

CHERRY HILL PUBLIC SCHOOLS

Cherry Hill, New Jersey

S-12

ADMINISTRATIVE PROCEDURE SUICIDE/HOMICIDE BEHAVIORS SUDDEN TRAUMATIC LOSS

Suicide Ideation

Suicide ideation/gesture or identification of a cluster of warning signs (verbal threat or communication of an intention to commit suicide):

Situation: *A student has been identified by peer(s), teacher, or other school personnel as possible suicidal risk because of direct or indirect expression or display of warning signs.*

The Student Support Staff (SSS) (elementary level: guidance counselor, Nurse, Principal and a member of the Child Study Team designated by the Principal) (secondary level: guidance counselor, Student Assistance Counselor, Nurse, Principal and a member of the Child Study Team designated by the Principal) will be notified, the SSS will notify the Director of Guidance or the Student Assistance Coordinator (for incidents in the elementary schools) and the school administrator. Upon notification one of the SSS will:

1. Immediately meet with the student (student should NOT be left alone under any circumstances (even in the restroom) or able to return to class)
2. Gather ALL anecdotal records of verbal or written evidence regarding the ideation.
3. Consult/Inform the SSS with the findings.
4. Contact the parents/guardians and request a meeting be held as soon as possible. Parents are always notified when a student mentions suicide.
5. In conference with the parents/guardians, recommendations for professional medical attention will be made and Letter to the Physician will be given, form **S12a**. Form **S12b** will be signed at this time and a copy will be made for district records. If necessary, Form **S12c** will be signed at this time.

In cases where the student's parent or guardian is unavailable or unwilling to cooperate, the Division of Youth and Family Services ("DYFS") may be contacted to assist the student and school district. In cases where the student becomes combative, resists, or attempts to flee, the Campus Police or local law enforcement should be called. When in the judgment of District professionals it is determined that a parent or guardian is uncooperative and the student is at high risk for suicidal behavior, the police or DYFS should be called immediately.

6. Prior to a pupil's return to school, the parent/guardian should either have the student evaluated at the Crisis Center or make every effort to have the student evaluated by an outside mental health professional (psychiatrist, psychologist, Licensed Professional Counselor –LPC, Master of Social Work-MSW), Steininger Behavioral Care, Steininger Crisis Center, Kennedy Health System or with parental consent. All evaluations are at the family's expense. Every effort should also be made to provide the District with a note from a mental health professional indicating that the student is able to return to school and is not harmful to him/her or others, and outlining a plan for follow-up care. The evaluation from Kennedy Health System will be accepted in the event that the student is deemed not in crisis and does not have to go to the crisis center. The District reserves the right to place a pupil on home instruction in the event it is not provided with such a note and it is not otherwise demonstrated to the satisfaction of the District's professionals that the student does not present a risk of harm to him/herself.
7. This documentation should be distributed to the SSS upon the student's return to school and a member of the SSS will help in the re-entry process with the student.
8. The forms **S-12**, Report of Suicide/Homicide Behaviors, S-12b and S-12c if necessary must be completed and distributed as noted along with the returning documentation.
9. When the SSS notifies the school administrator that the student will be going out for a mental health evaluation, the administrator or designee will then notify the grade level Assistant Superintendent at the Central Administration Building.
10. After the mental health evaluation the student and parent/guardian will meet for a re-entry conference with a school administrator and a member of the SSS to conduct a follow up check with the family/guardian, student or referral agency. Within the parameters of health and safety, the Director of Security or an administrator has the right to assemble the SSS to review the returning evaluation and determine if any further assessments are required. Any additional assessments will be at the expense of the family/guardian. This may require the student to remain under the family/guardian's supervision at home until such a determination is made.

FIRST OFFENSE, STUDENTS PreK-2:

11. If this is a first offense for a student in grades Pre K - 2, items 1, 2, 3 and 4 will be followed. Once parents/guardians are notified, the student must be picked up from school for the remainder of that day. parents/guardians will be counseled that professional Medical Attention and/or a mental health evaluation from a licensed mental health provider should be sought and a referral list will be provided. Parents/guardians may choose to have their child evaluated before a re-entry. If parents/guardians choose not to have their child examined by a licensed medical professional they will be required to sign a waiver (S-12d) that they have been counseled and chose not to submit their child to an evaluation. A re-entry meeting should be scheduled for the student's return. Follow up will be done by the building administrator and counselor. Any subsequent offenses will result in the full implementation of the S -12 procedure. Form S 12 will be used for all offenses. S 12b and c will also be given to the parents/guardians should they choose to have their child examined by an outside professional before returning to school.

