

**AB 2246: Suicide  
Prevention, Intervention,  
and Postvention**

**Chelsea Hood, M.A., PPS  
School Psychologist**

**Lemoore Union High School District**

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**AB 2246- An Introduction**



- Author: Assemblymember Patrick O'Donnell, 70th District (D- Long Beach)
  - Cosponsors: Equally California, The Trevor Project
- Legislation approved by Governor Brown and chaptered by Secretary of State Padilla in September of 2016 (National Suicide Prevention Awareness Month)




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**AB 2246: Pupil Suicide Prevention Policy Requirements**

- Requirement of all local educational agencies (LEAs), including County Offices of Education, school districts, state special schools, and charter schools
- The pupil suicide prevention policy must:
  - Be implemented by all LEAs that serve students in grades 7-12 before the start of the 2017-2018 school year
  - Be developed in consultation with school and community stakeholders, school employed mental health professionals, and suicide prevention experts
  - Address procedures relating to suicide prevention, intervention, and postvention

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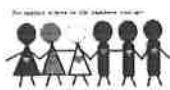
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### Requirements, continued



- The suicide prevention policy must specifically address:
  - Needs of high-risk groups
    - Youth bereaved by suicide
    - Youth with disabilities, mental illness, or substance abuse disorders
    - Youth experiencing homelessness or those in out-of-home settings, such as foster care
    - LGBTQ+ youth




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### Requirements, continued



- Suicide Awareness and Prevention Training (prevention, intervention, and postvention)
  - Teachers of students in grades 7-12
  - Identify appropriate mental health services, both at school and in the community
  - Instructions on how to refer students for these services
- School employees may act only within the authorization and scope of the employee's credential or license
  - May not perform non-credentialed or licensed diagnosis or treatment

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### A Look at LUHSD: Prevention



- - Training provided to all staff during buy-back days
  - Included info on at-risk groups, warning signs
  - Policy manual review- district policy on how to report concerns at school and during non-school hours

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**Prevention**

- **Prevention- Students**
  - Presentation to all students during English period targeting:
    - Warning signs
    - Depression vs sadness
    - How to help a friend
    - Resources at school and in the community
    - Crisis hotlines cards to all teachers and in all offices
    - Crisis hotlines signs in student restrooms
    - Crisis hotlines stickers on the back of student ID cards


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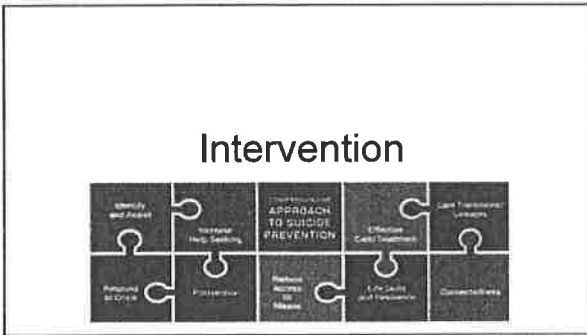
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**Intervention**

LUHSD has response procedures dependent on type of suicide threat:




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### Intervention



- staff member learns that a student has expressed suicidal ideations (spoken, written, posted, etc.), or signs of distress, they contact the student's school counselor for an initial screening.
- If a student is concerned about a peer they will notify a staff member.
- The school counselor will:
  - notify the principal/designee
  - provide/arrange supervised transportation to the office
  - conduct an initial threat assessment to determine risk and intervention(s)

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### Intervention: Screening

- LUHSD has attempted to utilize evidenced-based and research-based practices and resources.
- Columbia-Suicide Severity Rating Scale (C-SSRS)
  - The C-SSRS is a questionnaire to help guide questions
  - Developed by multiple institutions, including Columbia University, with NIMH support
  - The scale is evidence-supported
  - Implemented across many settings, including schools, college campuses, military, fire departments, the justice system, primary care and for scientific research

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### Intervention: Suicidal Threat Screening

