Johnson County
Suicide Prevention Coalition:

Suicide’s Impact on Education and a School Community’s Response

Joe Kordalski, School Psychologist
De Soto USD 232

Megan Clark, MNH
Regional Prevention Center

Friday, February 28, 2014  8:00 – 11:30
KVC Ball Conference Center
21350 W 153rd St, Olathe, KS
Impact on Johnson County

According to the 2011 Youth Risk Behavior Surveillance Survey in the state of Kansas:

- 11.8% of high school students reported they had seriously considered attempting suicide
- 9.9% of high school students reported they made a plan about how they would attempt suicide
- 5.9% of high school students attempted suicide one or more times
- 2.5% of high school students reported their suicide attempt resulted in an injury, poisoning, or overdose that had to be treated by a doctor or nurse
Death by Suicide in Johnson County 2008-2013 Ages 0-20

Data received by Johnson County Coroners Office - 2013
Johnson County lost 26 lives of young people ages 20 or younger from 2008-2013

The average life expectancy is 75 years old

This equates to nearly 1,500 years of potential life lost
Suicide Prevention in Schools

Blue Valley School District

Dr. Mark Schmidt
Executive Director of Student Services

Cathy Kerr
School Psychologist and FLIGHT Team Leader

Springhill School District

Dr. Thomas Lawson,
Director of Special Services
Suicide: A Blue Valley Issue

It won't end unless you do something.

So what's your green light?
ATTENDANCE

In-tact Families

Drug/Alcohol Use

Honors Student

ADHD

AP Courses

AVID

Sport Athlete

3 Sport Athlete

Defended Families

Divorced Families

30 December 2011

January 2011

Seniors

Depressed

Anxiety

Failing Grades

Boy Scout

March 2008

Blue Valley

Juvenile Justice

Band

Blue Valley
# Blue Valley Suicide Prevention Task Force

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>School(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Schmidt</td>
<td>Executive Director Student Services</td>
<td>BVSW</td>
</tr>
<tr>
<td>Dennis McCarthy</td>
<td>Director Safety/Security</td>
<td>BVSW</td>
</tr>
<tr>
<td>Cathy Kerr</td>
<td>School Psychologist</td>
<td>BVSW</td>
</tr>
<tr>
<td>Kristi Dixon</td>
<td>Counselor</td>
<td>BVSW</td>
</tr>
<tr>
<td>Julie Seitter</td>
<td>School Psychologist</td>
<td>BVNW</td>
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<tr>
<td>Amanda Witty</td>
<td>Gifted Teacher</td>
<td>BVNW</td>
</tr>
<tr>
<td>Mark Kenney</td>
<td>School Psychologist</td>
<td>BVN</td>
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<tr>
<td>Dave Cantwell</td>
<td>Counselor</td>
<td>BVN</td>
</tr>
<tr>
<td>Lisa Donn</td>
<td>School Psychologist</td>
<td>BVW</td>
</tr>
<tr>
<td>Linda Kapfer</td>
<td>Assistant Principal</td>
<td>BVW</td>
</tr>
<tr>
<td>Kim Urenda</td>
<td>Counselor</td>
<td>BVW</td>
</tr>
<tr>
<td>Paul Chinn</td>
<td>School Psychologist</td>
<td>BVH</td>
</tr>
<tr>
<td>Kerri Evans</td>
<td>Assistant Principal</td>
<td>PRMS</td>
</tr>
<tr>
<td>Jean Busey</td>
<td>Counselor</td>
<td>LMS</td>
</tr>
<tr>
<td>Allyson Di Nitto</td>
<td>Counselor</td>
<td>OMS</td>
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</tbody>
</table>
Global/Protective Factors
- Counseling Curriculum
- Resiliency
- Dr. Brooks

Level I Prevention Education (All)
- SOS
- Well-Being Web

Level II Prevention/At Risk (Some)
- RY
- CAST

Level III Intervention (Individual)
- Intervention Guide/Training
# Global/Protective Factors

