Creating a Suicide Safe School Culture: Texas Advancing Suicide Safer Schools Roadmap

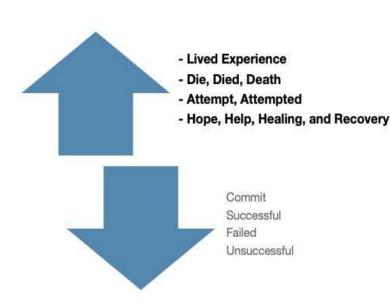
- Presenter: Michel Boehl & Terri McBryde
- Master Trainers for Texas Suicide Prevention Collaborative

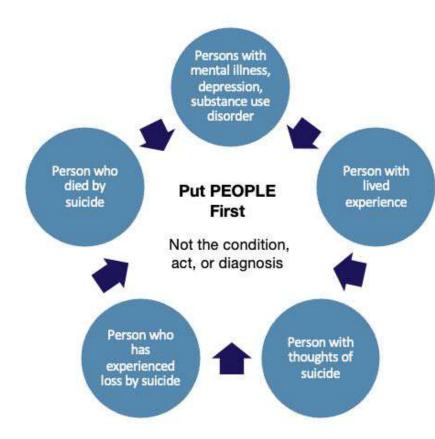
Before We Begin: Talking Safely About Suicide

TEXAS SUICIDE PREVENTION COLLABORATIVE

Communicating Safely for Suicide Prevention

Talking with Others About Suicide





1. Put PEOPLE First:









A Brief Tour of the Texas Advancing Suicide Safer Schools Roadmap Materials

Notebooks

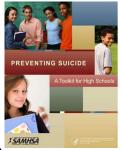
- Online Resource:
 - https://txspc.learnworlds.com

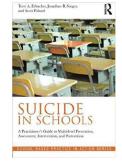




- Support Materials
 - Erbacher, Singer and Poland book
 - SAMHSA's Suicide Prevention Toolkit for High Schools







2015 Suicide Safer Schools Report

Element 1

Overview





1.3 National Partners Working Together

















1.6 Why is a Suicide Safer Schools Environment Important?

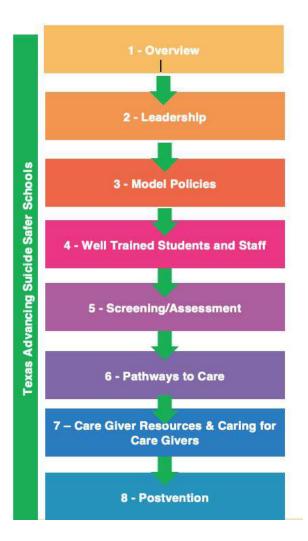
- The Youth Risk Behavior Surveillance System surveys Texas high school and middle school students every 2 years.
- In 2021, Texas high school students reported:

About 1 in 5 students

- 44.6% felt sad or hopeless almost every day for two or more weeks in a row that they stopped doing some usual activities
- 21.7% seriously considered attempting suicide
- 19.2% made a plan about how they would attempt suicide
- 12.3% actually attempted suicide
- 3.5% made an attempt so severe that it required medical treatment

1.8 Essential Elements of the Texas Advancing Suicide Safer Schools Roadmap

- Builds upon the 2015 and 2016
 Suicide Safer Schools reports
- Provides a pathway through the development process
- Composed of 8 Elements that help schools and districts support the development of a comprehensive suicide prevention, intervention and postvention plans.