- administrator, YDO, or school psychologist
- If the student has expressed suicidal ideations or intent, another crisis response team member will be notified to assist
- In addition to interviewing the student, guardians and teachers will be interviewed as appropriate




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SUICIDAL IDEATION		Lifetime	Last 1 month
<p><b>1. Thoughts of suicide:</b> If you are currently, or have been, suicidal, answer the question in question 1 a, your last question 1 d and 1 e. If the answer to question 1 and e is "I am currently suicidal," answer below.</p> <p><b>1a. What is the threat?</b></p> <p>Include substance thought about a risk to be dead or not able anymore, or wish to fall along with or with up.</p> <p>Have you wished you were dead or wished you could go to sleep and just wake up?</p> <p>Yes No Yes/No  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>			
<p><b>2. Non-specific Active suicidal Thoughts:</b></p> <p>General non-specific thoughts of wanting to end one's life by suicide (e.g., "I've thought about killing myself" - within duration of year to full overall assessment period, most or less during the assessment period).</p> <p>Have you actually had any thoughts of killing yourself?</p> <p>Yes No Yes/No  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>			
<p><b>3. Active suicidal thoughts with any Methods (Cut Plans) without intent to Act:</b></p> <p>Specify substance thought of suicide and how thought of, at least one method during the assessment period. This is different than a specific plan with some plan or method already worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would act. Thought about killing or someone got a letter with a specific plan (e.g. when when not sure if would actually do it, and would never go through with it).</p> <p>Yes No Yes/No  <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/></p>			

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INTENSITY OF IDEATION		Lifetime	Last 1 month
<p>The following questions should be rated with respect to the most serious type of ideation in # 1-3 from above, with 1 being the least severe and 5 being the most severe. All about time scale was during the most notable.</p> <p><b>Lifetime - Most Severe Ideation</b> Type 1 (1-5)</p> <p>Description of Ideation:</p> <p>Most Severe</p> <p>Most Severe</p> <p><b>Last 1 Month - Most Severe Ideation</b> Type 1 (1-5)</p> <p>Description of Ideation:</p>			
<p><b>Frequency:</b></p> <p>How many times have you had these thoughts?</p> <p>(1) Less than once a week (2) Once a week (3) 2-3 times a week (4) Daily or almost daily (5) More times each day</p>			
<p><b>Duration:</b></p> <p>How long have the thoughts been going on?</p> <p>(1) 1-2 hours (2) 3-6 hours (3) 7-12 hours (4) 1-2 days (5) More than 2 days</p>			

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Deterrents		Lifetime	Last 1 month
<p>Are there things - anyone or anything (e.g., family, religion, pain of death) - that stopped you from carrying it out or acting on thoughts of suicide?</p> <p>(1) Deterrent definitely stopped you from attempting suicide (4) Deterrent more likely did not stop you</p> <p>(2) Deterrent probably stopped you (5) Deterrent definitely did not stop you</p> <p>(3) Uncertain that deterrent stopped you (0) Does not apply</p>			
<p><b>Reasons for Ideation</b></p> <p>What part of reasons did you have for thinking about wanting to die or killing yourself? Was it to end the pain or stop the way you were feeling (the other words you couldn't go on living with this pain or how you were feeling) or was it to get attention, revenge or a reaction from others? Or both?</p> <p>(1) Completely to get attention, revenge or a reaction from others</p> <p>(2) Mostly to get attention, revenge or a reaction from others</p> <p>(3) Equally to get attention, revenge or a reaction from others</p> <p>(4) Mostly to end or stop the pain (you couldn't go on living with the pain or how you were feeling)</p> <p>(5) Completely to end or stop the pain (you couldn't go on and to end stop the pain being with the pain or how you were feeling)</p> <p>(0) Does not apply</p>			

