. Compile a list of all students who are close to the attempter.  
\_\_\_\_\_ i. Compile a list of all staff members who had contact with the attempter on the day of the  
\_\_\_\_\_ crisis.  
\_\_\_\_\_ j. Compile/update a list of students who may be at-risk for suicide.  
\_\_\_\_\_ k. Remind staff about risk factors and warning signs for adolescent suicide.  
\_\_\_\_\_ l. Provide information regarding counseling/support opportunities for students and staff.
7. STAFF MEMO: A memo should be distributed to staff for communication to students. The  
\_\_\_\_\_ memo should include instructions listing two options that the teacher has for handling the  
\_\_\_\_\_ information. In all instances, the teachers should answer students' questions truthfully, if  
\_\_\_\_\_ the information is available.
- \_\_\_\_\_ Communication Options:  
\_\_\_\_\_ a. Teachers may read the information themselves and discuss it with the class as they choose  
\_\_\_\_\_ b. Teachers may choose to have a member of the BCT read the announcement

The memo should state:

- a. "This is the correct information as we know it at this time." All memos should be time-dated.
- b. Do not provide morbid details such as attempted method or location of attempt.
- c. The memo should identify the designated individuals (which may include such people as BCT members) to whom troubled students may be sent, to whom additional questions may be addressed, and where the designated individuals will be located.
- d. The final line of the memo should communicate that the staff will be kept informed as new information becomes available.
- e. Allow students an opportunity to express their feelings. "What are your feelings and how can I help?" should be the structure of the conversation.
- f. Explain and predict what students can expect as they grieve (feeling angry, guilty, shocked, anxious, lonely, sad, numb, or experiencing physical pain). Express to students there is no one right way to grieve. What is important is to recognize feelings and communicate them.
- g. Reorient students to ongoing classroom activities

NOTE: Avoid assemblies for notification and do not use impersonal announcements over the public address system. Notify students in small, individual classrooms through faculty members or BCT members.

\_\_\_\_\_ 8. MEDIA: Designate a Staff Person to handle media requests for information (see School  
\_ Response to Media, pages 38-39). Students and staff should refer media requests for information to this person.

\_\_\_\_\_ 9. PROVIDE CARE TO OTHER STUDENTS:

- \_\_\_\_\_
- a. Have designated staff members talk with the most profoundly affected friends and determine the type of support needed. If a peer alerted the staff to the situation, a debriefing for this individual should take place.
  - b. Designate space for identified peers to receive support services provided by BCT members. Provide necessary passes to release these students from class to receive services.
  - c. Contact community support services if needed which should be supervised by the BCT Leader. Community support services can include local mental health agencies, other school counselors, community crisis hotline agencies and clergy members.
  - d. Members of the BCT should follow the student's classes throughout the day providing counseling and discussion to assist students and teachers. This could also help to identify and refer students who may be "at risk."
  - e. Establish support stations or counseling rooms in the school staffed by Community Support services and/or BCT members. Make sure that everyone including faculty, students, and other school staff members know where these are located. There should be more than one location and should be set up in small to mid-size rooms.
  - f. Reschedule any immediate stressful academic exercises or tests if necessary.

\_\_\_\_\_ 10. DEBRIEFING OF STAFF AND FOLLOW-UP WITH STUDENTS:

- \_\_\_\_\_
- a. De-brief staff (including members of community support services) at the end of the day and let them know of available resources for support.
  - b. Follow up with students who are identified as at-risk and provide on-going assessment and monitoring of these students. Follow-up should be maintained as necessary.

√ STEPS for Student's Re-entry to school (see Guidelines for School Reentry on page 28)

\_\_\_\_\_ 11. CLEARANCE TO RETURN TO SCHOOL:  
\_\_\_\_\_

a. The student must receive a psychological or mental health assessment before returning to school. The assessment must include a recommendation that the student is safe to return to school. The content of the psychological/mental health report must include:

- testing administered
- evaluation of tests and interview
- results and findings
- interventions
- recommendations including whether the student is not a danger to themselves or others and is safe to return to school

b. Parent/guardian will be given a letter to explain the procedure to obtain the assessment (see sample letter on page 29). Attached to this letter will be information from the school that notates the concern exhibited at school with a place to be signed by the emergency room doctor, the psychologist or mental health professional who assesses the student (see sample letter on page 30).

c. Make the parent/guardian aware of sources for assessment and treatment (refer to Referral Sources, pages 40-42).

d. The parent/guardian will be asked to fill out a release of information to the professional who will assess their child.

e. The student's absence will be excused and credit will be given for work completed.

\_\_\_\_\_ 12. APPROVAL TO RETURN TO SCHOOL: The psychological or mental health report must be  
\_\_\_\_\_ sent to staff person's name at the school prior to the student returning to school.

\_\_\_\_\_ 13. RE-INTEGRATION OF STUDENT INTO SCHOOL:  
\_\_\_\_\_

a. The student and parent will meet with the student's guidance counselor and an administrator or their designee. If the student is on an IEP, the support educator will be included in the re-entry meeting. If a student needs an adjustment to his schedule or other accommodations, the student's guidance counselor will work with the student, parent/guardian and others as needed. Among the things that might be discussed would be the student's wishes to return to school-half-day basis, full-day, etc.

b. The student may be asked to identify an adult staff member with whom he/she feels comfortable, if one is not readily identified by the principal. This trusted adult should agree to visit the student to coordinate the return to school. There should be an on-going, open relationship between the child and the trusted adult.

c. Classes or groups to which the student will be returning should be informed about appropriate ways to interact with the person when they return.

School Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Intervention: Significant Suicide Attempt by a Student which occurs off School Property**

When a school becomes aware that a student has attempted suicide off school property, the school must protect the person's right to privacy. In this case, staff response should be focused upon controlling the spread of rumors and minimizing the fears of fellow students and staff. Therefore, follow this procedure only if a *significant* suicide attempt occurs off premises when one or more of the following conditions exist:

1. Rumors and myths are widespread and damaging.
2. Students witness police action or emergency services response.
3. A group of the attempt survivor's friends are profoundly affected by the suicide attempt.
4. Is publicized in the media.

The designated building administrator and building level crisis team (BCT) will direct all steps in this procedure and will document every step of the procedure in the handling of information about the attempt. The district crisis team will be notified and be available. In the cases of suicidal risk, the school should maintain a confidential record of actions taken. This will help assure that appropriate assessment, monitoring, and support are provided as well as document the school's efforts to intervene and protect the student. The following form template may be used for this purpose and then signed by appropriate staff members.

### √ STEPS for Guidance Counselors/Administrators/Designated Staff

- \_\_\_\_\_ 1. PARENTAL COMMUNICATION: Contact with parent/guardian should be made by phone or in person by the designated building administrator, a BCT member, and/or other trained school personnel. The building administrator and/or a designee will offer support to the family, letting them know specifically the services to which the school can refer. Talk with the family and student about how they would like the school to respond in terms of notifying teachers, other staff and students. Discuss risks of widespread rumors.
- \_\_\_\_\_ 2. PARENTAL PERMISSION: To ensure that correct information is being shared, and to obtain permission to share that information, the parent/guardian of the student should be consulted. In the absence of parental/guardian permission, care must be taken in the handling of information, unless it has become official public information. In the absence of confirmation that this is a suicide attempt, but widespread knowledge of the matter requires that it be dealt with, the information should be handled as an injury.
- \_\_\_\_\_ 3. MEDIA: Designate a Staff Person to handle media requests for information (see School Response to Media, pages 38-39). Students and staff should refer media requests for information to this person.

- \_\_\_\_\_ 4. PROVIDE CARE TO OTHER STUDENTS:  
\_\_\_\_\_
- a. Have designated staff members talk with the most profoundly affected friends and determine the type of support needed.
  - b. Designate space for identified peers to receive support services provided by BCT members. Provide necessary passes to release these students from class to receive services.
  - c. If deemed necessary/appropriate, members of the BCT may follow the student's classes throughout the day providing counseling and discussion to assist students and teachers. This could also help further identify and refer students who may be "at risk."
  - d. If necessary, reschedule any immediate stressful academic exercises or tests.
  - e. Provide support to school-age siblings if allowed by parent/guardian.