Homicidal Threat

Homicidal threat/gesture or identification of a cluster of warning signs (verbal threat or communication of an intention to commit homicide):

Situation: *A student has been identified by peer(s), teacher, or other school personnel as possible homicidal risk because of direct or indirect expression or display of warning signs. All threats of homicide, whether written or verbal, and any mention of a weapon, will be reported to the Campus Police/Director of Security for further investigation.*

The Student Support Staff (SSS) (elementary level: guidance counselor, Nurse, Principal and a member of the Child Study Team designated by the Principal) (secondary level: guidance counselor, Student Assistance Counselor, Nurse, Principal and a member of the Child Study Team designated by the Principal) will be notified, the SSS will notify the Director of Guidance and the school administrator. Upon notification one of the SSS will:

1. Immediately meet with the student (student should NOT be left alone under any circumstances (even in the restroom) or able to return to class)
2. Gather ALL anecdotal records of verbal or written evidence regarding the ideation.
3. Consult/Inform the SSS with the findings.
4. Contact the parents/guardians and request a meeting be held as soon as possible. Parents/guardians are always notified when a student mentions homicide.
5. In conference with the parents/guardians, recommendations for professional medical attention will be made and Letter to the Physician will be given, form **S12a**. Form **S12b** will be signed at this time and a copy will be made for district records. If necessary, Form **S12c** will be signed at this time.
6. The parents/guardian of the student(s) who were threatened must be contacted as soon as possible, as a duty to warn, by a member of the SSS.
7. In cases where the student's parent or guardian is unavailable or unwilling to cooperate, the Division of Youth and Family Services ("DYFS") may be contacted to assist the student and school district. In cases where the student becomes combative, resists, or attempts to flee, the Campus Police or local law enforcement should be called. When in the judgment of District professionals it is determined that a

parent or guardian is uncooperative and the student is at high risk for homicidal behavior, the police or DYFS should be called immediately.

8. Prior to a pupil's return to school, the parent/guardian should either have the student evaluated at the Crisis Center or make every effort to have the student evaluated by an outside mental health professional (psychiatrist, psychologist, Licensed Professional Counselor –LPC, Master of Social Work-MSW), Steininger Behavioral Care, Steininger Crisis Center, Kennedy Health System or with parental consent. All evaluations are at the family's expense. Every effort should also be made to provide the District with a note from a mental health professional indicating that the student is able to return to school and is not harmful to him/her or others, and outlining a plan for follow-up care. The evaluation from Kennedy Health System will be accepted in the event that the student is deemed not in crisis and does not have to go to the crisis center. The District reserves the right to place a pupil on home instruction in the event it is not provided with such a note and it is not otherwise demonstrated to the satisfaction of the District's professionals that the student does not present a risk of harm to others.
9. This documentation should be distributed to the SSS upon the student's return to school and a member of the SSS will help in the re-entry process with the student.
10. The forms S-12, Report of Suicide/Homicide Behaviors, S-12b and S-12c if necessary must be completed and distributed as noted along with the returning documentation.
11. When the SSS notifies the school administrator that the student will be going out for a mental health evaluation, the administrator or designee will then notify the grade level Assistant Superintendent at the Central Administration Building.
12. After the mental health evaluation the student and parent/guardian will meet for a re-entry conference with a school administrator and a member of the SSS to conduct a follow up check with the family/guardian, student or referral agency. Within the parameters of health and safety, the Director of Security or an administrator has the right to assemble the SSS to review the returning evaluation and determine if any further assessments are required. Any additional assessments will be at the expense of the family/guardian. This may require the student to remain under the family/guardian's supervision at home until such a determination is made.

FIRST OFFENSE, STUDENTS PreK-2:

13. If this is a first offense for a student in grades Pre K – 2 and no mention of a weapon or means/method of hurting others was used nor was there a weapon present during the threat, and after consultation with the Director of Security, the Principal or designee will follow items 1, 2, 3 and 4 under this provision of the S – 12 procedure will be followed. Once parents/guardians are notified, the student must be picked up from school that day. Parents/guardians will be counseled that professional medical attention and/or a mental health evaluation from a licensed mental health provider should be sought and a referral list provided. Parents/guardians may choose to have their child evaluated before a re-entry. If parents/guardians choose not to have their child examined by a licensed medical professional they will be required to sign a waiver (S-12d) that they have been counseled and chose not to submit their child to an evaluation. A re-entry meeting should be scheduled for the student's return. Follow up will be done by the building administrator and counselor. Any subsequent offenses will result in the full implementation of the S – 12 Procedure. Form S -12 will be used for all offenses. S 12b and c will also be given to the parents/guardians should they choose to have their child examined by an outside professional before re-entry.