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	Teacher	Parent
<p><b>STANDARD 4: ADOLESCENT</b>  <b>Standard 4: Adolescent</b>          4.1. Identify and describe the normal physical, social, and affective development of adolescents.          4.2. Describe the normal physical, social, and affective development of adolescents.          4.3. Identify and describe the normal physical, social, and affective development of adolescents.          4.4. Identify and describe the normal physical, social, and affective development of adolescents.          4.5. Identify and describe the normal physical, social, and affective development of adolescents.          4.6. Identify and describe the normal physical, social, and affective development of adolescents.          4.7. Identify and describe the normal physical, social, and affective development of adolescents.          4.8. Identify and describe the normal physical, social, and affective development of adolescents.          4.9. Identify and describe the normal physical, social, and affective development of adolescents.          4.10. Identify and describe the normal physical, social, and affective development of adolescents.          4.11. Identify and describe the normal physical, social, and affective development of adolescents.          4.12. Identify and describe the normal physical, social, and affective development of adolescents.          4.13. Identify and describe the normal physical, social, and affective development of adolescents.          4.14. Identify and describe the normal physical, social, and affective development of adolescents.          4.15. Identify and describe the normal physical, social, and affective development of adolescents.          4.16. Identify and describe the normal physical, social, and affective development of adolescents.          4.17. Identify and describe the normal physical, social, and affective development of adolescents.          4.18. Identify and describe the normal physical, social, and affective development of adolescents.          4.19. Identify and describe the normal physical, social, and affective development of adolescents.          4.20. Identify and describe the normal physical, social, and affective development of adolescents.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not a Teacher</p> <p><input type="checkbox"/> Not a Parent</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not a Teacher</p> <p><input type="checkbox"/> Not a Parent</p>

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Introduction: Check all risk and protective factors that apply. To be completed following the student interview process of medical history(A) and (V) consultation with parent, teacher, and/or other professionals.	<b>RISK ASSESSMENT CHECKLIST</b>		
Part 3	Subsidiary and self-reporting behavior	Subsidiary	Child Safety (Drawing)
<input type="checkbox"/> Abuse	<input type="checkbox"/> Bullying	<input type="checkbox"/> Self-harm	<input type="checkbox"/> Risky behavior
<input type="checkbox"/> Anxious or obsessive-compulsive disorder	<input type="checkbox"/> Major depressive episode	<input type="checkbox"/> Subst. use	<input type="checkbox"/> Suicide risk
<input type="checkbox"/> Alcohol or self-harm	<input type="checkbox"/> Other psychiatric/behavioral disorder	<input type="checkbox"/> Severe mental health issues	<input type="checkbox"/> Other safety concerns
<input type="checkbox"/> Check other factors in Part 3	<input type="checkbox"/> Risk to self	<input type="checkbox"/> History of abuse/neglect	<input type="checkbox"/> Family structure
<input type="checkbox"/> Social difficulties	<input type="checkbox"/> Severe emotional/psychological problems	<input type="checkbox"/> Current physical health problems	<input type="checkbox"/> Current emotional/psychological problems
<input type="checkbox"/> Not within specific plan or manual in use	<input type="checkbox"/> Severe mental health issues	<input type="checkbox"/> Current physical health problems	<input type="checkbox"/> Current emotional/psychological problems

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Standard 1: Adolescent	Subsidiary	Child Safety (Drawing)
<input type="checkbox"/> Abuse	<input type="checkbox"/> Bullying	<input type="checkbox"/> Self-harm
<input type="checkbox"/> Anxious or obsessive-compulsive disorder	<input type="checkbox"/> Major depressive episode	<input type="checkbox"/> Subst. use
<input type="checkbox"/> Alcohol or self-harm	<input type="checkbox"/> Other psychiatric/behavioral disorder	<input type="checkbox"/> Severe mental health issues
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**Intervention: Suicidal Act or Attempt on School Grounds or During a School-Sponsored Activity**

- Locate individual and follow emergency response procedures
- Remove students and arrange for supervision
- Crisis Team is notified
  - the attempt
  - Provide supportive counseling and document all actions taken.
  - Follow up with individual and family

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**Intervention: Out-of-School Suicide Threats/ Attempts**



Suicidal Threats

Maintain contact with the student (either in person, online, or on the phone) until police and/or parents have been contacted.