## Classroom Teachers and Counseling Curriculum:

<table>
<thead>
<tr>
<th></th>
<th>Elementary</th>
<th>Middle School</th>
<th>High School</th>
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<tbody>
<tr>
<td></td>
<td>• Resiliency</td>
<td>• Resiliency</td>
<td>• Resiliency</td>
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<td></td>
<td>• Friendships</td>
<td>• Suicide Prevention</td>
<td>• Suicide Prevention</td>
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<tr>
<td></td>
<td>• Bully Prevention</td>
<td>• Healthy Living</td>
<td>• Healthy Relationships</td>
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<td></td>
<td>• Feelings</td>
<td>• Bully Prevention Stress</td>
<td>• Bully Prevention</td>
</tr>
<tr>
<td></td>
<td>• Decision Making</td>
<td>• Drug and Alcohol Peer Pressure</td>
<td>• Drug and Alcohol Prevention</td>
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<td></td>
<td>• Self-Esteem</td>
<td>• Change and Loss</td>
<td>• Positive Self Image</td>
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<td></td>
<td>• Goal Setting</td>
<td>• Self-Acceptance</td>
<td>• Diversity</td>
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<td></td>
<td>• Grief and Loss</td>
<td></td>
<td>• Social Media</td>
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<td></td>
<td>• Personal Safety</td>
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<td>• Cyber-Bullying</td>
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<td></td>
<td>• Social Skills</td>
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<td></td>
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<td></td>
<td>• Problem Solving</td>
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<td></td>
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<td></td>
<td>• Conflict Resolution</td>
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</tbody>
</table>
Level II: Prevention Education
Signs of Suicide (SOS) Middle and High School
Wellness Web
Reconnecting Youth/CAST
Level III: Intervention (individual)

Suicide Intervention Manual
Blue Valley School District

Suicide Prevention Task Force
K-12 • August 2011
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APPENDIX B: .................................................. Suicide Risk Observation
APPENDIX C: .................................................. Intervention Report/Plan of Action
APPENDIX D: .................................................. Release of Information
APPENDIX E: .................................................. Handouts and Articles

Is Student At Risk?
Conduct interview and complete checklist

HIGH/MODERATE RISK
Student has a specific plan

Do...
• Consult with building mental health team
• Contact Parents IMMEDIATELY
• Provide resources
• Follow-up

Don’t...
• Leave student alone
• Allow student to go to bathroom/bathroom alone
• Allow student to leave school by self on bus/driving

LOWER RISK
Student has passing thoughts of death with no immediate plan
They have “reasons to live” and support from friends/family

Do...
• Provide support/follow-up with resources

Don’t...
• Encourage parents to consult with doctor/therapist

COMPLETE INTERVENTION REPORT/PLAN OF ACTION

If Parents refuse, contact SRS and/or SRO or 911
Call SRS if you are concerned about parents following through with getting help/support for student

DEBRIEF SCHOOL TEAM
### Student Self-Assessment

1. **How is your energy?**
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4
   - [ ] 5
   - [ ] 6

2. **How stressed do you feel?**
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4
   - [ ] 5

3. **Do you have hope?**
   - [ ] 1
   - [ ] 2
   - [ ] 3
   - [ ] 4
   - [ ] 5

4. **Have you thought about ways you could hurt yourself?**
   - [ ] No
   - [ ] Yes

5. **How often have you thought about death or suicide?**
   - [ ] Almost never
   - [ ] Sometimes
   - [ ] Often
   - [ ] Almost always

6. **How do you feel right now?**
   - [ ] Strong
   - [ ] Weak

7. **How are you doing today?**
   - [ ] Great
   - [ ] Not great

### Suicide Risk Observation

**Form is designed as a tool to inform parents and community mental health agencies of concern.**

The forms are intended to be completed when the interview takes place. If a student makes an attitude of non-compliance and/or inability to answer the interview question, the interview should continue moderate to high risk.

