

School Supports, Safety Planning

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2/8/2022



Mountain Plains (HHS Region 8)

MHTTC

Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

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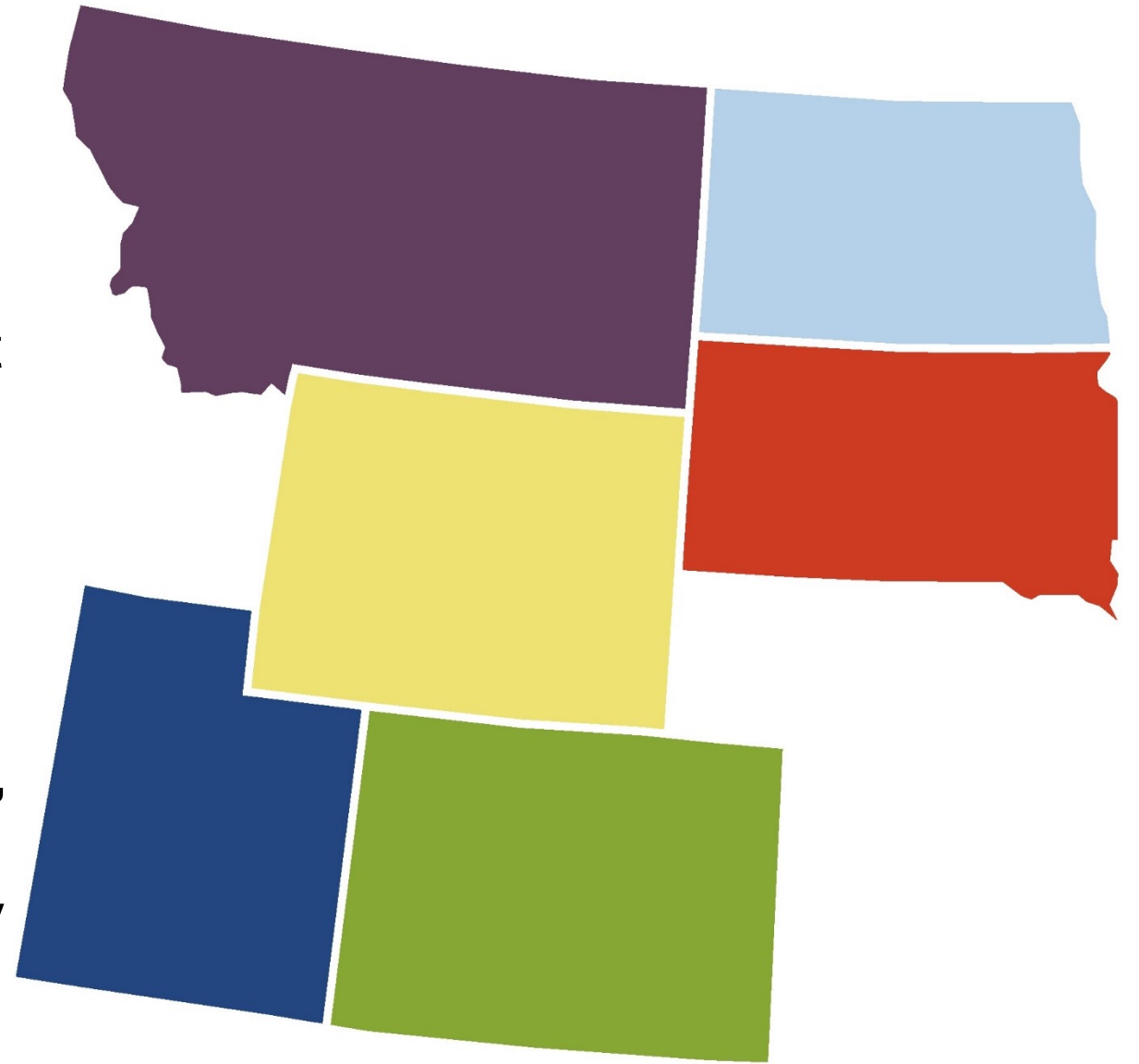
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The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.