Element 2

Leadership

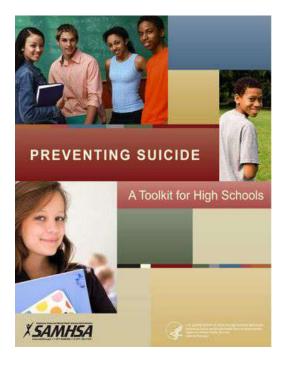




2.1: SAMHSA- 4 Reasons Why Schools Should Address Suicide

- Maintaining a safe school environment is part of a school's overall mission
- Student mental health affects academic performance
- A student suicide can significantly impact other students and the entire school community
- Schools have been sued for negligence





http://store.samhsa.gov/product/Preventing-Suici de-A-Toolkit-for-High-Schools/SMA12-4669

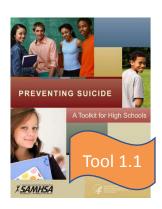
2.2: How Does FERPA Apply?

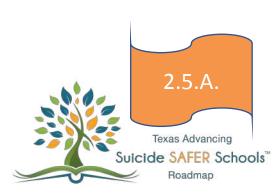
- Dr. Scott Poland notes:
 - School and mental health professionals are trained to uphold confidentiality.
 - However, suicidal ideation or behavior is one of the exceptions to this rule
 - Under the health and safety emergency provision, an educational agency or institution is responsible for making the determination of personally identifiable information disclosure on a case-by-case basis.
 - All students should be aware of the limitations of confidentiality and that school staff must notify parents or guardians of the student perceived to be at risk.
 - https://cspv.colorado.edu/wp-content/uploads/2019/04/Report on the Arapahoe High School Shooting FINAL.pdf

2.3: Suicide in Schools: Liability Concerns

- Drs. Scott and Donna Poland wrote extensively on this topic in the 2015 Texas Suicide Safer Schools Report and a summary is also contained in the Roadmap.
- Common themes in litigation for schools and school districts include:
 - Bullying and Suicide
 - Failure to Notify Parents
 - Failure to Supervise
 - School Discipline as a Precipitant to Suicide
 - Suicide Postvention (See Element 8 for Postvention)
 - Student Journal Entries About Suicide

- Step 1: Engage Leadership and Determine the Readiness of Your School or District:
 - Help leadership understand the scope of the problem
 - Convey the sense of urgency as suicide is the 2nd leading cause of death for youth and young adults ages 10-24
 - Determine school or district readiness (Worksheet 2.5.A)





Worksheet Example 2.5.A:Readiness Assessment

Source: SAMHSA Preventing Suicide: A Toolkit for High Schools Tool 1.1 pgs. 52 - 53

Checklist of Suicide Prevention Activities

| Suicide Prevention Activities | Yes | No | Not Sure |
|--|-----|----|----------|
| Protocols for Helping Students at Risk of Suicide (SAMHSA Chapter 2) | | | |
| We have a written protocol for helping students who may be at risk of suicide that is consistent with SAMHSA, CDC guidelines, and state requirements. | | | |
| We have a written protocol for responding to student who attempt suicide at school that is consistent with SAMHSA (Chapter 2), CDC guidelines, and/or state requirements. | | | |
| We have established agreements with outside providers to provide effective and timely mental health services to our students | | 7 | |
| Protocols for After a Suicide (SAMHSA Chapter 3) | | | |
| We have a written protocol for responding to the suicide of a student or other member of the school community that is consistent with SAMHSA, CDC guidelines, and/or state requirements. | | | |
| Staff who will implement the suicide response protocols are familiar with this protocol and the tools that will help them fulfill their responsibilities | | | |
| We have identified community partners to help us in the event of a suicide. | | | |
| Staff Education and Training (SAMHSA Chapter 4) | | | 1 |
| All professional and support staff have received information about the importance of school-based suicide prevention efforts. | | | |
| All professional and support staff have been trained to recognize and respond appropriately to students who may be at risk of suicide. | | | |
| Our school has staff who have been trained to assess, refer, and follow up with students identified as at risk of suicide | | | 20 |
| Parent/Guardian Education and Outreach (SAMHSA Chapter 5) | | | |
| We educate the parents of our students about suicide and related mental health issues | | | |
| We have sufficient level of participation in our programs to educate parents about suicide. | | | |
| Student Education (SAMHSA Chapter 6) | | | |
| We have implemented at least one type of program to engage students in suicide prevention. | | | |
| Suicide prevention is integrated into other student health/mental health courses and initiatives. | | | |
| Screening (SAMHSA Chapter 7) | | | j |
| We have implemented a suicide screening program. | | | |
| We have the support of parents, school staff, and community mental health providers for our suicide screening program. | | | |