<table>
<thead>
<tr>
<th>Performance/Degree</th>
<th>Risk Present</th>
<th>Moderate Risk</th>
<th>High Risk</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SYMPTOMS</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>[ ] Mild, feels slightly down</td>
<td>[ ] Moderate, some moodiness, sadness, instability, loneliness and decreased in energy</td>
<td>[ ] Or overwhelmed with sadness and feelings of worthlessness</td>
</tr>
<tr>
<td>Stress</td>
<td>[ ] No significant stress</td>
<td>[ ] Moderate to serious stress or environmental family changes</td>
<td>[ ] Severe reaction to loss or environmental family changes</td>
</tr>
<tr>
<td>Frustration</td>
<td>[ ] Direct expression of feelings and or suicidal intent, sadness or crying “I just don’t want to feel this way anymore”</td>
<td>[ ] Hostile or angry Example: “They’re sorry,” “They’ll show them” or “I’m a burden”</td>
<td>[ ] Flat affect, little to no emotion, mumbled, or fact statement of intent</td>
</tr>
<tr>
<td>Attendance</td>
<td>[ ] No change noted, attendance pattern is not consistent</td>
<td>[ ] Increasing number of absences over previous 6 weeks</td>
<td>[ ] Significant absences in attendance</td>
</tr>
<tr>
<td>Rapport</td>
<td>[ ] Ambivalent towards future</td>
<td>[ ] Expresses fluctuating will not get better</td>
<td>[ ] Cannot offer reasons for living</td>
</tr>
<tr>
<td>Discipline</td>
<td>[ ] No significant school discipline issues legal involvement</td>
<td>[ ] Poor academic performance, discipline issues legal involvement</td>
<td>[ ] Current school consequence legal involvement</td>
</tr>
</tbody>
</table>

### Suicide Plan

<table>
<thead>
<tr>
<th>Details</th>
<th>Vague</th>
<th>Some specific</th>
<th>Well thought out, knows when, where, how</th>
</tr>
</thead>
<tbody>
<tr>
<td>Availability of means</td>
<td>Not available, will have to go</td>
<td>Within a few hours</td>
<td>Have onward</td>
</tr>
<tr>
<td>Time</td>
<td>No specific time or attempt</td>
<td>Within a few hours</td>
<td>Immediately</td>
</tr>
</tbody>
</table>

### Prior Attempts

<table>
<thead>
<tr>
<th>Any reported concern (by adult or student/friend)</th>
<th>Repeated threats</th>
<th>Any previous attempt</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical history</td>
<td>No significant medical history</td>
<td>Short term illness, currently under doctor’s care prescription</td>
</tr>
</tbody>
</table>

### Protective Factors

| Resources | [ ] Help available, significant others concerned and willing to help | [ ] Family and friends available but unable to consistently help | [ ] Family and friends not available, estranged, or unable to intervene |
| Coping behaviors | [ ] Daily activities continue as normal | [ ] Some daily activities | [ ] Gross disturbances in daily function |

### Intervention Report

**Parent/Guardian Plan of Action**

- [ ] [Date]
- [ ] [Time]
- [ ] [Signature]

**School Counseling Center**

- [ ] [Name]
- [ ] [Title]
- [ ] [School]
- [ ] [Phone]

**School Counselor**

- [ ] [Name]
- [ ] [Title]
- [ ] [School]
- [ ] [Phone]
<table>
<thead>
<tr>
<th>Next Steps</th>
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</thead>
<tbody>
<tr>
<td>If the student is assessed as “risk present”, maintain close home/school communication, provide support and follow up, resources and community resources</td>
</tr>
<tr>
<td>Notes:</td>
</tr>
<tr>
<td>Notes:</td>
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<tr>
<td>Notes:</td>
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</tbody>
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<table>
<thead>
<tr>
<th>Next Steps</th>
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</thead>
<tbody>
<tr>
<td>If the student is assessed as “moderate risk”, contact parents to come in for meeting asap. Parents must sign “Intervention Release” before student is released from school</td>
</tr>
<tr>
<td>Notes:</td>
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<tr>
<td>Notes:</td>
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<td>Notes:</td>
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<table>
<thead>
<tr>
<th>Next Steps</th>
</tr>
</thead>
<tbody>
<tr>
<td>If the student is assessed as “high risk”, CONTACT PARENTS. Student is transported immediately for emergency assessment.</td>
</tr>
<tr>
<td>Notes:</td>
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<tr>
<td>Notes:</td>
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<td>Notes:</td>
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<table>
<thead>
<tr>
<th>Communication to Parents</th>
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<tbody>
<tr>
<td>Contact parents. Share results of “risk present”, encourage to parents to consult with doctor or therapist</td>
</tr>
<tr>
<td>Notes:</td>
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<tr>
<td>Notes:</td>
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<td>Notes:</td>
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<th>Communication to Parents</th>
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</thead>
<tbody>
<tr>
<td>Request parent meeting TODAY. Share serious concerns of at risk behaviors.</td>
</tr>
<tr>
<td>Notes:</td>
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<td>Notes:</td>
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<td>Notes:</td>
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<th>Communication to Parents</th>
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</thead>
<tbody>
<tr>
<td>Parents may transport student for assessment. If parents are unavailable, Contact SRO/911/SRS for immediate intervention.</td>
</tr>
<tr>
<td>Notes:</td>
</tr>
<tr>
<td>Notes:</td>
</tr>
<tr>
<td>Notes:</td>
</tr>
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</table>
Since implementation...