Actual Attempt of Suicide

1. Immediately summon the school nurse for first aid services. Call 911 if there is any question that a life-threatening situation is involved.
2. The building principal or designee shall immediately be notified. The Superintendent of Schools or designee shall be notified.
3. Clear the area to minimize chaos and misunderstanding and to provide working room.
4. Contact the parent or guardian and advise them of the situation and what actions are being taken.
5. Notify the Director of Security and the District SAC.
6. If the student needs to go to the hospital and if the parents/guardians are not available, an administrator/ designee will accompany the child in the ambulance. DYFS then will be called to aid the student and school district.
7. Notify the SSS for consultation during the crisis. Following the crisis a member of the Child Study Team will:
 - a. Contact the parents for follow-up
 - b. Contact other professionals involved in the case for educational planning and follow-up services.
8. The SSS should inform all appropriate staff of the student's treatment. The SSS member should inform the student and his/her parent/guardian of the following:
 - a. Prior to a pupil's return to school, the parent/guardian should either have the student evaluated at the Steininger Behavioral Care, Steininger Crisis Center, Kennedy Health System or make every effort to have the student evaluated by an outside mental health professional (psychiatrist, psychologist, Licensed Professional Counselor –LPC, Master of Social Work-MSW).
 - b. Every effort should also be made to provide the District with a note from a mental health professional indicating that the student is able to return to school and is not harmful to him/her or others, and outlining a plan for follow-up care or has been evaluated by Kennedy Health System.

- c. The District reserves the right to place a pupil on home instruction in the event it is not provided with such a note and it is not otherwise demonstrated to the satisfaction of the District's professionals that the student does not present a risk of harm to him/herself or others.
- d. A member of the SSS will help the student in the re-entry process (emotional needs of the student and the environment will be addressed) the re-entry process will be with an administrator, a member of the SSS and a member of the Child Study Team. The forms S12, Report of Suicide Behaviors and S12b must be completed and distributed as noted along with all returning documentation.
 - i. Student Confidentiality will be maintained to the extent necessary to address the need for intervention and services to both the suicidal student and other affected students and should not be revealed to parties not having a need to know such information. The Child Study Team should separately maintain records.
 - ii. In the event that a student is out of school for a period exceeding 10 days as a result of suicidal ideation or suicidal attempt. Arrangements should be made to place the student on homebound instruction or an appropriate alternate educational program as soon as possible.

Actual Suicide/ Sudden Traumatic Loss

(To avoid contagion and help deal with the aftermath)

1. Communication

- a. Notify parents or guardian immediately.
- b. Notify police immediately.
- c. Notify the Superintendent immediately.
- d. Notify the SSS in the school.
- e. Generate an action plan. Involve school administration, Director of Security, SSS, District SAC and the Superintendent of Schools.
- f. The Superintendent's office will respond to all requests for information.

2. Action Plan
 - a. Prior to the next school day, assemble the faculty Notify police immediately and provide accurate information and plans for the day.
 - b. An action plan will be formed (see part 1e.) in order to:
 - i. deal with the current school situation;
 - ii. plan for and deal with problems which may arise.
 - c. Memorialization activities: see memorialization page
3. Students
 - a. Give the students the facts.
 - b. Permit students to discuss their shock, feelings of loss, good, and bad memories of the person, and to participate in discussion of depression, death and suicide in class or in small group situation with the appropriate staff.
 - c. Discussions should be in small groups with adult input
 - d. Identify and monitor pupils close to victim.

Actual Attempt of Homicide

1. Immediately summon the building administrator and school nurse if first aid is needed. Call 911 if there is any question that a life-threatening situation is involved. The Director of Security, Superintendent of Schools and the District SAC shall be notified
2. Campus Security/ Cherry Hill Police will contain the situation/student in a way that will prevent the possibility of further attack. They will clear the area to minimize chaos and misunderstanding and to provide working room.
3. The building administrator/designee will contact the parent/guardian and advise them of the situation and what actions are being taken.
4. The administrator/designee will contact the parent/guardian of the student(s) who were threatened or involved.
5. If the student needs to go to the hospital and if the parents/guardians are not available, an administrator/ designee will accompany the child in the ambulance. DYFS then will be called to aid the student and school district.

