PROTOCOL FOR ADDRESSING SUICIDAL/HOMICIDAL IDEATIONS OR ATTEMPTS

This protocol is designed for the protection of students in crisis and the school employees who serve them. If a school employee has reason to believe that a student is at risk for suicide or will harm himself or herself, that person should take action in accordance with this procedure.

Additionally, at the beginning of each school year the principal should arrange to have the staff briefed on student behaviors which are considered self-destructive and indicative of the desire or intent to harm oneself or others (see Prevention Intervention Center web site). Please contact the Prevention/Intervention Center for assistance in this area. The principal should also advise school employees of the necessity of reporting any occurrence of such behaviors to the Principal, Administrator, or School Counselor immediately upon occurrence.

If the student has made an attempt that is life threatening or it is suspected the student may make an attempt on school property, the school official should immediately:

a. call 911 for any medical emergency situation
b. contact Cobb County School District Public Safety (678-594-8620)
c. if needed, contact Prevention/Intervention Center (770-429-5846)
d. contact custodial parent or guardian

When a student exhibits suicidal behaviors or threatens to harm others, it is strongly recommended that such an event be addressed by the following action:

1. The school counselor, Principal or administrator should be notified and the student involved should be:
   • privately questioned to determine the level of risk (see attachment)
   • offered immediate assistance
   • put under constant adult observation

a. The school counselor or administrator should call the enrolling parent or person, or emergency contact, and ask him or her to come to the campus immediately.

b. Upon their arrival, the school counselor or administrator will help the parent/guardian arrange for a free assessment for their student. If needed, the Prevention/Intervention Center Staff can be consulted for technical assistance.

c. If the parent or guardian or emergency contact cannot be reached, notify the school principal/administration and the Prevention/Intervention Center if help is needed. The Prevention/Intervention Center can help to determine whether to provide a mobile assessment (parent, guardian, or emergency contact permission required), schedule an appointment at an outpatient center or call 911 for transport. If a mobile assessor is dispatched, the assessor’s should assess the estimated level of risk of the student.
1. Are you thinking of hurting / killing yourself?
2. How do you plan to do this? When? Where?
3. Do you have a weapon / lethal means?
4. Have you had previous attempt or thoughts?

School personnel should continue to supervise the student until parents and/or protective custody can be arranged to pick up the student.

2. The enrolling person, parent, or emergency contact should leave campus with the student only after she/he has been strongly encouraged to take the student from campus to the facility/treatment provider of his or her choice for a mental health assessment.

Resources for assessments:
   a. Ridgeview Institute ages 11 and up – 770-434-4567
   b. Peachford Hospital all ages – 770-454-2302
   c. Peachford Mobile (Crisis only) – 1-800-444-2273
   d. Northside Psychological Mobile (Crisis only) – 770-256-4773
   e. Emergency Rooms at closest Hospital
   f. Georgia Crisis Line – (24 hours) – 800-715-4225

3. The school official should strongly encourage the family to provide the results of the assessment to the school upon the student’s return to school. Explain to the parent(s)/guardian/enrolling person, that it is very helpful if they will sign the release of information to allow the facility/treatment provider to release relevant information to the school. (see Attachment C) However, a student may not be kept out of school if the parent/guardian refuses to provide this information or to obtain an assessment. The school counselor or administrator should document his or her attempt(s) to obtain the relevant information from the parent/guardian/enrolling person.

4. If a parent or guardian refuses to have their student assessed for suicidal/homicidal ideations, the school shall have the option to file a neglect report with the Cobb County Department of Family and Children Services. The school officials may also involve the Cobb County Police’s Crimes Against Children unit to provide protective custody.

5. The counselor or school administrator should complete the Intervention Summary on the Prevention Intervention Center’s web site to document the incident.

6. If the school has obtained a copy of the assessment results or received information about the assessment, the school should file the assessment results in a confidential location and should not become part of the permanent record.

8/20/12
SIGNS OF DEPRESSION OR SEVERE EMOTIONAL DISTRESS

LOW SELF-ESTEEM; A POOR SELF-CONCEPT
May make self-critical remarks like, “I’m no good, or I’m just a burden.”
Considers self a failure; guilty of some wrong
Says, “I can never do anything right.” A series of crisis events may have happened, which leads to feelings of haplessness.

SENSE OF HOPELESSNESS AND HELPLESSNESS
Cannot think of any way to make things better; perceives no hope in sight (tunnel vision) even when alternatives exist; despondent about the future.