K – 12 Use
Spring Hill School District
Goals of a Suicide Intervention Plan

- Outline response to suicidal behavior
- Clearly designate specific individuals to contact
- Identify contacts, referral resources –
  - JoCo Mental Health - police and EMS
- Establish documentation procedures
- Steps for school personnel to take
THE FIRST THREE WARNING SIGNS ARE:

- Threatening to hurt or kill self
- Looking for ways to kill self; seeking access to pills, weapons or other means
- Talking or writing about death, dying or suicide
Additional warning signs

- Hopelessness
- Self-injurious/destructive behavior (*cutting)
- Rage, anger, seeking revenge
- Acting reckless or engaging in risky activities, seemingly without thinking
- Feeling trapped – like there’s no way out
- Increasing alcohol or drug abuse
- Withdrawing from friends, family or society
- Anxiety, agitation, unable to sleep or sleeping all the time
- Dramatic changes in mood
- No reason for living, no sense of purpose in life

*cutting* in and of itself is not necessarily an indicator of suicide. However, it is a risky behavior that requires support and should be addressed.
Factors that **may increase** a person’s risk for suicide include:

- Current **ideation, intent, plan, access to means**
- **Previous** suicide attempt or attempts
- Alcohol / Substance abuse
- Current or previous history of **psychiatric diagnosis**
- Impulsivity and poor self control
- Hopelessness – presence, duration, severity
- **Recent losses** – physical, financial, personal
- Recent discharge from an inpatient psychiatric unit
- **Family history** of suicide
- History of **abuse** (physical, sexual or emotional)
- Two or more health problems, especially a newly diagnosed problem or worsening symptoms
- Age, gender, race
- **Same-sex sexual orientation (LGBT)**
Factors that may decrease the risk (protective factors) for suicide:

- Positive social support
- Spirituality
- Sense of responsibility to family
- Children in the home, pregnancy
- Life satisfaction
- Positive thought about success
- Positive coping skills
- Positive problem-solving skills
- Positive relationships
Most suicidal students, either directly or indirectly, tell others that they plan to kill themselves.

Direct threats should be taken seriously
- even if they sound overly dramatic.

Few people make serious statements about killing themselves just to be funny.

Indirect threats
- difficult to spot because they slip into casual conversation
- sound a lot like something you might say when you’re feeling embarrassed, tired, and angry or stressed out.
Guidelines for When the Risk of Suicide Has Been Raised

1. Take immediate action – stop what you are doing.
   - Contact the building administrator or designee to inform him/her of the situation (don’t leave the student alone).

2. Talk with him/her in a quiet, private setting to clarify the situation and provide appropriate support.

3. Counselor or Administrator will do a basic screening to assess the situation.
4. **Parents will be notified** when there appears to be any risk of self harm, (unless it is apparent that such notification will exacerbate the situation - see #5 below).
   - Suicide resource information will be provided to parent.
   - A school administrator or counselor will follow-up w/parents

5. When an educator knows, or has reasonable cause to suspect abuse or neglect, s/he must make a report to the Department for Children and Family (DCF)
   - Educators are Mandated Reporters.
   - Notify SRO about report and suspected abuse or neglect
*If parent or guardian refuses to obtain services for child*, a report will be made for neglect to DCF (failure to seek necessary mental health treatment, which may place the child at risk of serious harm).

- Notify SRO about refusal to obtain services.

6. If the **student refuses** to give any information
   - Contact **Johnson County Mental Health 913-826-4200** or call the Kansas City Hotline for Mental Health at (913) 281-1234 to obtain guidance for the next steps
   - Contact the SRO.