6. Notify the SSS for consultation during the crisis. Following the crisis a member of the Child Study Team will:
 - a. Contact the parents/guardians for follow-up
 - b. Contact other professionals involved in the case for educational planning and follow-up services.
7. The SSS should inform all appropriate staff of the student's treatment. The SSS member should inform the student and his/her parent/guardian of the following:
 - a. Prior to a pupil's return to school, the parent/guardian should either have the student evaluated at the Steininger Behavioral Care, Steininger Crisis Center or make every effort to have the student evaluated by an outside mental health professional (psychiatrist, psychologist, Licensed Professional Counselor –LPC, Master of Social Work-MSW), or Kennedy Health System.
 - b. Every effort should also be made to provide the District with a note from a mental health professional indicating that the student is able to return to school and is not harmful to him/her or others, and outlining a plan for follow-up care or has been evaluated by Steininger Behavioral Care, Steininger Crisis Center, or Kennedy Health System.
 - c. The District reserves the right to place a pupil on home instruction in the event it is not provided with such a note and it is not otherwise demonstrated to the satisfaction of the District's professionals that the student does not present a risk of harm to him/herself or others.
8. A member of the SSS will help the student in the re-entry process (emotional needs of the student and the environment will be addressed) the re-entry process will be with an administrator, a member of the SSS and a member of the Child Study Team. The forms S12, Report of Suicide Behaviors and S12b must be completed and distributed as noted along with all returning documentation.
 - a. Student Confidentiality will be maintained to the extent necessary to address the need for intervention and services to both the suicidal student and other affected students and should not be revealed to parties not having a need to know

such information. The Child Study Team should separately maintain records.

- b. In the event that a student is out of school for a period exceeding 10 days as a result of suicidal ideation or suicidal attempt. Arrangements should be made to place the student on homebound instruction or an appropriate alternate educational program as soon as possible.

Actual Homicide

(To avoid contagion and help deal with the aftermath)

1. Communication

- a. Notify parents or guardian immediately.
- b. Notify police immediately.
- c. Notify the Superintendent immediately.
- d. Notify the SSS in the school.
- e. Generate an action plan. Involve school administration, Director of Security, SSS, District SAC and the Superintendent of Schools.
- f. The Superintendent's office will respond to all requests for information.

2. Action Plan

- a. Prior to the next school day, assemble the faculty and provide accurate information and plans for the day.
- b. An action plan will be formed (see part 1e.) in order to:
 - i. deal with the current school situation;
 - ii. plan for and deal with problems, which may arise.

c. Memorialization activities- see memorialization page

3. Students

- a. Give the students the facts.
- b. Permit students to discuss their shock, feelings of loss, good, and bad memories of the person, and to participate in discussion of depression, death and suicide in class or in small group situation with the appropriate staff.
- c. Discussions should be in small groups with adult input
- d. Identify and monitor pupils close to victim.

Memorialization

Purpose: School memorials will focus on prevention and education. Memorial activities will be temporary and will provide an opportunity for the students to express their emotions and will be supported by the school community. Schools will not create permanent memorials of any kind. Schools will avoid activities which in any way glamorize any death and in the case of suicide lead to copycat or contagion behavior.

Definitions:

Eligibility- The life of any deceased former (graduate) or current (died while enrolled in school) student/ former or current staff member.

Temporary Memorial-A temporary memorial is a time limited reaction to the notification of the death of a former or current student / staff member.

Commemorative Gifts –A commemorative gift is any donation made by any party other than the district that is intended to memorialize a former or current student / staff member. For staff members, see Policy 7530: Naming Facilities, Buildings and Plaques.

Guidelines:

Temporary Memorials-

The day after the traumatic loss, a location in the school will be dedicated to students where they can write their condolences to the student/family or staff member/family. This activity will be monitored and checked over for any inappropriate wording or for crisis response: (red flags: “I wish I was with you”; “I am going to see you soon”; etc...) The activity will be one day/or until school has completed signing (no more than two days total). In an appropriate amount of time, the paper will be given to the family. Temporary memorials do not include items such as yearbook pictures, media of any kind or recognition at graduation.

Commemorative Gifts:

1. Establish a memorial scholarship fund for graduating seniors-
Family members will be able to set the guidelines/requirements and the funds will be maintained until exhausted. The award ceremony will focus on the recipient, not the deceased; the family will be able to present the scholarship to its winner. The scholarship will be listed in the commencement booklet.
2. Donation to the Cherry Hill Educational Foundation for scholarships within the Cherry Hill School community.
3. Donations will be accepted to a school where a family/community program has raised funds for the good of the school community. For example: Donations of library books, equipment, facility upgrades, etc... All correspondence/ceremonies for the gratitude of the donation will only include recognition of the group. No mention of the deceased will be noted. (No wording indicating the gift is a memorial i.e. “In memory of...” can be inscribed on the donation or within the correspondence/ceremony.) For staff members, see Policy 7530: Naming Facilities, Buildings and Plaques.