- Step 2: Bring Stakeholders Together Early
 - Identify stakeholders, experts, and community thought leaders who can serve on your planning team.
 - Consider not only a wide range of community stakeholders but also the spectrum of suicide prevention, intervention, and postvention.



Worksheet Example 2.5.B

Establishing a Stakeholder Team for Suicide Safer Schools

| Group Representation | Prevention | Intervention | Postvention |
|--|------------|--------------|-------------|
| Examples | | | |
| School District | | | |
| Administrators | | | |
| Safe and Supportive | | | |
| School Team | | | |
| School-based | | | |
| Administrators | | | |
| School-based Counselors | | | |
| Educators and Support Staff | | | |
| Special Education and 504 specialists | | | |
| Parents | | | |
| First Responders | | | |
| Community Mental Health Professionals | | | |
| Local Mental Health Authority Suicide Prevention Coordinator | | | |
| Faith-based | | | |
| Representatives | | | |
| Service Member and | | | |
| Veteran Family | | | |
| Representatives | | | |
| Hospitals/Emergency | | | |
| Department Personnel | | | |
| Funeral Homes | | | |
| Other Resources | | | |
| Other Resources | | | |

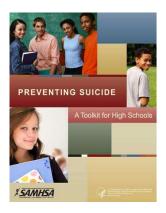
- Step 3: Provide stakeholders with basic information about youth suicide and suicide prevention using evidence-based safe messaging practices
 - Use safe messaging practices and resources:
 - Language Matters: Public Health Agency of Canada
 - Suicide Prevention Resource Center
 - Suicide Awareness Voices in Education
 - National Action Alliance
 - Share relevant data about suicide as well as help, hope and recovery.
 - AS+K? About Suicide to Save a Life provides an overview of state and national data related to suicide.
 - Report on Texas House Bill 3980
 - Youth Risk Behavioral Health Surveillance System
 - Centers of Disease Control's WISQARS and WONDER databases

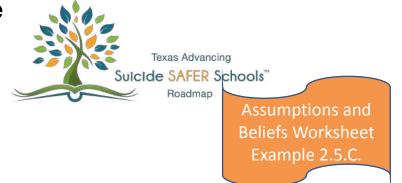
Step 4: Develop your overall strategy

 Determine policy and rule requirements to develop your comprehensive suicide prevention, intervention, and postvention plan.

- Assess the current health and behavioral health programs already in place
- Inventory your school or district's existing suicide prevention programs
- Determine cultural competency needs
- Identify strategies for addressing roadblocks based on assumptions or beliefs about suicide and schools.

Cultural Competency Tool 1.H. pages 50-51





Element 3

Key Components of a Model Policy for Suicide Awareness, Prevention and Response



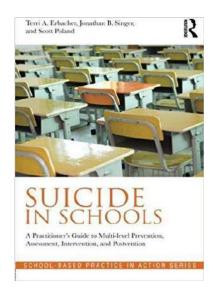


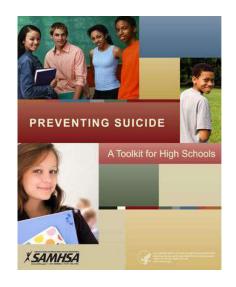
3.2 Model resources available to support the development of your school or district suicide prevention, intervention and postvention plan



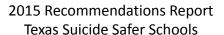
2016 Implementation Tools Texas Suicide Safer Schools

