B7 – Developing Comprehensive, Multi-tiered School-based Suicide Prevention

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Content Facilitator:
Katie Pohlman, Midwest PBIS Network

• Topic: Mental Health
• Keywords: Interconnected Systems Framework, Alignment, Screening
## Virtual Forum Expectations

<table>
<thead>
<tr>
<th>EXPECTATION</th>
<th>OVERALL Event</th>
<th>CHAT Tab</th>
<th>POLLS Tab (+Q&amp;A)</th>
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</thead>
</table>
| **BE RESPONSIBLE**  | ✧ Use a shared action plan for your team  
✧ Complete session evaluations | ✧ Post positive on-topic comments  
✧ Questions for the presenters go in the POLLS tab ⇨ | ✧ Add questions before and/or during session |
| **BE RESPECTFUL**   | ✧ Limit distractions  
✧ Follow up on your assigned action items | ✧ Use inclusive language | ✧ Use sincere phrasing  
✧ Complete additional polls when prompted |
| **BE SAFE**         | ✧ Take movement breaks  
✧ Be aware of your stress level | ✧ Engage in productive dialogue | ✧ Ask solution-oriented questions |
| **For Presenters**  | ✧ Ensure Files Tab has current materials and related weblinks | ✧ Monitor and remove inappropriate comments | ✧ Identify common Qs to address in final 15 minutes |
Tips for Participants

Finding Your Registered Sessions in Pathable

*Your Personalized Schedule (My Agenda)*

Locate the Agenda Menu, Select “My Agenda” from the drop-down, and you will see the sessions for which you are registered. A green check mark in the upper right corner indicates you are registered.
Tips for Participants

Navigating the Session Page

1. **Session Details** (Title, Presenters, Date & Time, Description, Keywords)
2. Join Session
3. Interact through Chat, Polls, & Uploaded Files
Tips for Participants
Chat, Polls, and Q&A

1. Use **Chat** for engaging with other participants around the session topic.
   *Presenters may use chat differently in specific sessions.*
   Follow overall Forum expectations for responsible, respectful, and safe chatting

2. Find the **Q&A** under **Polls**. Questions for presenters go there.

3. Some sessions have other **Polls** or more **Specific Questions**. Complete those when prompted
Tips for Participants

Be careful of accidently navigating away

While participating in a live Session…Be Present!

- If you navigate away from the live Session you will need to press the “Join Meeting” button to get back in.

- What does navigating away look like? Here are some examples:
  1. Clicking on any area of the navigation menu
  2. Clicking on a Person’s name
Tips for Participants

Support is Available

If at any time you need support as a participant, use the Help Desk:
Situation Suicide Prevention, Intervention, and Post-vention within a MTSS

• Suicide is the 2\textsuperscript{nd} leading cause of death among young people

• As professionals, we want to create safe, consistent, nurturing environments for social-emotional-behavioral health and wellness

• Personally -

If you would like to read Michael's description of what it feels like to experience depression, click here
<table>
<thead>
<tr>
<th>Wellness Expectations</th>
<th>Wellness Behaviors</th>
</tr>
</thead>
</table>
| **Safe**              | ● Create space for emotional support during team meetings.  
                        | ● Double check on friends.  
                        | ● Utilize Employee Assistance Program Resources  
                        | ● Ask for help if you feel sense of hopelessness  
                        |    ● Suicide Hotline: 800-273-8255 |
| **Engaged**           | ● Be aware of your stress level.  
                        | ● Recognize and name the emotions you are experiencing.  
                        | ● Pay attention to joy.  
                        | ● Recognize and validate grief.  
                        | ● Do a body check for areas of tightness, discomfort.  
                        | ● Increase dose of movement breaks, hydrate. |
| **Respectful**        | ● Nurture your body with healthy food.  
                        | ● Build calming routines for sleep.  
                        | ● Build routine for daily exercise. |
Talking about Mental Health and Suicide Prevention

• Mental health and suicide prevention are, understandably, sensitive topics.