Community Foundations:

Direct family members or students to existing foundations or suggest that they create a new foundation for the purpose of prevention, education or research.(For example: collecting funds for Alex’s Lemonade stand, to collect funds for cancer research), this will be conducted outside of school. If a school wide charity function is considered, the approval of school administration and the school superintendent will be required. Consulting to the district SAC maybe required when a function is questionable.

The Cherry Hill School District will continue to provide Grief Groups which may be instituted through the Guidance Department and the Student Assistance Programs at the schools that have been affected by the death of the former or current student. These groups of students will be formed by student, staff member and or parent referral and will be short-term; focusing on the grieving process. All students will be interviewed for appropriateness for the group setting. The school counselor/ SAC will set the guidelines for the groups.

Existing memorials which were established before the adoption of this procedure will remain within the individual schools, unless the original donor requests a change, which will be subject to the provisions of this District Memorial procedure. No artificial decorations will be allowed as an enhancement to the existing memorials.

The Cherry Hill School District retains its authority to manage all public buildings and properties deemed for the education of the township’s children. As a public entity, the guiding principles of equity, responsible use of public funds, and the implementation of best practice at all times underlies this procedure. Therefore, the enforcement of this procedure will be without exception.

References:

The Doughy Center, 2007. “Helping the Grieving Student: A Guide for Teachers”
 The Doughy Center, 2007. “When Death Impacts Your School: A Guide for School Administrators”
 The National Institute for Trauma and Loss in Children. “School Memorials: Should We? How Should We?”

This procedure shall be placed in the teacher’s handbook and in-service will be made available, as needed.

- Attachments:**
- (1) Behaviors Indicative of Possible Suicide Ideation
 - (2) Form D- Classroom Guidelines- reducing contagion after a suicide
 - (3) Bibliography of books and journal articles
 - (4) Form S-12
 - (5) Form S-12a
 - (6) Form S-12b
 - (7) Forms S-12c
 - (8) Mental Health Resource List

Approved: 9/85

Revised: 11/20/01, 1/28/03, 2/3/04, 10/26/04, 8/30/05, 10/24/06, 12/06, 4/07, 11/08, 3/09, 5/26/09, 2/23/10, 4/26/11

BEHAVIORS INDICATIVE OF POSSIBLE SUICIDAL IDEATION

Overview of suicidal behaviors and inclinations:

The most common reasons for suicidal behaviors in students are:

1. Feelings of worthlessness
2. Neglect and loneliness
3. A significant loss (death, divorce, romantic breakup, disappointment, etc.)
4. Severe family turmoil or disorganization
5. Rootlessness (constant moving around and uprooting)
6. Failure (not making the team, not reaching a goal, poor grades)
7. Getting even (resentment, vengeance)
8. Feelings of being misunderstood or unappreciated by family and friends
9. The pressure of trying to live up to what other people want
10. Lack of meaning in life, something to stand for (lack of purpose and values)
11. Alcohol and drug abuse/thrill seeking, risky behaviors
12. Object of cruel and on-going abuse by peers and social isolation
13. History of suicide in family or of important others in life
14. Diagnosed or undiagnosed medical and/or mental illness

The warning signs of suicide:

The forewarnings of suicide fall into four general categories:

A. Verbal warning signs

1. Direct verbal statements – speak directly of suicide, make blatant statements about ending one’s life, such as the following:
 - a. “I’m going to kill myself.”
 - b. “I want to die.”
 - c. “I can’t go on anymore.”
 - d. “I wish I were dead.”
 - e. “I wish I were never born.”
 - f. “No one cares what happens to me.”
 - g. “I’d like to go to sleep and never wake up.”
 - h. “I’ll kill myself and then my (parents/guardians, friend....) would really be sorry for the way they treated me.”