√ STEPS for Student's Re-entry to school (see Guidelines for School Reentry on page 28)

- \_\_\_\_\_ 5. OFFER TO STUDENT/PARENT-- RE-INTEGRATION OF STUDENT INTO SCHOOL:  
\_\_\_\_\_
- a. The student and parent will meet with the student's guidance counselor and an administrator or their designee. If the student is on an IEP, the support educator will be included in the re-entry meeting. If a student needs an adjustment to his schedule or other accommodations, the student's guidance counselor will work with the student, parent/guardian and others as needed. Among the things that might be discussed would be the student's wishes to return to school-half-day basis, full-day, etc.
  - b. The student may be asked to identify an adult staff member with whom he/she feels comfortable, if one is not readily identified by the principal. A trusted adult should agree to visit the student to coordinate the return to school. There should be an on-going, open relationship between the child and the trusted adult.

School Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Postvention: After a Student Death by Suicide

The Building Crisis Team (BCT) will direct all steps in this procedure, and will document every step in the handling of information about the suicide. The following form template may be used for this purpose and then signed by appropriate staff members.

### √ STEPS for Guidance Counselors/Administrators/Designated Staff

- \_\_\_\_\_ 1. OFFICIAL FACT GATHERING: The building principal, a BCT member and/or other  
\_\_\_\_\_ designated staff should contact the police or coroner in order to verify the death and get the facts surrounding the death. It is important for school staff to know the facts in order to reduce imitative behaviors and to place focus on means restriction strategies for parents, as well as the school.
- \_\_\_\_\_ 2. PARENTAL COMMUNICATION: Contact with parent/guardian should be made by phone call  
\_\_\_\_\_ or in person by the designated building administrator, a BCT member, and/or other trained school personnel. The building administrator and/or a designee will offer support to the family, letting them know specifically those services which the school can offer to any siblings in the school system, and referral information for the services which cannot be provided by the school. Ascertain any information that the family wants to make known, such as funeral arrangements, visitations, etc.
- \_\_\_\_\_ 3. PARENTAL PERMISSION: Parental or family permission to release information related to the  
\_\_\_\_\_ death is not required, since a death is public information. However, the death *must* have been officially ruled a suicide for these procedures to be followed. When this is not the case, the GENERAL PROCEDURES FOR STUDENT OR STAFF MEMBER DEATH should be followed.
- \_\_\_\_\_ 4. NOTIFICATIONS: Notify the following:  
\_\_\_\_\_
- a. Superintendent
  - b. School Board members
  - c. Schools attended by siblings
  - d. It may also be advisable to notify neighboring school districts

- \_\_\_\_\_ 5. COMMUNICATION TO STAFF: The building principal, working with the BCT, will notify  
\_\_\_\_\_ the staff through memo or meeting, (see announcement/memo samples on pages 31-34).
- \_\_\_\_\_ 6. STAFF MEETING: A meeting with all staff is advisable as soon as possible. At this meeting:  
\_\_\_\_\_
- a. Inform all staff about the facts known at that point.
  - b. Allow time for staff to ask questions and express feelings.
  - c. Ensure that all staff have an updated list of referral resources.
  - d. Review the process for students leaving school grounds and tracking student attendance.
  - e. Announce to staff how the school will interact with the media and inform staff who will act as the school's media spokesperson.
  - f. Review planned in-class discussion formats and disclosure guidelines for talking to students. Prepare staff for student reactions.
  - g. Alert staff of the possible contagion effect and advise to watch for "at risk" students.
  - h. Compile a list of all students who are close to the deceased.
  - i. Compile a list of all staff members who had contact with the deceased.
  - j. Compile/Update a list of students who may be at-risk for suicide.
  - k. Remind staff about risk factors and warning signs for adolescent suicide.
  - l. Provide information regarding counseling/support opportunities for students and staff.
- \_\_\_\_\_ 7. STAFF MEMO: A memo should be distributed to staff for communication to students. The  
\_\_\_\_\_ memo should include instructions listing two options that the teacher has for handling the information. In all instances the teachers should answer students' questions truthfully, if the information is available.

Communication Options:

- a. Teachers may read the information themselves and discuss it with the class as they choose.
- b. Teachers may choose to have a member of the BCT read the announcement.

The memo should state:

- a. "This is the correct information as we know it at this time." All memos should be time-dated.
- b. Do not provide morbid details such as method or location of the suicide.
- c. The memo should identify the designated individuals (which may include such people as BCT members) to whom troubled students may be sent, to whom additional questions may be addressed, and where the designated individuals will be located.
- d. The final line of the memo should communicate that the staff will be kept informed as new information becomes available. If a staff meeting is to be held, it may be announced at this time.
- e. Allow students an opportunity to express their feelings. "What are your feelings and how can I help?" should be the structure of the conversation.
- f. Explain and predict what students can expect as they grieve (feeling angry, guilty, shocked, anxious, lonely, sad, numb, or experiencing physical pain). Express to students there is no one right way to grieve. What is important is to recognize feelings and communicate them.
- g. Reorient students to ongoing classroom activities.

NOTE: Avoid assemblies for notification and do not use impersonal announcements over the public address system. Notify students in small, individual classrooms through faculty members or

\_\_\_\_\_ 8. MEDIA: Designate a Staff Person to handle media requests for information (see School  
\_\_\_\_\_ Response to Media, pages 38-39). Students and staff should refer media requests for information to this person.

\_\_\_\_\_ 9. PROVIDE CARE TO OTHER STUDENTS:

- \_\_\_\_\_
- a. Have designated staff members talk with the most profoundly affected friends and determine the type of support needed.
  - b. Designate space for identified peers to receive support services provided by BCT members. Provide necessary passes to release these students from class to receive services.
  - c. Contact community support services which should be supervised by the BCT Leader. Community support services can include local mental health agencies, other school counselors, community crisis hotline agencies and clergy members.
  - d. Members of the BCT should follow the student's classes throughout the day providing counseling and discussion to assist students and teachers. This could also help to identify and refer students who may be "at risk."
  - e. Establish support stations or counseling rooms in the school staffed by Community Support services and/or BCT members. Make sure that everyone including faculty, students, and other school staff members know where these are located. There should be more than one location and should be set up in small to mid-size rooms.
  - f. Reschedule any immediate stressful academic exercises or tests if necessary.
  - g. Follow up with parental contacts and referrals if necessary.

\_\_\_\_\_ 10. PARENT NOTIFICATION:

- \_\_\_\_\_
- a. Send a letter home to parents with notification of event (see sample letters on pages 35-37).
  - b. Opt to answer parental questions via telephone or written notice. However, if necessary hold a special meeting for parents/guardians to deal with concerns, but avoid a large gathering.
  - c. Offer the following resource information:
    1. Warning signs for adolescents who may be suicidal.
    2. Supportive services available to students at the school.
    3. Community resources they may wish to utilize.
    4. How to respond to students' questions about suicide.
    5. Remind them of their child's special needs during this time.



11. GUIDELINES regarding Memorialization and Funeral Arrangements

- \_\_\_\_\_
- 
- a. Provide Information about visiting hours and funeral arrangements to staff, students, parents, and community members. Funeral attendance should be in accordance with the procedures for other deaths of students.
  - b. Arrange for students and staff to be excused from school to attend the funeral if necessary.
  - c. In order to avoid glamorizing the death, do not fly the school flag at half-mast.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

See “Guidelines for Responding to the Death of a Student or School Staff” (see [www.cincinnatichildrens.org/school-crisis](http://www.cincinnatichildrens.org/school-crisis)) for further points on avoiding glamorization of suicide through memorials.

School Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Postvention: Student Death by Suicide During Summer/School Break

If a school administrator or other Building Crisis Team (BCT) member is notified of a death by suicide during the summer (or when affected students are on break), the response usually will be one of limited school involvement. However, this will be dependent upon how soon school re-convenes after the event. If it is a short period, a school may instead opt to follow the protocol for “Postvention: After a Student Death by Suicide.” The following form template may be used for this purpose and then signed by appropriate staff members.



### STEPS for Guidance Counselors/Administrators/Designated Staff

- \_\_\_\_\_ 1. OFFICIAL FACT GATHERING: The building principal, a BCT member and/or other designated staff should contact the police or coroner in order to verify the death and get the facts surrounding the death. It is important to know the facts in order to reduce imitative behaviors and to place focus on means restriction strategies for parents, as well as the school.
  
- \_\_\_\_\_ 2. PARENTAL COMMUNICATION: Contact with parent/guardian should be made by phone call or in person by the designated building administrator, a BCT member, and/or other trained school personnel. The building administrator and/or a designee will offer support to the family, letting them know specifically the services which the school can offer to any siblings in the school system, and referral information for those services which cannot be provided by the school. Ascertain any information that the family wants to make known, such as funeral arrangements, visitations, etc.
  
- \_\_\_\_\_ 3. PARENTAL PERMISSION: Parental or family permission to release information related to the death is not required, since a death is public information. However, the death *must* have been officially ruled a suicide for these procedures to be followed. When this is not the case, the GENERAL PROCEDURES FOR STUDENT DEATH should be followed.

- \_\_\_\_\_ 4. Notify BCT members of event and request a meeting of all available members.  
\_\_\_\_\_  
\_\_\_\_\_ 5. Identify close friends/staff most likely to be affected by the death. Keep the list and  
\_\_\_\_\_ recheck when school reconvenes.  
\_\_\_\_\_  
\_\_\_\_\_ 6. COMMUNICATION TO IDENTIFIED STAFF and STUDENTS: Notify staff and  
\_\_\_\_\_ families of students identified in #5 and recommend community resources for support.  
\_\_\_\_\_  
\_\_\_\_\_ 7. MEDIA: Designate a Staff Person to handle media requests for information (see School  
\_\_\_\_\_ Response to Media, pages 38-39). Students and staff should refer media requests for  
\_\_\_\_\_ information to this person.  
\_\_\_\_\_  
\_\_\_\_\_ 8. GENERAL STAFF NOTIFICATION: The building principal, working with the BCT, will  
\_\_\_\_\_ notify the staff. Scheduled staff meeting for an update the week before students return to  
\_\_\_\_\_ school. (see announcement/memo sample on pages 31-34).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ 9. PARENT NOTIFICATION (optional):  
\_\_\_\_\_ a. Send a letter home to parents with notification of event (see sample letters on pages  
\_\_\_\_\_ 35-37).  
\_\_\_\_\_ b. Opt to answer parental questions via telephone or written notice. However, if necessary  
\_\_\_\_\_ hold a special meeting for parents/guardians to deal with concerns, but avoid a large  
\_\_\_\_\_ gathering.  
\_\_\_\_\_ c. Offer the following resource information:  
\_\_\_\_\_ 1. Warning signs for adolescents who may be suicidal  
\_\_\_\_\_ 2. Supportive services available to students at the school  
\_\_\_\_\_ 3. Community resources they may wish to utilize  
\_\_\_\_\_ 4. How to respond to students' questions about suicide  
\_\_\_\_\_ 5. Remind them of their child's special needs during this time  
\_\_\_\_\_  
\_\_\_\_\_ 10. GUIDELINES regarding Memorialization and Funeral Arrangements  
\_\_\_\_\_

- a. Provide Information about visiting hours and funeral arrangements to staff, students, parents, and community members. Funeral attendance should be in accordance with the procedures for other deaths of students.
- b. In order to avoid glamorizing the death, do not fly the school flag at half-mast.

See “Guidelines for Responding to the Death of a Student or School Staff” (see [www.cincinnatichildrens.org/school-crisis](http://www.cincinnatichildrens.org/school-crisis)) for further points on avoiding glamorization of suicide through memorials.

\_\_\_\_\_ 11. PROVIDE CARE TO OTHER STUDENTS: Be alert for repercussions among students.  
\_\_\_\_\_ When school reconvenes, recheck core group of friends and other at-risk students, and institute appropriate support mechanisms and referral procedures.

School Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# APPENDIX

## *Risk Assessment Referral Form*

~~ To be completed by Teachers and other School Staff ~~

If you become concerned that an individual may pose a risk for harming him/herself or others, complete this form and turn it into the school's principal or designee. In an *Imminent* safety threat, notify principal immediately and take immediate action to isolate the individual, and move other students from harm's way. Provide any materials which may be useful in conducting a preliminary risk assessment (i.e., writings, notes, printed e-mail or Internet materials, books, drawings, confiscated items, etc.).

**Individual under concern** \_\_\_\_\_ **Date of birth** \_\_\_\_\_ **Date of referral** \_\_\_\_\_  
**Person(s) completing this form** \_\_\_\_\_ **Room/phone** \_\_\_\_\_ **School** \_\_\_\_\_

**Reason for Referral** (explain your concerns, any known Precipitating Events and provide any necessary elaboration on checked items – use back if needed) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b><u>Imminent Warning Signs</u></b> (when an individual displays Imminent Warning Signs; <b>take immediate action</b> to maintain safety and mobilize appropriate school personnel)	<b><u>Early Warning Signs</u></b> (when an individual displays early warning signs in combination with risk factors, the guidance counselor or designed school staff should be promptly alerted)	<b><u>Risk Factors</u></b> (these personal profiles may contribute to harmful or unhealthy choices)
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<ul style="list-style-type: none"> <li><input type="checkbox"/> Possession and/or use of firearm or other weapon</li> <li><input type="checkbox"/> Suicide threats or statements</li> <li><input type="checkbox"/> Exhibiting impulsivity such as violent actions, rebellious behavior, or running away</li> <li><input type="checkbox"/> Making statements about hopelessness, helplessness, or worthlessness</li> <li><input type="checkbox"/> Giving away favorite possessions</li> <li><input type="checkbox"/> Making a last will and testament; writing a suicide note</li> <li><input type="checkbox"/> Refusing help, feeling “beyond help”</li> <li><input type="checkbox"/> Becoming suddenly cheerful after a period of depression – this may mean that the student has already made the decision to escape all problems by ending his/her life</li> <li><input type="checkbox"/> Giving verbal hints with statements such as: “I won’t be a problem for you much longer,” “Nothing matters,” “It’s no use,” and “I won’t see you again”</li> <li><input type="checkbox"/> Saying other things like: “I’m going to kill myself,” “I wish I were dead,” or “I shouldn’t have been born”</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Depressed Mood</li> <li><input type="checkbox"/> Social withdrawal or lacking interpersonal skills</li> <li><input type="checkbox"/> Withdrawal from friends and family</li> <li><input type="checkbox"/> Marked personality change and serious mood changes (e.g. extreme anxiety, agitation, enraged behavior)</li> <li><input type="checkbox"/> Difficulty concentrating</li> <li><input type="checkbox"/> Difficulty in school (decline in quality of work)</li> <li><input type="checkbox"/> Not tolerating praise or rewards</li> <li><input type="checkbox"/> Change in eating and sleeping habits</li> <li><input type="checkbox"/> Loss of interest in pleasurable activities and things one cares about</li> <li><input type="checkbox"/> Frequent complaints about physical symptoms, often related to emotions, such as stomachaches, headaches, fatigue, etc.</li> <li><input type="checkbox"/> Persistent boredom</li> <li><input type="checkbox"/> Neglect of physical health/hygiene</li> <li><input type="checkbox"/> Complaining of being a bad person or feeling “rotten inside”</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Previous suicide attempt or gesture</li> <li><input type="checkbox"/> Feelings of hopelessness or isolation</li> <li><input type="checkbox"/> Psychopathology (depressive disorders/mood disorders)</li> <li><input type="checkbox"/> Parental psychopathology</li> <li><input type="checkbox"/> Substance abuse disorder</li> <li><input type="checkbox"/> Life stressors such as interpersonal losses (relationship, social, work) and legal or disciplinary problems</li> <li><input type="checkbox"/> Access to firearms</li> <li><input type="checkbox"/> Physical abuse or Sexual abuse victim</li> <li><input type="checkbox"/> Family history of suicidal behavior</li> <li><input type="checkbox"/> Sexual orientation (homosexual, bisexual, trans-gendered youth)</li> <li><input type="checkbox"/> Juvenile delinquency</li> <li><input type="checkbox"/> School and/or work problems</li> <li><input type="checkbox"/> Contagion or imitation (exposure to media accounts of suicidal behavior and exposure to suicidal behavior in friends or acquaintances)</li> <li><input type="checkbox"/> Chronic physical illness</li> <li><input type="checkbox"/> Conduct disorders or disruptive behaviors</li> <li><input type="checkbox"/> Living alone and/or runaway</li> <li><input type="checkbox"/> Aggressive or impulsive behaviors</li> <li><input type="checkbox"/> Excessive feelings of rejection</li> <li><input type="checkbox"/> Being a victim of violence, teasing, bullying</li> <li><input type="checkbox"/> Expressions of suicide/violence in writings and drawings</li> <li><input type="checkbox"/> Other _____</li> </ul>
--	--	---