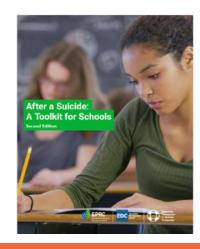
















3.3 Before you Begin: Considerations for Your Plan

- Leadership (Element 2)
- Incorporate comprehensive suicide prevention, intervention, and postvention policy into your District Improvement Plan
- Be familiar with Texas legislative initiatives and Texas Education Agency rules (Element 2)
- Recognize the importance of addressing lack of information, misinformation, or commonly held beliefs and its impact on your plan's implementation (Element 2)
- Review best practice lists provided by Texas Health and Human Services and Texas Education Agency
- Become familiar with research on risk factors such as underlying mental health concerns, bullying, sleep disturbances, isolation, substance misuse.

3.5 Coordinating Efforts with Threat Assessment Planning for Safe and Supportive Schools

• Mandated in the 86th Legislature and Senate Bill 11, the Texas School Safety Center has developed model policies and procedures as part of the Safe and Supportive School Program.





https://locker.txssc.txstate.edu/f40474bcbab5f025bb1570f1bfbf9f06/Model-Policies-and-Procedures-to-Establish-and-Train-on-Threat-Assessment.pdf

Element 4

Well Trained Students and Staff





Element 4: Training Best Practices

- There are some general principles aligned with best practices related to suicide prevention training. These basic considerations are
 - Understand suicide and the suicide safer school's culture.
 - How to identify students who are at-risk of suicide and the assessment process.
 - Identify clear pathways to care and community resources, as well as procedures for re-entry.
 - Provide clear and documented postvention practices, including liability issues for appropriate staff.
 - Consistent and regular training, preferably annually is considered best practice.

Element 4: Best Practice Training Goals

(Dr. Scott Poland)

- Convey current statistics, beliefs, and attitudes about suicide in youth utilizing data from best practice sources.
- Dispel mistaken beliefs about suicide.
- Review protective factors for youth and include programing that helps to create the "Zero Suicide" culture, discussed in the Overview Element 1.
- Stress never keeping a secret about a student's suicidal behavior and cultivate a climate of connections between students and adults who are approachable and trusted.
- Prepare school staff to recognize and respond to warning signs of suicide risk.
- Promote the importance of intervention with at-risk youth and connect them with the needed help.
 - Know the school referral procedures (Pathways to Care)
 - Know who the Suicide Prevention Risk Specialist (SPRS) is in your school or district.
 - Use Pathways to Care and Suicide Risk Screening and Safe Management Process.
- Provide information about protocols and resources in your school and community.
- Emphasize that suicide is almost always a preventable loss, and if a student died by suicide, it was probably the result of untreated or undertreated mental illness.
- Document staff understanding of suicide prevention and intervention with a pre- and post-training survey.

4.3 Additional Suicide Screening Training Options for School-based Staff and Community Providers

- Although Texas education staff are allowed to implement suicide screening protocols, they are not permitted to conduct a suicide assessment.
- Students requiring a suicide assessment are to be referred to a public or private mental health provider.
- SAMHSA's toolkit points to a number training options related to intervention strategies:
 - Livingworks: Applied Suicide Intervention Skills Training (ASIST)
 - AMSR: Assessing and Managing Suicide Risk
 - QPRT Suicide Risk Assessment and Risk Management Training
 - Recognizing and Responding to Suicide Risk
 - School Suicide Prevention Accreditation Program

4.4 The Importance of Student and Family Engagement

Students:

- It is important to provide training for students to understand the warning signs of suicide and how to make a referral or seek help for themselves.
- Students should receive training or supportive peer norm programs initiated AFTER all adults have been properly trained and clear pathways to care established.