2. Implicit of indirect statements about ending it all, such as these:
 - a. "I won't be a problem for you much longer."
 - b. "You won't have to worry about me anymore."
 - c. "Nothing matters."
 - d. "I don't have a fear of dying."
 - e. "It would be nice to join my dead... (mother, sister, etc.)"
 - f. "A special day is approaching."
 - g. "Life's a drag, too tough."
3. Joke a lot about suicide
4. Say things that reveal a preoccupation with death and dying:
 - a. Continually dwell on morbid themes in letters, notes, poetry, etc.
 - b. Dwell on the topic of life after death
 - c. Write a suicide note
 - d. Acknowledged suicide ideation

B. Behavioral Warning Signs:

1. Give away possessions of great personal or sentimental value.
2. Put affairs in final order, i.e. make a will or suddenly reconcile with longtime enemies
3. Change in eating habits – eating too little or too much, with drastic weight loss or gain, i. /e. anorexia or bulimia
4. Change in sleeping habits – sleeping too much or has insomnia – chronic fatigue
5. Change in grooming habits – becomes extremely sloppy, disheveled, shows a lack of interest in hygiene
6. Body preoccupation – feels too fat, ugly, compares self to others.
7. Persistent physical symptoms – stomachache, headache, fatigue
8. Dwindling academic performance and poor attendance
9. Lacks interest in previously enjoyed activities
10. Withdrawal from family and normal contacts, i.e. changing friends and peer groups, avoiding home or running away from home
11. Increasingly irritable, moody, aggressive, argumentative, violent and rebellious
12. Persistently sad, strong feelings of worthlessness, guilt and helplessness
13. Sexual promiscuity
14. Shows difficult in concentrating; suddenly hyperactive; disorganized; impulsive
15. Has made suicidal gestures: self-inflicted wounds, burns, and disfigurement
16. Self-abusive behaviors – increased drugs and alcohol use
17. Uses daredevil, risk-taking tactics and behaviors; "accident" prone
18. Seems irrational and out of touch with reality

C.Suicidal Warning Signs (Higher Risk)

1. Socially isolated (no friends or only one friend); having trouble holding on to friends
2. Breakup with girlfriend or boyfriend
3. Has a record of school failure or truancy (may have dropped out)
4. Major disciplinary problem when in school – in trouble with school authorities or police
5. Recent move to a new school
6. Live in a turbulent or troubled home
 - a. Comes from a broken home or family in crisis
 - b. Has experienced alcoholism or drug abuse in the family or self
 - c. Is not currently living at home
 - d. Is abused (physically, sexually, verbally, or neglected) or abuse in the home
 - e. Severe parental conflict
 - f. Inability to relate to parents/guardians; parents/guardians aloof; uninvolved, emotionally unavailable
 - g. Pressures for high achievement to gain approval
7. Has made previously unsuccessful suicide attempts
8. Has a suicide history among family or friends
9. Has had a significant loss (death, divorce, breakup, etc.)
10. Dealing with the anniversary of a significant loss
11. Is a disabled individual (physical disability or learning disability) and display any of the above
12. Severe or chronic physical illness in oneself or in some significant other
13. Is a highly self-critical perfectionist
14. Inability to deal with school pressures
15. A disappointment in not being accepted by a sports team, social organization or peer group

D.Syndromic Clues

1. Significant depression or dependence
2. Has a history of diagnosed or undiagnosed medical and/or mental illness
3. Seems to experience haplessness, helplessness, and hopelessness:
 - a. Haplessness: everything seems to go wrong for the individual
 - b. Helplessness: the person doesn't seem to know or care how to get back on track
 - c. Hopelessness: all hope is gone; feels trapped and without options

Talking About Death by Suicide in the Classroom

Reducing Contagion after a Suicide

When students are brought together after this news, it is important that a guideline has been established in order to have the proper classroom atmosphere for this sensitive discussion.

A. If the classroom engages in a discussion on the loss. (Meaning not all classrooms will engage in this discussion, depending on how removed the students are from the event) Invite the students to share past experiences and feelings associated with loss- any loss will do. If the teacher is not comfortable in this discussion, a member of the SSS should be called upon to assist.

1. In the beginning, they may be eager to express themselves, some will talk, and others will remain silent. If silence ensues after the brief discussion, this silence is a defense against an overwhelming upheaval of feelings that may be on the verge of getting out of control (Steele, p.81).
2. Ask about the feelings people have in response to this news, or about feelings they have had in response to other experiences of loss. Talking about feelings helps pupils learn they are not alone in their experience. Many feelings such as anger, guilt, confusion, shame, fear, indifference, disbelief, support and blame are typical.
3. Reflect these feelings as you write any and accompanying thoughts they may have also should be expressed. Examples of these thoughts may include:
 - “She was my friend. I’m really mad that she did this.”
 - “I should have known. I should have been able to stop him.”
 - “Why? It doesn’t make sense. What’s it all mean?”
 - “Am I going to end up doing the same thing? I’ve thought about it before. Does that mean it’s going to happen?”
 - “I wish I never knew him. I don’t want anyone to know that I was his friend.”
 - “It’s just one of those things. I don’t have any feelings one way or another. It was her choice, not mine.”
 - “I can’t believe it. I don’t believe it. Something else happened. It was an accident.”
 - “If it weren’t for his parents/guardians, he’d be alive.”
4. Students need to know that such reactions/feelings are normal. They need to know they may have several of these kinds of reactions over the next few weeks, month and that it takes time to work with them.
5. Ask whom pupils have talked with about feelings like these in the past. It is very important to make “Help seeking” appear as an acceptable behavior. People do not have to keep their feelings bottled up inside.
6. Ask pupils what kinds of things seemed to help them overcome past feelings associated with loss. People’s needs are different, but the important lesson is that survival of loss does occur with the help of others.

