

# RESPONSE

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## A COMPREHENSIVE HIGH SCHOOL-BASED SUICIDE PREVENTION PROGRAM

Suicide is the third leading cause of death for youth aged 10-24 in Virginia. Suicide is surpassed only by unintentional injury deaths and homicides. From 2003 to 2007, there were 206 suicide deaths and 3,705 non-fatal suicide attempts among Virginia youth 10-19 years old.

A wide body of research demonstrates a clear need to involve school staff, parents and peers in the effort to reduce the risk of teen suicide primarily because it is more likely for a student to disclose his or her intent to suicide to classmates than an adult. Students have access to more people who can identify someone at risk in a school than any other setting. Administrators that have experienced a student completing suicide often report that managing the crisis and emotional toll was the worst single event of their career, and, in many cases, could have been prevented if staff and students had been trained to identify and refer a student at risk of suicide.

### STATE GUIDELINES

The Code of Virginia (§ 22.1-272.1.) and the Suicide Prevention Guidelines established by the Department of Education require all K-12 schools in Virginia to establish suicide prevention guidelines and training/education for all staff and students. The guidelines can be found on the web <http://www.doe.virginia.gov/VDOE/Instruction/prevention.pdf>

The guidelines state that the following should be addressed by schools:

- Criteria to assess the suicide risks of students
- Characteristics to identify potentially suicidal students
- Appropriate responses to students expressing suicidal intentions
- Identify available and appropriate community services for students expressing suicidal intentions
- Suicide prevention strategies which may be implemented by local schools for students expressing suicidal intentions
- Criteria for notification of and discussions with parents of students expressing suicidal intentions
- Criteria for as-soon-as-practicable contact with the parents
- Appropriate sensitivity to religious beliefs
- Legal requirements and criteria for notification of public service agencies, including, but not limited to, the local or state social services and mental health agencies.



The Division of Injury and Violence Prevention is pleased to introduce a new suicide prevention program being offered to Virginia high schools, RESPONSE. RESPONSE is a comprehensive high school-based program that increases awareness about suicide among high school staff, students, and parents. All of the program components are designed to heighten sensitivity to depression and suicidal ideation, as well as offer response procedures to refer a student at risk for suicide.

Training and education is offered through three components: staff in-service training, student education, and parental/guardian awareness.

## STAFF IN-SERVICE TRAINING

The purpose of the staff in-service for RESPONSE is to heighten sensitivity and awareness of depression as well as suicidal ideation among the entire school staff. Staff are also provided with clear steps to respond to a student at risk. The 2-2<sup>1/2</sup> hour staff in-service is given every three years and to new staff.

### Training goals:

- Protective factors against suicide
- Reasons students may not seek help
- Common missteps that school staff take in handling a student at risk
- How to talk to with a student who is demonstrating signs of suicide
- Attitudinal and behavioral barriers to providing needed help.

## STUDENT EDUCATION

The student lessons do not address personal suicidal feelings or behaviors, but emphasize help-seeking skills. The student component consists of four 50 minute lessons, but can be modified to fit into shorter or longer class periods. The student component should be offered in a health class (9<sup>th</sup> or 10<sup>th</sup> grade) in context with a related topic such as depression or stress.

**Lesson 1:** Learn warning signs of depression and suicide as well as some common myths.

**Lesson 2:** Focus on attitudes and behaviors that can interfere with someone getting help.

**Lesson 3:** Focus on helping behavior and learn specific steps to take when they think a peer maybe suicidal.

**Lesson 4:** Practice intervening and meet the school “suicide contacts” to learn what to expect when seeking help.

**IMPORTANT:** *Prior active consent must be obtained by parents/guardians in order for students to take part in RESPONSE. Also, the student education can not take place until all other aspects of the program have been completed (creation of school guidelines, staff awareness training, suicide contact ASIST training, and parent mailing).*

## PARENT MAILING AND AWARENESS

The parent mailing will consist of information regarding the program with signs that parents can look for in their children, a brochure with much more detail on depression and suicide (can be order through the Virginia Department of Health), and an active permission slip for their son/daughter to participate in the RESPONSE student component. An optional parent presentation is also available.





RESPONSE is composed of a RESPONSE Coordinator, suicide contacts (people students at risk are referred to), and a suicide prevention team that oversees the implementation and maintenance of the program. The following is a brief explanation of each of these roles:

## ADMINISTRATION ROLE

The administration is key to the success of the program. The schools that successfully maintain RESPONSE have one thing in common: a high level of administrative support and involvement. The administrator's role is to convey the message to all school staff that suicide prevention is a priority and to lay the foundation and adopt or develop protocols for suicide prevention, intervention and postvention (<http://www.doe.virginia.gov/VDOE/Instruction/prevention.pdf>). The ideal candidate for this position is a principal or vice-principal.

### The administrator will:

- Present student component to school board for approval is required
- Identify a school based RESPONSE Coordinator and orient chosen staff to his/her role
- Identify 2 suicide contacts and send them to an ASIST training
- Require that the student component is integrated into the health curricula (VA SOLs)
- Identify key staff to serve on the suicide prevention team
- Address any lapse in program activity
- Replace key staff as needed

## RESPONSE COORDINATOR ROLE

The primary responsibilities of the RESPONSE Coordinator are to oversee implementation of RESPONSE at the school level, deliver the staff in-service, and monitor on-going activities of the program. Staff who are focused on prevention in other areas of their work would be the best choice to fulfill this role.