Parents and Families:

- SAMHSA's toolkit identifies several topics that should be included in addressing suicide prevention for parents and families:
 - Prevalence of suicide and suicide attempts among youth
 - The warning signs of suicide
 - How to respond when they recognize that their child or another youth is at risk
 - Where to turn for help in the community



Element 5

Screening, Assessment, Notification, Safety Planning, Referral & Return to School Procedures for the Suicidal Student





5.1: Suicide Based Screen Example

- Texas Education Agency offers a best practice list for screening options.
- One example is the Columbia Suicide Severity Rating Scale (C-SSRS) widely used in Texas.
- Most suicide risk screening tools ask some variation of the questions contained in the C-SSRS.
- C-SSRS is recommended for ages 6 and up and also has a version for very young children (ages 4 and 5)

| | Past N | lonth |
|---|-----------|------------------|
| Have you wished you were dead or wished you could go to sleep and not wake up? | | |
| Have you actually had any thoughts about killing yourself? | | |
| If YES to 2, answer questions 3, 4, 5 and 6 If NO to 2, go directly to question 6 | | |
| 3) Have you thought about how you might do this? | | |
| 4) Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts but you definitely would not act on them? | High Risk | |
| 5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan? | High Risk | |
| Always Ask Question 6 | Lifetime | Past 3 Months |
| 6) Have you done anything, started to do anything, or prepared to do anything to end your life? Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, held a gun but changed your mind, cut yourself, tried to hang yourself, etc. | | High Risk |



Any YES indicates the need for further care.

However, if the answer to 4, 5 or 6 is YES,

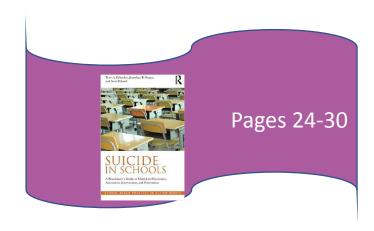
immediately ESCORT to Emergency Personnel for

care, call 1-800-273-8255, text 741741 or call 911.

DON'T LEAVE THE PERSON ALONE. STAY WITH THEM UNTIL THEY ARE IN THE CARE OF PROFESSIONAL HELP

5.1: Suicide Based Screening – When to Use

- When to Use a Suicide Screen
 - Each school or district establishes their own process and protocol for implementing a suicide screen in consultation with the Safe and Supportive Schools Team, counselors, administrators, legal, and others to ensure all TEA regulations are followed.
 - It is important that these protocols are clear and explicit in your suicide prevention, intervention, and postvention plan AND the Pathways to Care flowchart (Element 6).



5.4: School-Based Safety Planning Protocols

- Safety Planning and "No Harm" or "No Suicide" contracts
- Safety Plans should:
 - Be built collaboratively and developed with the student
 - Emphasize both internal and external sources of support the student can utilize when they have suicidal thoughts
 - Be written (not just verbal)
 - Be part of the overall monitoring strategy for the student going forward.
 - Key school personnel, such as counselors are encouraged to develop a written safety plan for use in their monitoring of suicidal students receiving community-based services
 - Highlight accessibility to qualified clinical supports and how to locate these services
 - Include 24/7 access to national and local resources.
- An evidence-based safety planning protocol has been developed by Dr. Barbara Stanley and Dr. Greg Brown

Roadmap Sample Form 5.4.A

Suicidesafetyplan.com

5.5: Parental Notification for Schools Transfer of Responsibility

- The failure to notify parents/guardians when there is reason to suspect a student is suicidal is the most common source of lawsuits related to suicide and schools.
- Parents can be notified by school staff, by the student in the presence of school staff or both. Choose the method most helpful for the student
- Even if the student denies suicidal ideation/intent, parents must still be notified if the concern was reported by others.
- Document the Parental Notification

and

Roadmap Sample Form 5.5.A

5.5: Parental Notification for Schools Transfer of Responsibility

and

Roadmap Sample Form 5.5.A

Should the parents refuse to come to school to pick up their child, school staff cannot allow the suicidal student to walk home or take transportation home (ride with a friend, school bus), regardless of the parent directive.