## *Approaches with Suicidal Students*

### **General Guidelines for all staff faculty and staff to observe during a suicidal crisis:**

1. Take every threat seriously.
2. Remain calm, Do not act shocked.
3. Listen actively and without judgment. Give the student the permission to express the full range of his or her feelings.
4. Acknowledge the student's feelings. Ask questions for clarity.
5. Do not get into a debate about whether suicide is right or wrong.
6. Offer hope. Let the student know that there is help, and that he or she can feel better.
7. Do not promise confidentiality. Do not act shocked.
8. Do not underestimate or brush aside a threat.
9. Do not take too much upon yourself. Your responsibility to the student in a crisis is limited to listening, being supportive, and getting him/her to a trained professional. Under no circumstances should you attempt to counsel the student.
10. Explain to the student the next steps in the intervention, e.g., going together to see the Guidance Counselor or designated staff.

(Sources: School-Based Crisis Management Recommendations on Suicide by Suicide Awareness Voices of Education and Association of California School Administrators.)

## *Approaches with Suicidal Students*

**General Guidelines for counselors, school psychologists, administrators and the Community Resource Coordinator** to follow when a number of warning signs of suicide are seen in a person and there is a suspicion that an individual may be suicidal.

***Do NOT let the student out of your sight***

***Assess the degree of risk and level of "lethality"*** - These factors can be determined by talking to the person and directly questioning the person about two primary issues:

1. Have you been having self-destructive or suicidal thoughts or wishes?
2. Do you have a plan for killing or hurting yourself?
3. What are you going to do or would you do to kill/hurt yourself and do you have the means available to you?
4. Where are you going to go to you kill/hurt yourself?
5. When will or would you kill/hurt yourself?

The more specific the details of the plan **[?]** the higher the degree of risk

The greater the lethality (speed with which death would occur and destructiveness) of the proposed method of killing or hurting himself/herself **[?]** the greater the degree of risk. (Note: If a person believes a relatively non-lethal method is lethal, the more seriously their intention should be taken.)

The less the potential for rescue (i.e., the greater the distance the person would be from helping resources or from others who could him/her) **[?]** the greater the degree of risk.

The sooner the person intends to implement his/her plans **[?]** the greater the degree of risk. (NOTE: Adolescents and distraught individuals may have a distorted view of time and this should be taken into consideration and explored.)

***Prevent the person from implementing his/her plan*** - Do not leave the person alone. See that there is someone who can stay with the person after they leave you. Prevent the person from gaining access to the means of killing himself/herself that they have chosen (or any others that might be substituted for it) and from implementing his/her plan. Sometimes suicidal people prefer one means or plan over others and will not proceed with their suicide attempt if their original plan is no longer possible. Do NOT, however, attempt to physically restrain or disarm an armed (with a dangerous weapon) person. Try to get the person to discard the weapon by demanding that he/she do so. When lethality is high, there is a greater need for you to be assertive and directive; suicidal individuals may be willing to take direction from others because of their ambivalence and confusion.

***Try to establish a relationship with the person*** - Reinforce the person for coming to you or for acknowledging and sharing his/her problems if they have done so. Listen to the person and acknowledge his/her depression, pain and unhappiness. Be accepting, non-judgmental, warm, supportive, and friendly, yet directive. Exude confidence and concern and communicate that you

are a capable professional who will be able to help. Reassure the person that he/she has people to turn to that will listen and help, his/her feelings of distress can be helped, and his/her problems can be addressed and solved. Do NOT lecture or point out all the reasons the person has to live and feel differently or sound shocked by anything that he/she tells you. Do NOT engage in a debate with the person or mistakenly "play into his/her hands." For example, do not stress the effects the suicide will have on his/her family because that may be what he/she hopes to accomplish.

***Identify the person's major problem(s)*** - Identify, assess and rank the current problems and stressors in the person's life, but do not dwell on them. The person may be confused or have some misperceptions and you can help the person better organize and understand his/her feelings and perceptions and try to correct any distortions by discussing the reality of the situation. This will help the person not to see suicide as reasonable or the only choice. After exploring the situation, emphasize the temporary nature of the problem(s) and the person's most desirable alternatives. Try to make a summary statement of the problem to which the person can agree. You can ask other questions, such as:

Have you ever attempted suicide before?

What has been keeping you alive so far?

What's your hurry?

Why kill yourself now?

What do you feel the likelihood is that you will kill yourself?

What do you think the future holds in store for you?

***Assess, identify, and mobilize the person's resources*** - Discuss the person's previously successful coping strategies and whether they might work again. Help the person identify, evaluate, and prioritize possible solutions to his/her problems. Find out what is still meaningful to the person, and if positive, stress its importance. Determine who the significant other(s) is/are in the person's life and if that person is available and would be helpful or hostile. Identify any others that could be supportive. Surround the person with all identified and available resources and support, especially significant others if they are not hostile.

***Consult with and refer the person to mental health professionals*** - Call a suicide or crisis service (i.e., Warren/Clinton County Crisis Line (877) 695-6333) when the situation is an emergency. You or another school employee must contact the person's family and notify them of the concerns and situation. If a referral to an outside resource (See Referral Sources, pages 40-42) is appropriate, make sure that the person or their parents or guardians makes the contact and that the person actually begins receiving services. **ACT QUICKLY AND FOLLOW-UP.**

***Document*** – Maintain a confidential, written record of actions taken. This will help assure that appropriate assessment, monitoring and support are provided as well as document the school's efforts to intervene and protect the student.

(Adapted from Parkway School District's Crisis Intervention Manual)

## *Suicide and Depression Screening Tools*

Some professionals opt to utilize standardized screening tools for determining suicidal risk or level of depression rather than, or in addition to, a psychosocial interview. Some tools which may be utilized by schools for this purpose include:

Suicide Risk Questionnaire

Columbia Impairment Scale (CIS) – Youth Version

Pediatric Symptom Checklist (PSC)

Center for Epidemiologic Studies Depression Scale for Children (CES-DC)

Patient Health Questionnaire -9

Beck Depression Inventory II (available from Pearson Assessments at [www.pearsonassessments.com](http://www.pearsonassessments.com) )

Suicidal Ideation Questionnaire (SIQ) (available from PAR at [www.parinc.com](http://www.parinc.com) )

## Creating a Safety Plan: Reducing the Risk of Suicide

Research has shown that a person who has attempted to end his or her life has a much higher risk of later dying by suicide.