The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

STRENGTHS-BASED
AND HOPEFUL

INCLUSIVE AND
ACCEPTING OF
DIVERSE CULTURES,
GENDERS,
PERSPECTIVES,
AND EXPERIENCES

HEALING-CENTERED AND
TRAUMA-RESPONSIVE

INVITING TO INDIVIDUALS
PARTICIPATING IN THEIR
OWN JOURNEYS

PERSON-FIRST AND
FREE OF LABELS

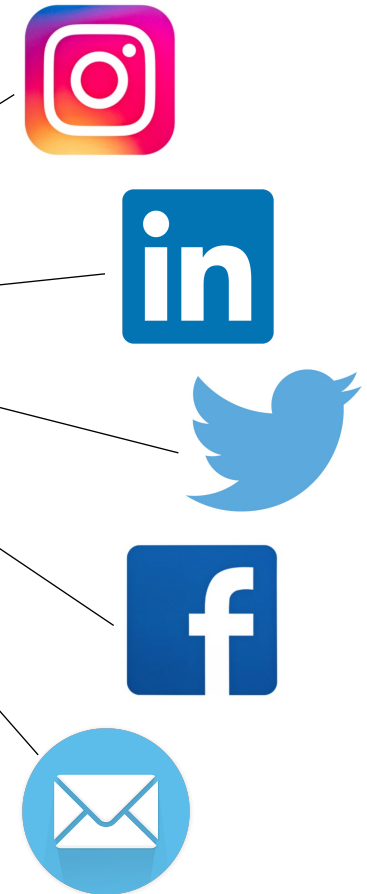
NON-JUDGMENTAL AND
AVOIDING ASSUMPTIONS

RESPECTFUL, CLEAR
AND UNDERSTANDABLE

CONSISTENT WITH
OUR ACTIONS,
POLICIES, AND PRODUCTS

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Reentry Considerations²

- ▶ Reentry meetings prior to return to school are highly encouraged especially for those identified at high risk or hospitalized for suicidal behaviors
- ▶ Purpose:
 - Determine steps needed to ensure readiness to return to school
 - Determine what's needed for a successful transition
 - Plan for the first day/first several weeks back to school
- ▶ Recommended Team Members: Admin., school-based BH professional, parent, student (as appropriate), private behavioral health providers (obtain input if they can't attend)

Reentry Considerations²

- ▶ Pre-Reentry: Assign BH staff as primary POC upon student's return to obtain input from outside providers regarding recommendations/services needed & serve as school liaison

- ▶ Transition Planning:
 - Accommodations:
 - Classwork: Consider allowing for makeup work/work extensions without penalty.
 - Future work: adjust deadlines/reduce academic expectations⁴
 - Other: accommodations/modifications to reduce stress, tutoring to assist with missed instructional time

 - Safety:
 - Alternative lunch/recess spaces
 - Determine other supervisory & monitoring needs
 - Determine plan of support when student is away from school

Reentry Considerations²

▶ Transition Planning:

- Behavioral Health Supports:

- Daily check-ins & check-outs with school BH staff for first couple of weeks
- Temporary increase of counseling supports (consider at least weekly for 21 months) P/I
- Be aware of student's warning signs
- Use this time to address ongoing concerns (social or academic)
- Provide temporary check-ins with caregivers at agreed upon intervals to provide supports
- Determine supports if student is not in school

▶ Helpful Considerations:

- Consult with hospital team/private provider to ensure student's readiness to return, continuity of services, & develop successful safety planning

Safety Planning

▶ What a safety plan is:

- A brief plan developed *collaboratively* with student/family to reduce suicide risk
- Serves as a reference point and support if thoughts of suicide occur

▶ What safety planning is not:

- Political or moral discussion
- Discussion of permanent removal of means

▶ Special notes:

- Create the safety plan after the crisis, when the person isn't experiencing intense suicidal thoughts and when they can think clearly.

Safety Plan Components⁶

1. Identify warning signs/cues and triggers of potential crises. What are triggering stressors (events, thoughts, moods, body signals, etc.)? E.g., anniversaries, losses, ...
 - Encourage to implement the plan once they're aware of their warning signs
 - Use the student's own words
2. Identify internal coping strategies. What can they use on their own without contacting anyone? E.g., relaxation techniques, exercise, funny movies, painting, journaling
3. Distracting from the crisis. What can be done to distract from their feelings or thoughts? Identify specific people or social settings that provide distractions from suicidal thoughts.