Contact:

- Safe and Supportive School Team
- Mobile Crisis Outreach Team
- Law Enforcement

5.8: Synching with Threat Assessment and Safe and Supportive Schools Team

- Students who have reported threats of violence should also be screened for suicide.
- While in some cases School Resource Officers may be involved to ensure student or campus safety, absence the threat to others, Dr. Poland believes parents are best suited to care for their child and ensure the child's safety in the context of suicidal ideation.
- Dr. Poland notes that at no time should a student referred for suicidal ideation be subjected to a panel assessment by the Safe and Support School Team or another group of adults.
- Students should never be led to believe that they are "in trouble" for disclosing suicidal ideation.

- ✓ The school suicide prevention liaison or mental health counselor should be the primary point of contact for the student and family.
- Check to ensure tracking of all efforts and responses are in place for monitoring of the student and the required reporting under Texas Education Code.



Element 6

Pathways to Care





6.3: Identify Roles in the Pathways to Care

- Understanding how students at suicide risk flow through pathways to access care help to transition students through multiple resources
- Knowing roles is particularly important
 - Creates clear lines of communication and expectations
 - Ensures consistent application of protocols and policies
 - Ensures alignment with Safe and Supportive Schools protocols.

Sample Overview of Roles: Pathways to Care for Students at Suicidal Risk

Referral comes from Student... Parent... or School Staff



School Suicide Prevention Risk Liaison

- Meets with student
- Assesses risk with direct inquiry, recommends removal of lethal means
- Develops safety plan, provides crisis hotline
- Notifies parents and requests a face-to-face conference immediately
- Monitors student closely until parent(s) arrive
- Documents all steps
- Refers to Community Resources: Note if parent(s) are uncooperative and refuse to get help, refer to Child Protective Services



Community Resources

- Pre-identified/approved list of well-trained community providers and available
- Treatment by community provider
- Parent provides release form for community provider to share information with school suicide prevention risk specialist



School Suicide Risk Specialist

- Conduct a re-entry meeting with student and parent(s)
- Conduct a re-entry meeting with appropriate staff if student missed school or was hospitalized
- Alert school staff and especially teachers to future warning signs of suicide
- Follow-up daily/weekly, face-to-face (depending on severity: minimum weekly)

6.4: A Model Pathways to Care Flowchart for Texas

Schools Model Template 6.4: Pathways to Care Flow Chart School District Suicide Protocol Teacher, Nurse, or Staff Student expresses what If School Counselor is Student should NOT be left Member escorts student to appears to be a suicidal unavailable, staff should school counselor alone until he/she has been: Counselor to gesture and/or comment escort student to the AP immediately 1) assessed by counselor notify Suicide 2) parents have been Prevention Ensure alignment
with Safe and
Supportive
Supportive
Schools Protocols Liaison/Lead contacted Counselor and 3) student can safely return Principal back to class or released to Counselor conducts interview and assesses level of risk. parents. Moderate Risk Low Risk High Risk Referral for Counselor Emergency Emergency Immediate Appropriate treatment Conference completes Conference completes Medical/ setting to be decided at w/ Parents at Crisis w/ Parents at Crisis with parents **Psychiatric** meeting w/ parent input school Assessment school Assessment Assessment Assess: Are parents Referral for Referral for **Outpatient Mental Health** Crisis willing to bring Immediate Medical/ Student should be held Hottine Referrats student for **Psychiatric** at school for safety until evaluation? student can be released Assessment Referrals to parents Counselor should Okay to return to IF NO: Call SRO / Counselor follow contact outside therapist school from consider need for up next day within I week to ensure psychiatrist is **CPS** referral appointment has been tollow-up requested Student wethin f Safety Plan Developed Student Safety Plan Counselor follow-up Counselor to follow-up Developed next day at first bell If student presents with suicidal gestures or statements during activity. next day at first beli after hours, sponsors should contact parents, principal and athletic director immediately. Next business day, principal should notify District