Often a person who feels suicidal displays poor judgment and decision-making. As a family member, you can minimize the likelihood of a loved one's suicide by reducing the risk. Removing access to firearms and other lethal means is important for individuals of all age groups. Rates of suicide in the elderly (those older than 65) are the highest for any age group. Adolescents are especially at risk of deciding impulsively to escape their pain by suicide.

### Reduce the Risk at Home:

- **Guns** are high risk and the leading means of death by suicide. Guns should be taken out of the home or secured. If guns are on-site, store them unloaded in with ammunition secured separately. Alternatively, use trigger locks or locked gun cabinets.
- **Overdoses** are common and can be lethal—if it is necessary to keep pain relievers such as aspirin, Advil, and Tylenol in the home, only keep small quantities or consider keeping medications in a locked container. Remove unused or expired medicine from the home. Even if an overdose is not lethal, risk of permanent damage to vital organs is high.
- **Alcohol use** or abuse can decrease inhibitions and cause people to act more impulsively on their feelings. Keep only small quantities of alcohol in the home, or none at all.
- **Hanging** is the 2nd leading method of youth suicide for males and the leading method of suicide for young women.
- **Books and the Internet** can provide detailed information about easily accessible methods. It is critical to be aware of what your loved one is viewing.

### Create a Safety Plan:

- Know your family member's "triggers," such as an anniversary of a loss, alcohol, or stress from relationships.
- Listen and allow your loved one to express feelings and concerns. Pay attention to altered states of mind such as rage and binge drinking.
- Be aware of undesirable life events such as: a loss of an interpersonal relationship, pregnancy, physical & sexual abuse, humiliation (bullying) or reprimand.
- Build supports for your family member with mental health professionals, family, friends, and community resources.
- Work with your family member's strengths to promote his or her safety.
- Promote communication and honesty in your relationship with your family member.
- Even though safety cannot be guaranteed by anyone, it is important that steps be taken to reduce risks and build supports. This can help keep your loved one safe.

Intervention provides hope and assistance. You can find help. Know the signs of someone who is at risk.

#### *Seek help!*

There are several local resources and agencies that offer free or sliding fee services. Your insurance company or physician can also provide referrals.

Crisis Hotline (toll-free 24-hour):  
877-695-NEED or 877-695-6333



## School Reentry for a Student Who Has Attempted Suicide or Made Serious Suicidal Threats

Efforts to respond to suicide attempts and other traumas should be focused on making the student's return to school a comfortable one. Because families exposed to a suicide attempt or serious suicidal threat experience considerable guilt and fear. They are more likely to disclose information if they know the school has a helpful, nonthreatening manner of dealing with suicide.

Because a student who attempted/threatened suicide often is at greater risk for a suicide in the months following the crisis, it is extremely important to closely monitor his or her reentry into school and to maintain close contact with parents and mental health professionals working with that student.

Assuming the student will be absent after a suicide attempt/serious threat and possibly hospitalized in a treatment facility, schools should follow these steps:

- Obtain a written release of information for signed by the parents. This makes it possible for confidential information to be shared between school personnel and treatment providers.
- Ask returning student if he/she has special requests about what is said/done by school.
- Inform the student's teachers regarding the number of probable days of absence.
- Instruct teachers to provide the students with assignments , if appropriate.
- Once the student returns to school, a Building Crisis Team member should maintain regular contact with the student. If the student has a previous, positive relationship with a trusted staff member, provide support to that staff member in maintaining ongoing contact with the student.
- Seek recommendations for aftercare from the student's therapist. If the student has been hospitalized, a Building Crisis Team member should attend the discharge meeting at the hospital.
- The Building Crisis Team member should convey relevant non-confidential information to appropriate school staff regarding the aftercare plan.
- The school should maintain contact with the parents to provide progress reports and other appropriate information, and be kept informed of any changes in the aftercare plan.

Adapted from "Resource Guide for Crisis Management in Virginia Schools" published by the Office of Compensatory Programs, Virginia Department of Education, 2002, accessed at <http://www.indiana-ins.com> on January 18, 2010.

## Sample Letter to Parent Prior to Return to School

Dear Parent,

In the role of \_\_\_\_ [position] \_\_\_\_, I provide follow-up with parents and students when a student is required to receive a psychological/mental health assessment. If you have private health care coverage, this assessment will usually be covered by your insurance. Coverage for this type of service can usually be accessed through the telephone number on the back of your card for mental health services/drug and alcohol services. I am happy to discuss with you psychologists/mental health professionals who have worked with our students in the past. **A release of information needs to be signed prior to the assessment**, so the school can provide information to the mental health professional. The assessment needs to be provided by a licensed psychologist or mental health professional and must consist of the following:

1. Testing given and results
2. Assessment including tests and interview
3. Interventions that are recommended
4. Recommendations including whether:
  - a. The student is a danger to self or others
  - b. The student is safe to return to school and on what date
  - c. Recommendations for further treatment

If you do not have health care insurance, Mental Health and Recovery Centers of Warren County or Mental Health and Recovery Center of Clinton County, are able to provide a mental health assessment on a sliding scale (if a family qualifies) and accepts private health coverage and Medicaid. They have locations in Mason, Lebanon, Springboro and Wilmington.

Please make an appointment for your child's assessment, and call to let me know when and with whom the appointment is taking place. The assessment must be provided to me, prior to the student returning to school.

**Before returning to school, the student and parent/guardian will meet with the student's guidance counselor, an assistant principal** and if appropriate a support educator to work out any changes in the student's academic plan and to identify and recommendations from the assessment that the student will be required to complete. Your meeting date is \_\_\_\_\_.

If you have any questions, please do not hesitate to call me at \_\_\_\_\_ or e-mail me at \_\_\_\_\_.

Sincerely,



## Sample Announcements to Students, Faculty and Staff after a Death

### Option #1

The following announcements have been suggested for use when addressing students, faculty, and staff. These announcements should be presented in a small meeting room as soon as possible following the death. A member of the crisis team and possibly the principal should lead the meetings. The goals of the meetings are to inform the faculty, students, and staff and allow them time to express their emotions, and prepare them to meet and deal with a suicidal crisis. Faculty should be informed of the suicide first and they should be given time to express their emotions and concerns before informing their students.

#### Day 1

##### Sample Announcement For When a Suicide Death has Occurred

Morning, Day 1 “This morning we heard the extremely sad news that \_\_\_\_\_ died by suicide last night. I know we are all saddened by his death and send our condolences to his family and friends. Crisis stations will be located throughout the school today for students who wish to talk to a counselor. Information about the funeral will be provided when it is available, and students may attend with parental permission.”

##### Sample Announcement For a Suspicious Death Not Declared Suicide

Morning, Day 1 “This morning we heard the extremely sad news that \_\_\_\_\_ died last night. This is the only information we have officially received on the circumstances surrounding the event. I know we are all saddened by \_\_\_\_\_’s death and send our condolences to his family and friends. Crisis stations will be located throughout the school today for students who wish to talk to a counselor. Information about the funeral will be provided when it is available, and students may attend with parental permission.”

##### Sample Announcement Primary or Middle School

Morning, Day 1 “We want to take some time this morning to talk about something very sad. (Name) \_\_\_\_\_, an eighth grader, died unexpectedly last night. At this point, we do not officially know the cause of (his/her) \_\_\_\_\_ death. Death is a difficult issue for anyone to deal with. Even if you didn’t know \_\_\_\_\_, you might still have some emotional reactions to hearing about this.

It is very important to be able to express our feelings about \_\_\_\_\_’s death, especially our loss and sadness. We want you to know that there are teachers and counselors available in the library all through the day to talk with you about your reaction to \_\_\_\_\_’s death. If you want to talk with somebody, you will be given a pass to go to the library where we have people who will help us through this difficult time.”