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**Intervention: Out-of-School Suicide Threats/ Attempts**

Suicide Attempts

1. Call the police and/or emergency medical services, such as 911.
2. Inform the student's parent/guardian.
3. Inform the principal.
4. Principal/designee will contact the Crisis Prevention Site Coordinator.
5. Crisis Prevention Site Coordinator will contact the Crisis Prevention District Coordinator.
5. The Crisis Prevention Site Coordinator will notify the Crisis Response Team.

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### Intervention: Substantive Screening or Attempts

- Requires re-entry meeting
- Follow up
- Guardian contact

66  
 90% OF PARENTS ARE  
 UNAWARE THEIR  
 CHILD HAS  
 ATTEMPTED SUICIDE

99  
 Lisa M. Horowitz, PhD, MPH, National Institute of  
 Mental Health, 2016

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### Documentation: Substantive Screening or Attempts

**PARENTS YOU NEED TO KNOW ABOUT YOUR CHILD'S SUICIDE**

Learn suggested strategies for talking to your child, support and resources, and how to help your child get the help they need. This app is designed to help you understand your child's mental health and how to help them get the help they need.

**Key Takeaways:**

- Talk to your child about their feelings and thoughts.
- Listen to your child without judgment.
- Encourage your child to talk to a professional.
- Help your child get the help they need.

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### Documentation & Resources

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### Documentation & Resources

**RESEARCH**

**LIST OF RESOURCES**

**Single County Behavioral Health and Recovery**  
 1700 Alameda Street, Suite 200  
 Oakland, CA 94612  
 (510) 534-1200


**Single County Community Justice Alliance**  
 1700 Alameda Street  
 Oakland, CA 94612  
 (510) 534-1200

**Placer and Nevada Counties (Military) Department**  
 Support Agreements  
 800-424-2473  
 1700 Alameda Street, Suite 200  
 Oakland, CA 94612

**LIST OF CHANGEMATS**

**Central Valley Health Assessment Studies**  
 800-424-2473  
 1700 Alameda Street  
 Oakland, CA 94612

*Check individual reports, memorandums, case presentations and resource information for more on these and identify other studies that are a benefit for you to read. All reports are confidential and for use of clients. Other Languages: Spanish, Tagalog, Punjabi. Additional resources offered via Language Line Services.*



**MEMORANDUM FOR THE BOARD OF DIRECTORS OF THE UNIVERSITY OF CALIFORNIA**

TO: \_\_\_\_\_

FROM: \_\_\_\_\_

SUBJECT: \_\_\_\_\_

DATE: \_\_\_\_\_

1. Purpose of the memorandum is to \_\_\_\_\_

2. The information is being provided to you for your information and to assist you in your decision-making.

3. The information is being provided to you for your information and to assist you in your decision-making.

4. The information is being provided to you for your information and to assist you in your decision-making.

5. The information is being provided to you for your information and to assist you in your decision-making.

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## Postvention

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### Postvention

An organized response in the aftermath of a death by suicide to accomplish:

- To facilitate the healing of the grief, trauma, and distress resulting from a death by suicide
- To mitigate negative effects of exposure to suicide
- To prevent death by suicide among students and/or staff who are at high risk after exposure to a death by suicide
- Ensure effectiveness after a death by suicide has occurred

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### LUHSD Postvention Procedures Overview

- Notify D.O.
- Notify and assemble CRT
  - checklist
- Schedule staff meeting
- Secure county resources
- Identify friends and family of student/staff member
- Aeries
- Media
- Make contact with family
- Notify students
- Staff resources (e.g., EAP)
- Student resources (school-based, referrals, etc.)