Suicide Prevention Lieison, SRO and campus counselors to begin flow cart.
© 2023 Texas Suicide Prevention Collaborative

Element 7

Caring for the Caregiver





7.1The Role of the School Counselor and the School Suicide Prevention Risk Specialist (or Liaison)

- School counselors are likely the point of contact for family follow up and conversation related to the status of mental health services
- Dr. Poland strongly recommends:
 - A Suicide Prevention Liaison or Risk Specialist be designated by the District
 - Required by Texas Safe and Supportive Schools protocols
 - Schools obtain a release of information permission to allow the school counselor to communicate with community mental health professionals.

Page 7.22

Sample Template 7.1

Authorization for Release/Exchange of Information

Anywhere ISD Parent Authorization for Release/Exchange of Information

| Date: To Pare | ent/Guardian (s) of _ | | | | |
|---|-------------------------|-----------------|---------------|-------------|--|
| We are requesting your written aut or institution indicated below. The i accordance with the Family Educa | information received sh | nall be reviewe | d only by app | | |
| To: (Provider Name) | | | Title_ | | |
| Agency/Institution/Department N | Name: | | | | |
| RE: | | | | | |
| Agency Address: | | | | | |
| City | | State | Zip | code | |
| Student Last Name | First Nam | ie | DOB_ | // Month | |
| | | | | | |
| Medical/Health | ☐ Speech | & Language | Education | onal | |
| ☐ Psychological/Menta | al Health Other – | Specify: | | -5. | |
| The information will be u referenced student. THIS | | | | above | |
| Name: | | _ Title: | | | |
| Organization: | | Phone | :: | - 22 | |
| Address: | City | State | Zip Code | | |
| This authorization shall b | e valid <u>until</u> | unle | ss revoked | earlier. | |
| I request a copy of this a | authorization: | ✓ Yes | ✓ No | 0 | |
| | | Dat | te: | | |

7.3 Identifying Caregiver Resources in the Community

Four key considerations:

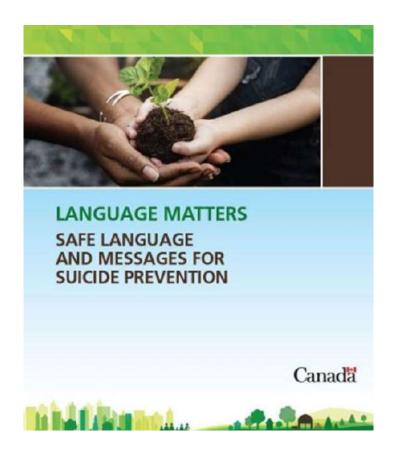
- Referrals should be made to public and/or private mental health professionals who are specially trained in assessing, treating, and managing suicidality as well as any underlying mental health conditions
- Developing a referral list requires direct inquiry about the specific training the provider has received to address suicidality and youth where possible
- Parental acknowledgement should also include:
 - Statement that costs associated with treatment or assessment are the responsibility of the parent or guardian (not the school or school district)
 - Encourages collaboration and communication between the community mental health provider and the designated school staff
- Community Resource Lists should be updated annually

7.6 Caring for Caregivers: School Personnel

Safe Messaging is Critical

- How we talk about suicide can add stress or add support to our school community.
- Utilizing safe messaging strategies is essential; from "Language Matters- Safe Language and Message for Suicide Prevention:

"Using language that is helpful and respectful encourages an environment free of stigma, where we can talk more openly and safely about suicide and its prevention. Words matter in a world where silence or insensitivity can make matters worse. The more we are open and safe in our communication, the more likely it is that people can offer or seek help...."



https://www.canada.ca/en/public-health/services/publications/healthy-living/language-matters-safe-communication-suicide-prevention.html