B. Invite class members to share their thoughts

1. Ask what pupils imagine this loss will be like for the deceased’s close friends and family. (Some of these close friends may be in the classroom, offering the teacher a chance to gauge level of impact death is having upon school peers.)

2. Ask pupils what they imagine it will be like in the coming days and weeks for pupils, with respect to participating in everyday school activities and taking part in upcoming school events. These questions help people begin thinking about their futures and dealing with problems they imagine may occur.
3. Ask pupils what suggestions they have for ways to help each other deal with this tragic loss in positive ways. Again, the emphasis is upon making this experience a shared experience, and looking toward the future. It is especially important to help pupils understand that moving on with their lives does not mean an end to caring.
4. Time taken in classroom discussion following news of a death by suicide should not be viewed as a substitute for the individualized attention some pupils will need in dealing with this kind of event. However, if this type of classroom discussion can be undertaken with sensitivity to pupil's needs, the teacher may find reorienting pupils to ongoing classroom demands easier to accomplish than if pupils are left entirely to their own devices in handling this type of news.
5. When they ask, "Why?"
It is human nature for students to ask this question, especially regarding suicide. It helps reduce their sense of powerlessness but can never be adequately answered. Explain that there is not simple answer or maybe no answer at all.
6. It should be stressed that no one can be blamed for another person's suicide, to assuage any feelings of guilt or self-blame on the part of those close to the deceased. In addition, many times other peers will directly or indirectly blame those who were significant in the life of the deceased, thus the contagious nature of suicide.
7. If the classroom facilitator has any concerns, they must refer to the SSS who will work with the student and possibly refer out for professional services.
8. Preparing for the sibling of the victim to return to school will be important. Making sure that classmates have a discussion on appropriate ways of sharing thoughts of grief before the student returns to the classroom. Preparing the teachers response as well will be modeling behaviors for the classroom.

ATT. #2 TO ADMN. PROCEDURE S-12: SUICIDE/HOMICIDE BEHAVIORS

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ATT. #2 TO ADMN. PROCEDURE S-12: SUICIDE/HOMICIDE BEHAVIORS

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CHERRY HILL PUBLIC SCHOOLS

Cherry Hill, New Jersey

REPORT OF SUICIDE/HOMICIDE BEHAVIORS

DATE: _____ SCHOOL: _____

NAME OF PUPIL: _____

ADDRESS: _____

AGE: _____ GRADE: _____ RACE: _____

PLEASE CHECK () ONE OF THE FOLLOWING:

SUICIDAL IDEATION

SUICIDE ATTEMPT

COMPLETED SUICIDE

HOMICIDAL THREAT/ATTEMPT

BRIEF DESCRIPTION: _____

PERSONNEL INVOLVED: _____

DISPOSITION: _____

Contact with parents/guardians:

Follow up plan: _____

SIGNATURE: _____

Cc: Nurse; SAC/ District SAC

CHERRY HILL PUBLIC SCHOOLS
Malberg Administration Building
45 Ranoldo Terrace
Cherry Hill, NJ 08034

From: _____ SSS name.

(Name of School)

(Phone Number)

To the Mental Health Professional:

Re: _____

Please assess the above named student because he/she:

___ Has expressed thoughts of suicide ideation

___ Has expressed threats of homicide

___ Has expressed thoughts of suicide ideation with self-inflicted wounds to be

examined: _____

___ Has actually attempted suicide by means of _____

In order for the student to be re-admitted to the school, the student SHOULD HAVE A MENTAL HEALTH PROFESSIONAL'S NOTE indicating that the student is not a danger to him/her or others at the time of the evaluation.

Note: Upon discharge, the student should receive the telephone number for the screening center or other appropriate emergency service/community resources. Please include the referral information necessary for follow-up care with any recommendations to the school.