### The RESPONSE Coordinator will:

- Review the entire curriculum
- Identify school suicide contacts
- Locate an ASIST training for suicide contacts. This can be done by contacting the Suicide Prevention Manager at the Virginia Department of Health at 804-864-7736.
- Schedule suicide prevention team meetings
- Work with suicide prevention team to insure that monitoring activities are in place
- Deliver staff in-service training every three years (in interim years, provide staff with interim year hand-out)
- Coordinate parent mailing with secretarial staff
- Present RESPONSE to school-based parent-teacher organizations (OPTIONAL)

## SUICIDE CONTACTS

The primary responsibility of the suicide contact is to manage a student at risk for suicide until the student reaches the next level of care. In the awareness components, students and staff will be asked to refer





a suicidal student to the suicide contact. To prepare for this, it is required that staff who receive referrals are trained specifically in suicide intervention. This suicide intervention training will be more advanced than the entire staff training.

At least 2 school staff should be trained in Applied Suicide Intervention Skills Training (ASIST) developed by LivingWorks Education Inc. At an ASIST training, participants learn how to recognize depression and/or suicidal ideation, offer support, apply a suicide intervention model and link students and their families to community resources. After this training, staff are known as “suicide contacts” and serve as “go to” staff for referrals. Staff who have experience in counseling, nursing, or suicide intervention are the best candidates for this position.

ASIST trainings are offered free of charge by the Virginia Department of Health, Division of Injury and Violence Prevention. To register for an ASIST training please contact the Youth Suicide Prevention Manager at 804-864-7736.

**ASIST: Applied Suicide intervention Skills Training**  
ASIST is the most widely used suicide intervention skills training program in the world—by far and for good reason. One of the reasons that people are often uncomfortable with suicide is that they haven’t had the opportunity to explore their attitudes, understand what a person at risk for suicide needs, the skills needed to meet those needs, or practice these skills. This 2-day training was designed to provide participants with the skills to keep someone at risk of suicide safe until he or she reaches the next level of care. This is critical when a parent is not responding to phone calls from the school or may be neglecting a teen at risk. ASIST is not therapy. Unlike the RESPONSE in-service training which focuses on identification, a brief meaningful response and referral, ASIST is designed to train caregivers in suicide “first aid.” It is appropriate for those who have and for those who don’t have a clinical background.

**Suicide Contact Responsibilities:**

- Serve as the point of contact for students identified as at risk of suicide
- Serve as a member of the suicide prevention team
- Complete Early Identification, Follow-Up, and Referral Form (provided by the Virginia Department of Health, Division of Injury and Violence Prevention)

**THE SUICIDE PREVENTION TEAM**

The responsibility of the team is to debrief suicide-related referrals, track the progress of the program, and establish Memorandum of Agreements (MOA’s) with area service providers. In the interest of efficiency, the administrator may decide to delegate the responsibilities of this team to an active crisis team. It is recommended that the suicide prevention team meet quarterly during the first year of implementation and then at least 2 times a year to debrief referrals and assess the progress of the program.

**Members of the team:**

- Principal or Vice-Principal
- School-based RESPONSE Coordinator
- “Suicide Contacts”
- Health Teacher(s)
- Counselor(s)
- School Nurse(s)





## IMPLEMENTATION STEPS

### Step 1: Adopt Guidelines

Administrator will locate, adopt or develop suicide prevention, intervention and postvention guidelines. <http://www.doe.virginia.gov/VDOE/Instruction/prevention.pdf>

### Step 2: Present Guidelines

Administrator will present guidelines to school board for approval. Once policies have been finalized, copies should be known and accessible to all administrative staff, counselors and any health providers.

### Step 3: Approve Curriculum

Administrator will present student component to school board for approval if required.

### Step 4: Identify Coordinators

An administrator will identify the school-based RESPONSE Coordinator and meet with this person to review responsibilities.

### Step 5: Meet with Health Teacher to Review Curriculum

### Step 6: Identify Suicide Contacts

Administrator will identify at least 2 suicide contacts. The administrator will inform them that the RESPONSE Coordinator will be meeting with them to present more information.

### Step 7: Meet with Suicide Contacts

RESPONSE Coordinator will meet with the suicide contacts. In preparation for this meeting the RESPONSE Coordinator will contact the Youth suicide Prevention Manager for the State of Virginia at 804-864-7736 to discuss ASIST training options. The coordinator will provide training details to the suicide contacts and review the responsibilities of this position.

### Step 8: Identify Suicide Prevention Team

Administrator will identify members of the suicide prevention team. The team should consist of an administrator, RESPONSE Coordinator, suicide contacts, health teacher, counselor, nurse.

### Step 9: Meet with suicide Prevention Team and other key staff and implement program

During this first meeting the team should address the following:

- Assess the current state of suicide prevention at the school (needs assessment survey is included in the implementation manual)
- How the team will work together to maintain RESPONSE
- When the suicide contacts will be trained
- When the parent mailing will go out
- When the in-service will be delivered
- Which grade level to implement the student component and when the first round of trainings will occur (9<sup>th</sup> or 10<sup>th</sup> grade is recommended)
- Schedule quarterly meetings for the rest of the year and discuss agendas for subsequent meetings
- Formulating MOA's with area service providers

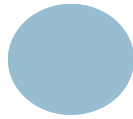
It is strongly recommended that schools resist the temptation to offer an assembly on suicide prevention. This format has been found to be ineffective.

It is also recommended that before RESPONSE is implemented, Memorandum of Agreements (MOA's) with service providers to conduct risk assessments and crisis management are established.





For more information, please contact:



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[www.preventsuicideVA.org](http://www.preventsuicideVA.org)