7. Document actions taken as required by protocol.
8. NO STUDENT AT RISK OF SELF HARM WILL BE SENT HOME ALONE.

9. In the event that the situation requires transportation to a hospital emergency department, crisis services and/or law enforcement (SRO) should be contacted to expedite the transition to the hospital.

10. Document actions taken as required by school protocol.

11. Debrief with all staff members who assisted with the intervention.
   - Complete staff report

12. Follow up with parent/guardian as arranged.
“Lower Risk Present” students –

- Parents contacted
  - develop plan of action
- If the student stays in school
  - monitor frequently
Medium and High Risk -

- student is making explicit statements indicating the wish or threat to die,
- has access to or is in possession of lethal means
- appears significantly depressed, moody, irritable, unable to concentrate or withdrawn
- has a plan
Medium and High Risk

- Takes immediate action – stay calm – continuous supervision
  - Contact parents – face to face meeting at school
  - Parents will be provided with a report upon arrival
  - Discuss and advise them on steps to be taken
  - Release the student to the parents/guardians with resources
  - Inform the parents/guardians that the school will follow-up with them and the student on actions taken
If the student is in possession of lethal means,

- secure the area and prevent other students from accessing (could be locker, backpack, coat, pants etc..) and call law enforcement.
What is NOT Helpful:

- Ignoring or dismissing the issue.
  - This sends the message that you don’t care.
- Acting shocked or embarrassed.
- Panicking, preaching, or patronizing.
- Challenging, debating, or bargaining.
- Giving harmful advice
  - “It will pass.”, “Just get over it.”, “Everyone has those thoughts.” Or suggesting the use of drugs or alcohol to “feel better” - strong association between alcohol and suicide.
- Promising to keep a secret.
  - The suicidal person is sharing his/her feelings hoping that someone will recognize the pain and help, even though they may verbally contradict this.
What is Helpful

Show you care
- Listen carefully - Be genuine - “I’m concerned about you ... ...about how you feel.”

Ask the question
- Be direct, caring and non-confrontational - “Are you thinking about suicide?” (Will not promote the idea of suicide – myth.)

Get Help
- Do not leave him/her alone
- “You are not alone. I will help you get the help you need.”
HELPING SUICIDAL STUDENTS

School Resources for Help

- School Administrators
- School Nurses
- School Counselors
- School Resource Officers
- Psychological Services Providers
- Mental Health Social Workers
Community Resources for Help

- Johnson County Mental Health (913) 826-4200
- Kansas City Hotline for Mental Health at (913) 281-1234
- Marillac Psychiatric Treatment Facility (913) 681-5437
- TLC in Olathe – (913) 764-2961
- National Hopeline Network 1-800-784-2433
- National Suicide Prevention Lifeline 1-800-273-8255
- Olathe Medical Center (913) 791-4200
- Miami County Medical Center (913) 294-2327
- Spring Hill Police Department (913) 592-2700
- Johnson County Sheriff’s Department (913) 782-0720
- Johnson County Emergency Medical Services (913) 715-1950
Any questions?
BREAK – 10 Minutes
Panel Discussion

- KVC
  - Kimberly O’Connor-Soule

- Marillac
  - Chad Harvey, Principal of Marillac School (Greenbush)
  - Sherrie Balmer, Director of Communications & Marketing

- Johnson County Crisis Line
  - Tim DeWeese
Round Table Discussion

- What are we doing well?
- What are our opportunities?
- What are the next local steps?
- Other Questions
Mental Health First Aid (MHFA) is the help offered to a person (young or adult) experiencing a mental health challenge, mental disorder, or a mental health crisis. The first aid is given until appropriate help is received or until the crisis resolves.

For More Information, contact:

Carol Roeder-Esser
Carol.Roeder-Esser@jocogov.org
913-831-2550

Jamie Katz
Jamie.Katz@jocogov.org
913-715-7880
Mark Your Calendars

Training Opportunity

Presenter: Dr. Bill Geis
May 30, 2014: 8am
Location: JCCC

The Suicide Prevention Coalition in Johnson County is sponsoring a training opportunity regarding suicide prevention & intervention. This training is open to any community members.

*More information to come regarding this training.
Thank You!

A survey has been e-mailed to you – please take a moment to complete as we value your opinion for future trainings.

For your reference, an electronic copy of these PP slides will also be e-mailed to you.