#### End of Day 1 Announcement

At the end of the first day, another announcement to the whole school prior to dismissal can serve to join the whole school in their grieving in a simple, non-sensationalized way. In this case, it is appropriate for the building administrator to make an announcement similar to the following over the loud speaker: “Today has been a sad day for all of us. We encourage you to talk about \_\_\_\_\_’s death with your friends, your family, and whoever else gives you support. We will have special staff here for you tomorrow to help in dealing with our loss. Let us end the day by having the whole school offer a moment of silence for \_\_\_\_\_.”

## Day 2 Announcement

On the second day following the death, many schools have found it helpful to start the day with another announcement by each teacher in their homeroom. This announcement can include additional verified information, re-emphasize the continuing availability of in-school resources and provide information to facilitate grief. Here's a sample of how this announcement might be handled:

"We now know that \_\_\_\_\_'s death has been declared a suicide. Even though we might try to understand the reasons for his/her doing this, we can never really know what was going on that made him/her take his/her life. One thing that's important to remember is that there is never just one reason for a suicide. There are always many reasons or causes and we will never be able to figure them all out. Today we begin the process of returning to a normal schedule in school. This may be hard for some of us to do. Counselors are still available in school to help us deal with our feelings. If you feel the need to speak to a counselor, either alone or with a friend, tell a teacher, the principal, or the school nurse, and they will help make the arrangements.

We also have information about the visitation and funeral. The visitation will be held tomorrow evening at the \_\_\_\_\_ Funeral Home from \_\_\_\_\_ pm. There will be a funeral Service \_\_\_\_\_ at \_\_\_\_\_ am/pm at \_\_\_\_\_ Church. In order to be excused from school to attend the funeral, you will need to be accompanied by a parent or relative, or have your parent's permission to attend. We also encourage you to ask your parents to go with you to the funeral home."

Source: "School-based Youth Suicide Prevention guide," published by the Department of Child and Family Studies, Division of State and Local Support, Louis de la Parte Florida Mental Health Institute, University of South Florida, 2003, accessed at [www.fmhi.usf.edu/institute/pubs/bysubject.html](http://www.fmhi.usf.edu/institute/pubs/bysubject.html)

## *Sample Announcements to Students, Faculty and Staff after a Death*

### **Option #2**

#### Sample Letter to Staff

Date:

To: All Staff

From: INSERT NAME OF SCHOOL Crisis Team

Re: INSERT NAME OF DECEASED

The recent death of (Insert Name) (has OR is expected to make) a significant impact on our entire school community. Our crisis team has been mobilized to respond to this tragic event.

On (insert date), (Insert name of deceased)<sup>1</sup> (INSERT brief facts about the death)<sup>2</sup>. We expect a variety of reactions to this loss from our students, parents, and members of our staff. Some of these reactions may be mild, others may be more intense.

To effectively assist all members of our school community, an emergency staff meeting will be held at (Insert time) on (Insert date) in the (Insert place such as the cafeteria or other large area). At that time, our crisis team will provide further details and answer questions. We will also discuss how to present the information to our students. In the meantime, please refer all inquiries from outside sources to (Insert name of the Media or Communication Coordinator).

With students, you can acknowledge that this death has occurred. However, please avoid discussion of any details; simply tell students that the school staff will provide information to everyone shortly. Please refer any student who appears to be in crisis or having significant difficulty to (Insert name of Counseling Services Coordinator). As this tragedy has also affected our staff, we encourage you to also seek assistance from (Insert name of Counseling Services Coordinator), if desired.

#### Emergency Staff Meeting

Time:

Date:

Location:

If you have any questions or concerns before the meeting, please contact (Insert name of Crisis Team Coordinator).

Examples of information to insert in the opening paragraph:

<sup>1</sup>John Smith, one of our 9<sup>th</sup> grade students; Mrs. Jones, who taught 7<sup>th</sup> grade English

<sup>2</sup>was killed in an automobile accident; died after a long-illness; died suddenly; died by suicide (*before inserting this information, be sure the immediate family is fine with this information being released*)

#### Sample Information for Students

*This information should be given to teachers and other staff to read to students at a designated time to share with the entire student body (e.g., homeroom or first/second period)*

It is with sadness that I tell you about a loss to our school family. On (INSERT date) (INSERT name of deceased) (INSERT fact about the death).

I understand that many of you may have upsetting feelings and questions about (INSERT name of deceased)'s death. I will try to answer any questions that I can. If you would like, we will take the remainder of this class period to talk about what has happened. At times like this, it is okay to have many different feelings, including sadness, anger, and disbelief. It is okay to cry. Together, we can talk about whatever you may be feeling or want to talk about. If I cannot answer your questions, or you would like to talk to someone privately, there are support rooms now available (INSERT where support rooms are located). Anyone who would like to go to talk to someone in the support rooms may do so now. I will give you a pass.

*Determine which students would like to leave for a support room. Ask the remaining students if they have any questions or comments they would like to share. Take time to answer and to talk as the students' desire.*

*If there is not lengthy discussion, consider quiet seat work rather than lesson plans as usual.*

Source: National Center for School Crisis and Bereavement, <http://www.cincinnatichildrens.org/svc/alpha/s/school-crisis/letters-template.htm>, accessed January 18, 2010.

## *Sample Notifications for Parents following a Death by Suicide*

### **Sample #1**

Date: \_\_\_\_\_

**Dear Parent(s)/Caretaker(s),**

The death of a child is a sad and tragic event, and the sudden death of our student, \_\_\_\_\_ (name), has touched both students and faculty here at \_\_\_\_\_ High School. Based on the information provided to us by the medical examiner and the family, \_\_\_\_\_ (name of student) died by suicide on \_\_\_\_\_ (day), \_\_\_\_\_ (month) \_\_\_\_\_ (date).

The funeral arrangements are as follows: \_\_\_\_\_ .Mr. and Mrs. \_\_\_\_\_ (name) request that students \_\_\_\_\_ attend/do not attend. In addition, donations may be sent in care of \_\_\_\_\_.

Since the news of the death, the school has implemented a crisis response plan to help the students and staff respond to this unfortunate death. In conjunction with colleagues from \_\_\_\_\_ (community agencies), the school continues to provide/has provided professionally staffed support stations available to all students. In addition, students continue to meet with staff from our counseling and social work departments.

In the days and weeks ahead, students may have questions and concerns relating to the death and are going to require your support at home and our continued support here at school as they work through their feelings and grief. Although we cannot predict how any child may react, we can be sensitive and aware, both at home and at school, of the common reactions experienced by grieving adolescents.

If you feel your child is having difficulty and may benefit from additional support, please feel free to contact \_\_\_\_\_, the Crisis Team Leader, your child's guidance counselor, or myself so the school can be aware of the needs of your child. We are also supported by local mental health professionals and can provide you with referrals as needed. In addition, if you are interested in attending a parent/caretaker meeting, please contact \_\_\_\_\_ at \_\_\_\_\_ (phone) for further information and registration.

As the school community continues to cope with the loss of \_\_\_\_\_ (name), we invite your participation in the healing process. Please feel free to contact the school at any time with questions or concerns.

Source: "School-based Youth Suicide Prevention guide," published by the Department of Child and Family Studies, Division of State and Local Support, Louis de la Parte Florida Mental Health Institute, University of South Florida, 2003, accessed at [www.fmhi.usf.edu/institute/pubs/bysubject.html](http://www.fmhi.usf.edu/institute/pubs/bysubject.html)

## *Sample Notifications for Parents following a Suicide*

### **Sample #2**

Date

Dear parent/guardian of \_\_\_\_\_ School students:

The \_\_\_\_\_ School community was saddened to learn of the apparent suicide of one of our students. The death of any young person is a loss which, in one way or another, diminishes each of us. The tragic circumstances of \_\_\_\_\_'s death are perhaps more shocking and more difficult to accept.

We have asked the assistance of the crisis team to help our school community deal with this loss. We are doing everything we can to help your child and our staff through this tragic experience. You may anticipate more questions and a need to talk about the suicide at home.