• Acknowledging this reality, provided are some national suicide prevention resources should you, or someone you know, be experiencing crisis level or non-crisis level distress.

  National Suicide Prevention Lifeline (1-800-273-8255)
  Crisis Text Line (Text 741-741)
What is Mental Health?
What is Wellness?

✓ Complete Mental Health is Social-Emotional-Behavioral
✓ Mental Health is more than simply the absence of psychological problems. The absence of psychological problems does not infer wellness or happiness.
✓ Therefore one’s mental health, or wellness, is strong when they are experiencing both low levels of SEB psychological problems, and high levels of SEB competencies.
Partnerships are needed:

**Data Trends 2019**

- 50% of all lifetime cases of mental illness begin by age 14 and 75% by age 24.
- The average delay between onset and intervention is 8-10 years.
- 37% of students with a mental health diagnosis are out of school - the highest dropout rate.
- Suicide rates for teens between the ages of 13-19.
- Suicide rate for children age 10-14-year-olds.
- 70% of youth in state and local juvenile justice systems have a mental illness.

**2020-2021 Unprecedented Magnitude of Mental Health Needs**

- Emergency department visits related to mental health (January to October 2020)
  - 24% Increase in 5-11 year-olds
  - 31% Increase in 12-17 year-olds
- 25% of American parents reported declines in their children’s mental health; 14% reported increases in behavior problems. (March – June of 2020)
- One in four youth ages 13-19 reported an *increase* in sleep loss due to worry, feeling unhappy or depressed, feeling constantly under strain, and loss of confidence in themselves. (April and May 2020)
- There are many “missing” students
U.S.DOE Recommendations on SEBMH

• Prioritize wellness for each and every child, student, educator, and provider

• Enhance mental health literacy and reduce stigma and other barriers to access

• Implement a continuum of evidence-based prevention practices

• Establish an integrated framework of educational, social emotional, and behavioral-health support for all

• Leverage policy and funding

• Enhance workforce capacity

• Use data for decision making to promote equitable implementation and outcomes
PBIS is the Framework for Aligning your Initiatives

- Community Partnership Integrations
- Trauma Informed Strategies
- Wraparound
- School Mental Health
- Function-based Support
- Check & Connect
- Classroom Management
- Check In Check Out
- Restorative Practices
- Dropout Prevention
- Wellness & Self-Regulation
- Bullying Prevention
- Cognitive Behavior Counseling
- School Climate
- Social Emotional Learning
- Literacy Instruction
- Cultural Responsiveness
- Social Skills Programming
- Equity
- Outcomes
- Data
- Practices
- Systems
- Equity
Evidence Base and Outcomes for PBIS

The PBIS framework is supported by research spanning decades (Center on PBIS, 2020). Study after study confirms the positive impact on improving student and school outcomes. The evaluation brief, "Is School-wide Positive Behavior Support an Evidence-based Practice?" (2020) and the article "Examining the Evidence Base for School-wide Positive Behavior Support" (2010) each lay out some of the research and provide additional resources to explore the topic further.
Developing Comprehensive, Multi-Tiered, School-Based Suicide Prevention

Virtual PBIS Leadership Forum 2021 |
October 26, 2021

Eric Bruns, Northwest MHTTC & UW SMART Center
Jennifer Stuber, UW Social Work, Forefront Suicide Prevention
Presentation Overview

- Introductions and Learning Objectives
- Overview of Multi-Tiered Systems of Supports (MTSS)
- Alignment of MTSS & Comprehensive Suicide Prevention
- School-Based Suicide Prevention Planning
- Exemplars at Tier 1, 2 and 3
Eric Bruns, Ph.D.
UW School of Medicine
Associate Director,
School Mental Health Assessment,
Research, and Training (SMART)
Center