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### Postvention: Actions to Avoid

- Do not announce the death of anyone over the public address system.
- Do not hold an assembly program or bring large groups of students together in one place to discuss suicide.
- Avoid canceling school, classes or pre-planned activities
  - students find comfort in following their normal routine when they are under stress, within reason.

Researchers had long observed, a suicide "copycat" effect, which predicts an increase in suicides after a single high-profile suicide. Some studies have suggested up to 13 percent of suicides are copycat suicides that can be explained by "suicide clustering."

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### Postvention: Memorials

- Staff initiated on-campus memorials (e.g. photos, flowers)memorials will not be permitted
- Student initiated memorials will be removed during a natural break (e.g., weekend, school holiday, etc.)
  - will include a focus on how to prevent future suicides
  - resources will be disseminated.
- Flag will not be flown at half-mast
- School will not be cancelled for the funeral




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### Postvention: Documents



**MANAGEMENT OF FUNERAL SERVICES**  
 The purpose of this policy is to provide guidelines for the management of funeral services for students who die while attending the University of North Carolina at Chapel Hill. This policy applies to all students who die while attending the University of North Carolina at Chapel Hill.

1. Notify the appropriate campus police or law enforcement agency.
2. Notify the appropriate campus police or law enforcement agency.
3. Notify the appropriate campus police or law enforcement agency.
4. Notify the appropriate campus police or law enforcement agency.



**POSTVENTION PROCEDURES FOR THE UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL**  
 The purpose of this policy is to provide guidelines for the management of funeral services for students who die while attending the University of North Carolina at Chapel Hill. This policy applies to all students who die while attending the University of North Carolina at Chapel Hill.

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Postvention: Documents

Outline of Initial Meeting (taken from an email to address the following points)

- Introduce the Crisis Response Team members
Share accurate information about the death
Allow staff an opportunity to express their own reactions and grief
Provide appropriate faculty with a scripted death notification statement for students
Prepare for student reactions and questions by providing handout to staff on Talking About Suicide and Facts About Suicide and Mental Disorders in Adolescents
Explain plans for the day, including locations of crisis counseling rooms
Remind all staff of the important role they may play in identifying changes in behavior among the students they know and see every day, and discuss plans for handling students who are having difficulty
Brief staff about identifying and referring at-risk students as well as the need to keep records of these efforts
Apprise staff of any outside crisis responders or others who will be assisting
Reassign staff of student dismissal protocols for funeral ones approved by family
Remind staff to refer all media inquiries to the Superintendent or appointed designee

Horizontal lines for notes.

Postvention: Documents

End of the First Day

It can also be helpful for the Crisis Response Team Leader and/or the Team Coordinator to have an all-staff meeting at the end of the first day. This meeting provides an opportunity to take the following steps:

- Offer verbal appreciation of the staff
Review the day's challenges and successes
Debrief, share experiences, express concerns, and ask questions
Check in with staff to assess whether any of them need additional support, and refer accordingly
Disseminate information regarding the death and/or funeral arrangements
Discuss plans for the next day
Remind staff of the importance of self-care
Remind staff of the importance of documenting crisis response efforts for future planning and understanding

Horizontal lines for notes.

Postvention: Documents



Department of Health Services

Sample Death Notification Statement for Parents/Guardians
It is with great sadness that we have lost one of our students, [Name], to an untimely death. We are sorry that we cannot bring you back to life, but we are sorry that we cannot bring you back to life.



Department of Health Services

Sample Death Notification Statement for Parents/Guardians
I am sorry that your student is gone, but we are not alone. We are here to support you and help you through this difficult time. We are here to support you and help you through this difficult time.

Horizontal lines for notes.

**Contact Us**

If you are interested in additional resources or have questions, feel free to contact us.

Chelsea Hood

559-924-6600 X 2211 [chood@luhsd.k12.ca.us](mailto:chood@luhsd.k12.ca.us)

Kris Saavedra

559-924-6600 x 2177 [ksaavedra@luhsd.k12.ca.us](mailto:ksaavedra@luhsd.k12.ca.us)

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**Questions**

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