Jim's funeral will be held at \_\_\_\_\_ at \_\_\_\_\_ a.m. Your child may be excused from school to attend the funeral with a written permission from you. We encourage you to make arrangements to accompany him or her and you will need to provide your own transportation. The school will remain open for those students not attending the funeral. \_\_\_\_\_'s classmates and teachers have decided to receive donations in his memory and will make a contribution to \_\_\_\_\_. Please contact the school office at \_\_\_\_\_ for further information.

If you have any concerns regarding your child's reactions to this loss, \_\_\_\_\_, the school nurse, \_\_\_\_\_, the school counselor, or one of the crisis team members will be available to assist you.

Sincerely,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ School Principal

Source: School-Based Crisis Management Recommendations on Suicide by Suicide Awareness Voices of Education accessed at [http://www.preventioninflorida.org/SP2006/materials/school\\_crisis\\_plan.pdf](http://www.preventioninflorida.org/SP2006/materials/school_crisis_plan.pdf)

## Sample Notifications for Parents following a Suicide

### Sample #3

Date

Dear Parent,

It is with deep regret that we inform you about a recent loss to our school community. On (INSERT date), (INSERT name of the deceased)<sup>1</sup> (INSERT brief facts about the death)<sup>2</sup>. This loss is sure to raise many emotions, concerns, and questions for our entire school, especially our students.

Our school (and INSERT name of school district, if applicable) has a Crisis Intervention Team made up of a professionals trained to help with the needs of students, parents, and school personnel at difficult times such as this. At our school (or INSERT name of alternative school), we have counselors available for any student who may need or want help or any type of assistance surrounding this loss. We encourage you, as parents, to also feel free to use our resources.

We have enclosed some information that may be useful to you in helping your child at home. If you would like additional information or need assistance, please do not hesitate to contact (INSERT name of Communications Coordinator or Counseling Services Coordinator) at (INSERT phone number).

We are saddened by the loss to our school community and will make every effort to help you and your child as you need.

Sincerely,

(Type the name of the signer and title. This letter is usually signed by the principal, superintendent, or crisis team coordinator)

Examples of information to insert in the opening paragraph:

<sup>1</sup>John Smith, one of our 9<sup>th</sup> grade students; Mrs. Jones, who taught 7<sup>th</sup> grade English

<sup>2</sup>was killed in an automobile accident; died after a long-illness; died suddenly;

died by suicide

*(before inserting this information, be sure the immediate family is fine with this information being released)*

(Source: National Center for School Crisis and Bereavement, <http://www.cincinnatichildrens.org/svc/alpha/s/school-crisis/letters-template.htm>, accessed January 18, 2010.)

## Responding to the Media

Publicity about the suicide should be minimized as much as possible, especially coverage that tends to sensationalize or glamorize the suicide. A school spokesperson should be appointed to insure consistency and accuracy of information. This spokesperson usually is the principal, the crisis team coordinator, or the designee of the principal. In small school districts the superintendent may choose to act as spokesperson. The advantage of having a superintendent act as spokesperson is to relieve the school of this task and allow the school staff to deal with the crisis. If there is a community coordination committee, there should be close communication between the committee's spokesperson and the local school spokesperson. Involving the local newspaper editor, or designee, as a part of the community coordinating committee, facilitates the cooperation of the press and other media. The school secretary or another designated person should have a fact sheet from which to respond to telephone inquiries when the spokesperson is unavailable.

Never refuse a request for information **from** the press. This only inflames anger and adds to confusion. Reporters should not, however, be given access to school grounds. Filming or interviewing students or staff on school grounds should be prohibited, as the process of filming is likely to be intrusive and distressing. The spokesperson needs to respond to the media in a timely and professional manner. However, the school should avoid becoming the principal source of information. Releasing details about the suicide is the responsibility of the medical examiner or other authorities. Never permit speculation as to why the student or faculty member committed suicide. It is the family's sole prerogative to provide information about the victim. The school can explain the positive steps of the postvention plan to help students through the crisis and provide information on where troubled youth can get help. This becomes especially important in circumstances where the suicide becomes a major news story and the focus needs to be shifted from the school to the larger community.

Source: "Suicide Postvention Guidelines", 2nd edition, published by American Association of Suicidology, [http://www.helpromotehope.com/resources/images/School\\_Crisis\\_Plan.pdf](http://www.helpromotehope.com/resources/images/School_Crisis_Plan.pdf)

## Sample Formal Statement to Notify Media of Suicide

\_\_\_\_\_ High School is sad to report that it has confirmed the death of one of its students, \_\_\_\_\_, with the medical examiner's office and the deceased's family. \_\_\_\_\_ (first name), a \_\_\_\_\_-year-old (age) \_\_\_\_\_ (grade), died \_\_\_\_\_ (day) [died by suicide]. He/she was a resident of \_\_\_\_\_ and was active in \_\_\_\_\_ at the school. Funeral arrangements are not available at this time. School counselors and community mental health representatives are available to any student who wishes to talk about \_\_\_\_\_'s death.

- List community resources
- List ways the media can be helpful with postvention

## Sample Response to Incoming Calls from Media

The school has designated a media spokesperson. Please feel free to contact \_\_\_\_\_ with your questions and concerns. We would like to respond to your questions in an organized manner. To assist you, \_\_\_\_\_ (name) will be meeting with concerned members of the media at \_\_\_\_\_ (time) in \_\_\_\_\_ (place). At that time we will provide information about the school's response to our loss and identify additional resources in the community to support the bereaved.

Source: "School-based Youth Suicide Prevention guide," published by the Department of Child and Family Studies, Division of State and Local Support, Louis de la Parte Florida Mental Health Institute, University of South Florida, 2003, accessed at [www.fmhi.usf.edu/institute/pubs/bysubject.html](http://www.fmhi.usf.edu/institute/pubs/bysubject.html)

## Local Referral Sources

The following list of resources was primarily generated from the website of the Mental Health Association of Southwest Ohio and confirmed to provide listed services by the Suicide Prevention Coalition. Comments that are provided come from that website. The Suicide Prevention Coalition does not specifically endorse any of these agencies. An individual should explore these agencies for themselves to determine the suitability of that agency for that specific individual.

Warren/Clinton County Crisis Line  
(877) 695-6333

Mental Health and Recovery Centers of Warren County  
201 Reading Road, Mason – (513) 398-2551  
204 Cook Road, Lebanon – (513) 695-1354  
50 Greenwood Lane, Springboro – (937) 746-1154

Mental Health and Recovery Center of Clinton County  
953 S. South Street, Wilmington – (937) 383-4441

Life Span- Mason Office  
5750 Gateway Blvd., Suite 101, Mason  
(513) 424-6888  
(513) 934-1330  
[www.lifespanohio.org](http://www.lifespanohio.org)

Fernside Center for Grieving Children - Cincinnati  
4380 Malsbary Rd., Cincinnati  
(513) 745-0111  
[www.fernside.org](http://www.fernside.org)

Catholic Social Services of SW Ohio  
Contact: Sandy Keiser  
(513) 241-7745  
[www.guidestar.org](http://www.guidestar.org)  
Peer support for children and pre-high school age experiencing loss due to death, divorce or other significant loss.

Mending Hearts  
John Engle Christian Counseling Center for Grieving Children  
225 Ludlow Street, Hamilton

Contact: Susan Clock  
(513) 896-4357; Thursdays, 9am to 9pm with voice messages checked daily  
Provides peer support for children experiencing loss due to death of a loved one in the immediate family. Entire family can attend.

Compassionate Friends – East Chapter  
St. Timothy Episcopal Church  
8101 Beechmont Ave. Cincinnati  
Contact: Carol and Joel Terbruggen  
(513) 271-6809  
[www.tcfcincy.com](http://www.tcfcincy.com)

For parents and families who have experienced the death of a child of any age for any reason.