7.7 Caring for Caregivers: Family & Friends of the Suicidal Student

- Caring for family and friends of the student at suicidal risk is also an important part of a suicide safer school culture.
- We need to recognize the stress his or her family and friends are also experiencing
- The importance of cultural competency cannot be overstated:
 - "Creating Linguistically and Culturally Competent Suicide Prevention Materials" by the California Health Services Authority provides an example
- Know your community's resources for support for direct services and peer support:
 - NAMI Texas
- Know self care strategies to recommend to family and friends (and staff)

Element 8

Suicide Postvention in Schools





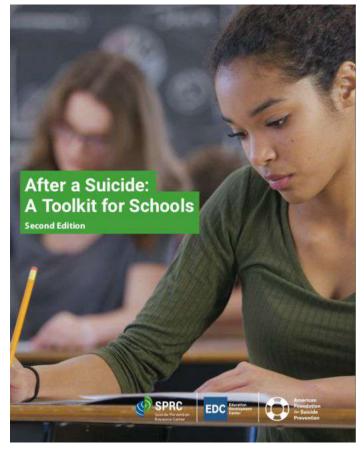
8.1: What is Postvention?





- Postvention is defined by the SPRC as "Activities following a suicide to help alleviate the suffering and emotional distress of survivors and prevent additional trauma or contagion."
- It is important to plan for postvention, in advance **prior** to a death by suicide.
- The primary goal of postvention is to prevent further suicides
- Postvention, in and of itself must be a comprehensive effort, touching all systems and prolonged in its duration.
- A valuable resource is AFSP and SPRC's "After A Suicide: A Toolkit for Schools" (revised in 2018)

https://sprc.org/sites/default/files/resource-program/AfteraSuicideToolkitforSchools.pdf

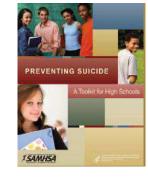


8.3: Comprehensive Preparation: Short & Long Term Strategies

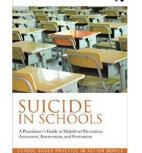
- From the SAMHSA Preventing Suicide: A High School Toolkit:
 - <u>"Short term</u>: Help students cope in the immediate aftermath of a death by suicide by creating protocols that describe the specific steps to take after a death by suicide, who they will be completed by, documenting the process, and analyzing data for outcomes.
 - <u>Long term</u>: The on-going support strategies needed to continue to help students cope over time, since the emotional impact from a suicide can continue for months, even years after the event."











8.4: Short-Term Strategies

 Best practice short-term actions by administrators and staff are essential to helping promote a suicide safe school culture.

 Coordination with the Safe and Supportive Schools Team is required, as is coordinating with the school suicide prevention risk specialist or liaison.



Crisis Response Section: Pages 8-11

Administrators:
Page 8.9
Template 8.4.A

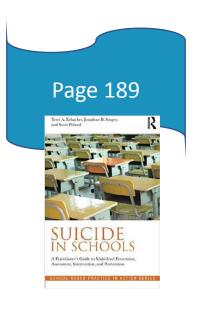
Safe and Supportive Schools Teams: Pages 8.11-8.17 Template 8.4.B

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- Erbacher, Singer and Poland indicate key considerations surrounding long-term strategies and must be part of the school's postvention plan.
- This is because there is evidence of elevated risk around certain milestones – identified by the authors as "key vulnerability points" (page 189) during the postvention lifecycle:
 - Holidays
 - Opening day or important days for sports (UIL or other activities the student participated in)
 - Start of the new school year
 - Proms and other dances
 - Senior Week and Graduation
 - 2nd year anniversary of the death.



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- REMINDER: Your suicide prevention, intervention and postvention plan is NOT your crisis plan.
- Using the road mapping process helps schools and districts ensure a comprehensive suicide prevention, intervention, and postvention plan.
- The Roadmap provides a number of best practice resources for reference.
- No single resource will create the plan for you.
- The Roadmap guides districts through the development process, step-by-step, utilizing these resources as reference to consider in the planning process.

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