Safety Plan Components⁶

4. Identify supports – family, peers, supportive adults, etc. the student can talk with to help resolve a crisis. List contact information!
5. Identify emergency/crisis numbers and local behavioral health resources to contact during a crisis
6. Identify how to keep the environment safe. Reduce access to lethal means. Do they need to give their medication to an adult to hold?
7. List important reasons to live or how/why they're still alive**
8. Review periodically

After Safety Plan Development⁶

1. Assess the likelihood the safety plan will be used and problem solve to identify barriers to using the plan
2. Discuss where the student will keep the plan and how to locate it during a crisis
3. Ensure the format is appropriate to the individual needs of your student
4. Review periodically. Consider this plan as a working document.

Patient Safety Plan Template

Step 1. Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:

1. _____
2. _____
3. _____

Step 2. Internal coping strategies – things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):

1. _____
2. _____
3. _____

Step 3. People and social settings that provide distraction:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Place _____ 4. Place _____

Step 4. People whom I can ask for help:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

Step 5. Professionals or agencies I can contact during a crisis:

1. Clinician Name _____ Phone _____
Clinician pager or emergency contact # _____
2. Clinician Name _____ Phone _____
Clinician pager or emergency contact # _____
3. Local Urgent Care services _____
Urgent Care services address _____
Urgent Care services phone _____
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

Step 6. Making the environment safe:

1. _____
2. _____

Safety Plan Template ©2008 Barbara Stanley and Gregory K. Brown, is reprinted with the express permission of the authors. No portion of the Safety Plan Template may be reproduced without their express, written permission. You can contact the authors at bhs2@columbia.edu or gregbrow@mail.med.upenn.edu.

The one thing that is most important to me and worth living for is:

<https://www.sprc.org/resources-programs/patient-safety-plan-template>

Informing Teachers and Confidentiality¹⁴

- DO inform student is returning after a medically-related absence & of any accommodations needed^{1,2,4}
 - Only share information necessary to preserve safety such as that related to their treatment and support needs
- DO share that depression and suicide are areas of concern⁴
- DO educate about warning signs so they can refer if needed⁵
- DO advise that if there are concerns regarding suicidal behavior, that they should accompany student to the school BH staff for immediate attention⁴
- DON'T share clinical information on details related to their suicidal behavior (e.g., details of MH diagnoses or possible contributing factors)^{1,2,4}
- DON'T have general classroom discussions as they violate confidentiality^{1,2,4}

Postvention



Postvention Considerations¹

Follow your district's crisis response plan!

1. Get the facts before speaking to students to avoid sharing false information. Do not label a death a suicide until officially classified. Honor parents wishes if they refuse to permit disclosure. Follow school policy.
2. Mobilize your School/District Crisis Response Team (CRT) and assess the situation. How will this news affect other students? Who is likely to be most impacted? Has there been other traumatic events in the school community that have occurred recently?
3. Share information. It's important staff notification (preferably in-person) occurs before students (in small groups, like homeroom)

Postvention Considerations¹

4. Triage Risk for Suicide Contagion

- Identify who's more likely to be affected (emotional vs physical proximity)
- Identify those showing behavioral changes
- CRT ideally should review for suicide warning signs & refer those presenting with increased risk

5. Initiate Support Services

- Provide additional in school supports to identified students (individual/group counseling)
- Focus discussions on
- Continually assess to see who requires long-term supports (outside supports may be needed)
- Provide community resources (CRT)

6. Monitor Social Media

Cultural Sensitivity¹

- Culture may impact the way others view & respond to suicide and/or death
- Be sensitive to the beliefs and customs of other cultures
- Be sensitive to how others may need to respond to death before those outside of their family or community can provide supports
- Consider engaging with a respected member of your student's culture to be your liaison if necessary
- For language differences, ensure you have interpreters and translators