New Day Support Group  
Good Shepherd Church  
8815 E. Kemper Road, Cincinnati  
Contact: Kathy Teipen  
(513) 474-6907; (513) 731-3346; 8am to 4:30pm  
A nine-week support group for anyone who has lost a loved one.

Companions on a Journey Grief Support  
5475 Creek Bend Dr., West Chester, OH  
Contact: Sheila Munafo-Kanoza  
(513) 870-9108 or (513) 755-9433  
[www.companionsonajourney.org](http://www.companionsonajourney.org)

A grief support group that offers support, understanding, a listening ear, and a helping hand to any parent who grieves the death of a child at any age.

Grief Share  
Hope Church of Mason  
4934 Western Row Road, Mason  
Contact: Diane Mac Lachlan  
(513) 459-0800  
[www.hope-church.org](http://www.hope-church.org) (under Care Ministers)  
Support for grieving families/individuals

Hospice of Cincinnati  
4310 Cooper Rd., Cincinnati  
Contacts: Alan Grueber (513) 686-8120 Family Counseling  
Polly Peterson (513) 686-8122  
Claire Peasley (513) 686-8121

Vivian Jones (513) 686-8139 Children's Specialist  
[www.hospiceofcincinnati.org](http://www.hospiceofcincinnati.org)  
For those who have lost a loved one from any cause. Various types of groups available.

Children's Hospital Medical Center  
Bereavement and Pastoral Care  
Contact: Jan Borgman, MSW, LISW  
(513) 636-0069  
[jan.borgman@cchmc.org](mailto:jan.borgman@cchmc.org)

Lindner Center of Hope  
4075 Old Western Row Road, Mason  
(513) 536-4673  
Contact: Pat Brown, MSW, LISW  
[www.lindnercenterofhope.org](http://www.lindnercenterofhope.org)

## Recommended Reading

The listings below are books for parents and teachers to use with children at various age levels to explain death. The age and grade level listing enables parents and teachers to select books that are developmentally appropriate for the child in terms of language and content. This listing is broad and no one book is implicitly recommended. The adult should first read the book to determine its acceptability and relevant and later read the book with the child(ren). Encourage the child(ren) to express their emotions while reading and discussing the books.

It is important to determine what message you expect a child(ren) to get from a book. Ask the child(ren) to explain their interpretations about stories as they are read to determine if there are distortions or misperceptions to be clarified. Two key tasks are to help the child(ren) gain a realistic concept of death and to cope with the feelings that accompany death.

### **Children:**

\*About Dying. Sara Bonnett Stein. Walker and Co. (Pre K – grade 3)

\*The Accident. Carol Carrick. New York: Seabury Press, 1976.

Am I Still a Sister? Alvin Sims.

Children Are Not Paper Dolls. Erin Linn Leroy.

Dead Bird. Margaret Brown. New York: Harper Collins Publishers, 1965. (Grades K-3)

\*Death is Natural. Laurence Pringle. New York: Scholastic Book Service, 1977. (Grades K-3)

Dusty Was My Friend. Andrea F. Clardy. New York: Human Science Press, 1984. (Grades 1-3)

The Fall of Freddie the Leaf. Leo Buscaglia. New York: Charles B. Slack, Inc. 1982. (Grades 4-8)

Grover. Bill Cleaver. Philadelphia: J.B. Lippincott Co., 1970. (Not about the Sesame Street Character. About a mother's suicide.) (Ages 9-13)

Growing Time. Sandol Stoddard Warbarg. Boston: Houghton Mufflin Co., 1969.

Healing Your Grieving Heart for Kids. A. Wolfelt. Fort Collins, CO: Companion 2001.

Healing Your Grieving Heart for Teens: 100 Practical Ideas. A. Wolfelt. Fort Collins, CO: Companion

\*How It Feels When A Parent Dies. Jill Kremetz. New York: Alfred A. Knopf Inc., 1987. (Grades 7-12)

\*The Kids Book About Death and Dying. Eric Rolfes.

I'll Miss You, Mr. Hooper. N. Stiles. New York: Random House/Children's Television Workshop, 1984. (Grades 1-3)

Loss and How to Cope With It. J. Bernstein. New York: Houghton, 1976. (For adolescents)

Lifetimes: The Beautiful Way to Explain Death to Children. Brian Melanie and Robert Ingpen. New York: Bantam Books, 1983. (Grades K-3)

The Magic Moth. Virginia Lee. New York: Seabury Press, 1972. (Grades 3-8)

\*Me and My Little Brain. John Fitzgerald. New York: Dial Press, 1971. (Grades K-3)

The Mulberry Music. Doris Ogel. New York: Harper and Row, 1971. (Ages 9-13)

\*My Brother Joey Died. Gloria McLendon.

A Taste of Blackberries. Doris Buchanan Smith. New York: Thomas Y. Crowell, 1973. (For Ages 8-13)

The Tenth Good Thing about Barney. J. Viorst. New York: Atheneum, 1972. (Grades K-3)

\*When a Friend Dies: A Book for Teens about Grieving and Healing. M.E. Gootman. Minneapolis: Free Spirit Publishing, 1994.

When People Die. J.E. Bernstein and S.V. Gullo. New York: Dutton, 1977. (Grades K-3)  
(Gives theories on afterlife)

When Someone Dies. Sharon Greenlee. Atlanta: Peachtree Publishing, 1992.

When Someone Very Special Dies. Marge Heegaard. (Ages 6-12)

\*Why Did Grandpa Die? A Book About Death. B. Hazen. Racine, WI: Western Publishing Co., 1985.

Why Has Grandpa Gone? R. Kopp. Grand Rapids, MI: Zonderman, 1983.

Why Did He Die? Audrey Harris. Minneapolis: Lerner Publications, 1965. (Grades K-3)

\*It Must Hurt A Lot. Doris Sanford and Graci Evans. Multnomah Press.

Tell Me Papa. Joy and Marv Johnson. Centering Press.

A Terrible Thing Happened - A story for children who have witnessed violence or trauma. Margaret M. Holmes, and Sasha J. Mudlaff. 2000.

## **For Parents/Teachers:**

\*About Dying: An Open Book for Parents and Children Together. Sara Bonnett Stein. New York: Walker and Co., 1977. (Grades K-3)

Are You Sad Too? Helping Children Deal with Loss and Death. Danah Seibert, Judy C. Drolet, Joyce V. Fetro. Santa Cruz, CA: ETR Associates, 1993. (to age 10).

Children's Experience with Death. R. Zeligs. Springfield, Illinois: Charles C. Thomas, 1974.

\*Explaining Death to Children. Earl A. Grollman, comp. Boston Beacon Press, 1967.

For Those Who Live: Helping Children Cope with the Death of a Brother or Sister. Kathy LaZour. Dallas, TX, 1983.

\*Helping Children Cope. J. Fassler. New York: Free Press, 1978.

Helping Children Cope with Separation and Loss. Claudia Jewett. Harvard, MA: Harvard Common Press, 1982.

\*How Do We Tell Children?: A Step-by-Step Guide for Helping Children Two to Teen Cope When Someone Dies. Don Schaeffer and Christine Lyons. New York: Newmarket Press, 1993

Learning to Say Goodbye: When a Parent Dies. Eda LeShan. New York: Macmillan Publishing Co., 1976. (Grades 3-6)

No Time for Goodbyes: Coping with Sorrow, Anger and Injustice After a Tragic Death. Janice Harris Ford.

\*On Children and Death. Elisabeth Kubler-Ross. New York: MacMillan, 1983.

Questions on Death and Dying. R.E. Kubler. New York: Collier, 1974. (Grades 3-6)

\*Talking About Death: A dialogue between parent and child. Earl Grollman. Boston: Beacon, 1976. (Grades 3-6)

Talking With Young Children About Death - A Message from Fred Rogers. Fred Rogers. Family communications Inc. VIDEO

Telling a Child About Death. Edgar N. Jackson. Hawthorn/Dutton.

\*Available at Mason Public Library