Thank you and please call if we can be of further assistance.

CHERRY HILL PUBLIC SCHOOLS

Malberg Administration Building
45 Ranoldo Terrace
Cherry Hill, NJ 08034

Date:

To the Parent/Guardian of:

(student name)

The Cherry Hill Public Schools have been made aware that your child, _____ has communicated a suicide ideation /intent to commit suicide or a homicidal threat.

- 1) If you are presently involved in counseling, consult with your therapist immediately.
- 2) If your child is not already involved in counseling, we urge you to take your child to the Steininger Behavioral Care, Steininger Crisis Center to be evaluated. If you are unable or unwilling to do so, the Student Support Staff is obligated to inform the appropriate agencies (DYFS.)
- 3) Prior to your child's return to school, your child must have been evaluated at the Crisis Behavioral Care, Crisis Center, Kennedy Health System or by an outside mental health professional (psychiatrist, psychologist, License Professional Counselor – LPC, Master of Social Work – MSW.)

Your child should be kept under constant supervision until he/she can be evaluated by a mental health professional. Please telephone your child's Building Principal during the next school day to inform us of the results of your contacts with the mental health professional.

Prior to your child's return to school, you should either have your child evaluated at the Steininger Behavioral Care, Steininger Crisis Center, Kennedy Health System, or make every effort to have him/her evaluated by an outside mental health professional (psychiatrist, psychologist, Licensed Professional Counselor –LPC, Master of Social Work-MSW). Every effort should also be made to provide the District with a note from a mental health professional indicating that your child is able to return to school and is not harmful to him/her or others, and outlining a plan for follow-up care. The District reserves the right to place your child on home instruction in the event it is not provided with such a note and it is not otherwise demonstrated to the satisfaction of the District's professionals that your child does not present a risk of harm to him/herself or others.

Sincerely,

(SSS Member Signature)

(SSS Member Name)

PARENT ACKNOWLEDGMENT

I have been made aware of my child's suicide ideation, intent to commit suicide or threat of homicide. I have also been advised of the mental health resources that may offer therapeutic intervention for my child.

(Parent or Guardian Signature)

(Parent or Guardian Name)

(Date)

Cherry Hill Public Schools
Malberg Administration Building
45 Ranoldo Terrace
Cherry Hill, NJ 08034

Date:

To the Parent/Guardian of:

(Student Name)

In order to have your son/daughter fully evaluated, the SSS team has requested that school records be forwarded to the Mental Health professional/Steininger-Camden County Crisis/Kennedy Health System.

PARENT CONSENT

I give permission to the Cherry Hill Public Schools to release any school records pertaining to my child to the applicable mental health professional for a comprehensive evaluation.

(Parent or Guardian Signature)

(Parent or Guardian Name)

(Date)

Cherry Hill Public Schools
Malberg Administration Building
45 Ranoldo Terrace
Cherry Hill, NJ 08034

Procedure S-12 Waiver (for Pre K-Grade 2 Students only)

Student Name:	
Date of Incident:	
School:	
Administrator:	

The above named child is in violation of our S -12 Procedure:

_____ Suicide Ideation

_____ Homicide Ideation

We the parents and or guardians of the student have been notified as to the seriousness of the infraction. A referral list has been provided to us, should we choose to have our child examined by an outside mental health professional. We have declined to have our child evaluated by an outside mental health professional.

Parent/Guardian #1 Signature: _____

Parent/Guardian #2 Signature (as needed): _____

Administrator signature: _____

Date of consultation: _____

Cherry Hill Public Schools

MENTAL HEALTH RESOURCE LIST

In order to return to school, the student must have an outside Licensed Professional's note or has been evaluated by Kennedy Health System/ Steininger indicating that the student is able to return to school and is not harmful to him/her or others. (All expenses are the family's responsibility)

- 1. Steininger Behavioral Care
Crisis Services
Crisis Children Specialist
Call: (856) 428-4357 to schedule evaluation**

- 2. Kennedy Health System- Attn: Michael Smeltzer.
Emergency Department, 2201 Chapel Avenue, Cherry Hill
856-488-6816 Monday – Friday 10:00 am- 6:30 pm.
(Must call ahead for timing purposes)**

- 3. Steininger Crisis Center - 2201 West Chapel Avenue, Cherry Hill
(Next door of Kennedy Hospital main entrance)
856-428-4357**

OR the family may choose their own Mental Health Professional (psychiatrist, psychologist, Licensed Professional Counselor- LPC, or Master of Social Work- MSW) at their expense.