Memorials³

- Refer to your school policy on memorials or create one
- Treat all deaths the same way. Avoid permanent memorials for all.
- Avoid acts of highlighting or glamorizing the death such as schoolwide assemblies, which may increase contagion
- Leave spontaneous memorials in place until after the funeral
- Choose memorials that are temporary, nonrenewable, or “living” (e.g., monetary donation to charity or research, purchase of a suicide prevention program for students)

Resources



24/7 National Crisis Support Lines

1. National Suicide Prevention Lifeline

1-800-273-TALK (8255) or 1-888-628-9454 (Spanish)

**To be replaced by Nationwide Mental Health Crisis and Suicide Prevention
Number (7/2022) 9-8-8

2. Crisis Text Line

Text HOME to 741-741

3. Trevor Lifeline (For LGBTQ Youth)

1-866-488-7386

4. Trans Lifeline

1-877-565-8860 or translifeline.org

Safety Plans

1. Suicide Prevention Resource Center. Safety Planning Guide: A quick guide for clinicians. <http://www.sprc.org/resources-programs/safety-planning-guide-quick-guide-clinicians>
2. Suicide Prevention Resource Center. Patient safety plan template. <http://www.sprc.org/resources-programs/patient-safety-plan-template>
3. Safety Plan App (Android & Apple)
4. Virtual Hope Box App (Android & Apple)

Creating a District/School Mental Health Emergency Response Plan

1. American Foundation for Suicide Prevention, American School Counselor Association, National Association of School Psychologists & The Trevor Project (2019). Model School District Policy on Suicide Prevention: Model Language, Commentary, and Resources (2nd ed.). New York: American Foundation for Suicide Prevention- https://www.thetrevorproject.org/wp-content/uploads/2019/09/Model_School_Policy_Booklet.pdf
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4. Substance Abuse and Mental Health Services Administration (2012). *Preventing Suicide: A Toolkit for High Schools*. - <https://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669>

General Resources

1. National Center for the Prevention of Youth Suicide – preventyouthsuicide.org
2. National Institute of Mental Health – www.nimh.nih.gov
3. Rural Health Information (RHI) Hub - <https://www.ruralhealthinfo.org/toolkits/suicide>
4. Substance Abuse and Mental Health Services Administration- www.samhsa.gov
5. Suicide Prevention Resource Center – <http://www.sprc.org>
6. Zero Suicide – zerosuicide.edc.org

References

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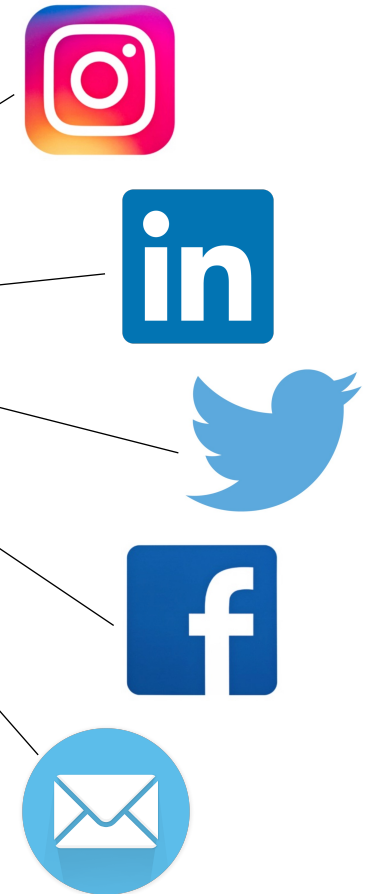
4. Poland, S., & Ivey, C. (2021). Florida School Toolkit for K-12 Educators to Prevent Suicide. NSU College of Psychology: Fort Lauderdale, FL. Retrieved from <https://www.nova.edu/publications/florida-toolkit/2021/florida-school-toolkit-educators-to-prevent-suicide/2/>
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6. Western Interstate Commission for Higher Education Mental Health Program (WICHE MHP) & Suicide Prevention Resource Center (SPRC). (2017). *Suicide prevention toolkit for primary care practices. A guide for primary care providers and medical practice managers (Rev. ed.)*. Boulder, Colorado: WICHE MHP & SPRC. <http://www.sprc.org/resources-programs/suicide-prevention-toolkit-rural-primary-care>

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