SHAME, HUMILIATION, OR EMBARRASSMENT
Loss of face among peers is a critical problem for youth to cope with. May think that others dislike him/her or are talking about him/her.

LISTLESSNESS, TENSION, IRRITABILITY
May react impulsively or be upset about seemingly small events; quick anger.

SELF-DESTRUCTIVE THOUGHTS MAY BE EXPRESSED
Intensity and frequency may vary as well as direct or indirect expression.

OVERT SADNESS AND DEPRESSION
May often appear sad and depressed or show signs of tension and extreme anxiety.

ACTING OUT BEHAVIORS THAT MAY MASK DEPRESSION
Chemical use, refusal to go to school, sexual promiscuity, running away, fighting, recklessness, delinquency, preoccupation with hostility or revenge.

UNUSUAL CHANGES IN EATING OR SLEEPING PATTERNS
Noticeable decrease or increase in appetite with significant weight change. Anorexia or bulimia are extreme examples.

SUDDEN PERSONALITY CHANGES
Shy, reserved persons may become aggressive or impulsive. Cautious persons may engage in risk-taking or fighting. Generally inactive persons may become hyperactive. Normally gregarious persons may become shy, withdrawn, or isolated.

NEGLECT OF PERSONAL APPEARANCE
Formerly well-groomed person may become apathetic about personal appearance and hygiene.
**Signs of Depression or Severe Emotional Distress (Continued)**

**ISOLATION AND SOCIAL WITHDRAWAL**
Withdrawal from friends, family, and activities formerly enjoyed. May stay in room listening to music with depressing or suicidal themes that intensify mood.

**UNCHARACTERISTIC DECLINE IN ACADEMIC PERFORMANCE**
May suddenly appear disinterested in school or in future goals. May make remarks like, “Don’t bother to grade my final, I won’t be around,” or “It’s just not worth it.” An unusual decline in grades may be an indication that something is troubling a student.

**REVERSAL IN VALUATION**
Sudden change from loving to hating someone, from self-respect to self-hate.

**DIFFICULTY IN CONCENTRATING; PERSISTENT BOREDOM**
Difficulty in completing tasks or in following through on assignments. May be consistently unable to keep mind on tasks at hand. May appear to think and act very slowly. Simple, everyday decisions may become difficult.

**VAGUE OR UNEXPLAINABLE PHYSICAL COMPLAINTS**
Headaches or stomachaches that visits to a physician do not solve; frequent desire to visit a physician.

**LOSS OF TOUCH WITH REALITY**
May be symptomatic of mental illness or chemical use. May also be indicative of a preoccupation with fantasy role-playing games.

**PREOCCUPATION WITH FATALISTIC OR MORBID THOUGHT**
Excessive thoughts about death or suicide, which may show up in written assignments, drawings, choice of music, literature, or other activities.

**EXPERIMENTATION WITH SELF-DESTRUCTIVE ACTS**
Very dangerous sign. May make superficial cuts on wrists, drive fast and recklessly, burn or otherwise mutilate body, may become very “accident-prone”.
THE PLAN

One important criterion for determining suicide potential is the plan. If you think a student is considering suicide, you should ask him tactfully, carefully, and privately the following:

1. Are you thinking of hurting yourself?
2. How do you plan to do this? When? Where?
3. Do you have a weapon?

If a plan involves using a gun, hanging, or jumping, the lethality is much higher than if the person has thought of taking pills because there is less opportunity for rescue.

Does the person have the means available to carry out the plan? (A person who has access to a loaded gun should be considered in more immediate danger than someone who has decided to overdose but has no pills available.)

How carefully has the person thought out the method, and how much planning has been done? (A person who describes how and where he or she plans to die is at higher risk than someone who is very vague and seems to have no specific plan. However, any threat is serious enough to warrant the need for immediate attention.)

Direct or indirect threats to commit suicide should never be ignored.
RELEASE OF INFORMATION

I hereby authorize ____________________________________________

Assessment Center

to disclose to Cobb County School District the following items of information:

Information obtained from assessment; medical records; psychological test results;

Other ____________________________________________

regarding ____________________________________________

Student Name (Please Print)

This release permits □ single □ continuing (circle one) disclosure.

This consent is given on ________________________________

Date

This consent is subject to revocation at any time except to the extent that action has been taken in reliance thereon. The Cobb County School District will not release this information to any other party without proper consent.

_________________________________________ Date

Signature of Student

_________________________________________ Date

Signature of Parent

_________________________________________ Date

Witness