Jennifer Stuber, Ph.D.
UW Social Work &
Affiliate Faculty, SMART Center
Co-Founder Forefront Suicide
Prevention

www.smartcenter.uw.edu
Learning Objectives

● Participants will gain a better understanding of the relationship between school-based suicide prevention & MTSS
● Participants will review systems, programs/practices and data needed for comprehensive school-based suicide prevention
● Participants will learn of exemplar suicide prevention strategies & programs at Tier 1, 2 and 3
Students Experiencing Significant Behavioral Health Issues:

**Depression & Anxiety**

- Depressive feelings
- Anxious
- Can't control worry

<table>
<thead>
<tr>
<th></th>
<th>Grade 8</th>
<th>Grade 12</th>
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<tbody>
<tr>
<td>Depressive feelings</td>
<td>32%</td>
<td>68%</td>
</tr>
<tr>
<td>Anxious</td>
<td>55%</td>
<td>41%</td>
</tr>
<tr>
<td>Can't control worry</td>
<td>45%</td>
<td>59%</td>
</tr>
</tbody>
</table>
Suicidal Behavior Young Adults 0-18 in US (2019)

- 2156 deaths (20% of all deaths in this age range)
- 53,900 attempts (25 per death)
- 9,120,807 serious suicidal thoughts (11.8%)*
- 12,830,966 mental health challenges (16.6%)

* 77,294,977 total population
In the past, student access to structured mental health services in schools hasn’t been implemented in a functional way. It’s been ancillary & after the fact. We have the opportunity now to redesign schools & make sure that mental health services are a core part of school’s DNA.
“MTSS is something to help organize the adults and their implementation of best practices within classrooms and schools. MTSS is not about organizing kids as much as it is about organizing what we do for and with kids and their families.” - Dr. George Sugai, Professor Emeritus, University of Connecticut

https://www.k12.wa.us/student-success/support-programs/multi-tiered-system-supports-mtss
MTSS Operating System for all Practices, Programs & Initiatives

- Organize resources
  - Convene teams
  - Initiative inventory & resource mapping
- So kids get help early
  - Screening and progress monitoring
- Do things that are likely to work
  - Evidence-based practices & formal routine for selecting and deselecting EBPs
- Provide supports to staff to do it right
  - Fidelity
- Invest in staff so they can support all students
  - Culture of wellness
  - Time, space, support for training, coaching planning and performance feedback
  - Focus on school environment and whole population support
- Make sure we are implementing well
  - Not assigning blame to students when we aren’t holding adults accountable for high fidelity of implementation of EBPs
- Continuously adjust – Plan, Do, Study, Act

Barrett, 2020
Alignment of MTSS & Suicide Prevention Systems

- **Public Health Approach** “Everyone has a role to play”
- **Cultural shift** to support social, emotional, and behavioral wellness
- **Leadership buy-in** prioritization of efforts related to help-seeking, positive behavior support, mental health and suicide prevention
- **Team focus** in school and with community
- **Plan Development** and implementation

**Practices/ Programs**

- Emphasis on **prevention programming** and skills building
- **Professional Development** to understand core concepts and role
- **Intensive training** for tier 2, 3 supports
- **Student Voice**

**Data**

- **Use of district data** on prevalence of suicide behaviors, risk & protective factors
- **Use of school data** screening, assessment, safety planning, re-entry
- **Monitoring** effectiveness and fidelity of programs
Domains of Action:
Prevention - Intervention - Re-entry - Postvention

UPSTREAM: Tier 1: Build social emotional learning skills, mental health literacy, protective factors

MIDSTREAM: Tier 2 Provide extra support to students with risk factors

DOWNSTREAM: Tier 3 Support youth who are struggling including students re-entering school after a crisis

POSTVENTION: Tier 3 Implement best practices after a youth suicide
MTSS Suicide Prevention Systems

- Structures needed within the district/school and connections to outside resources to implement an integrated and effective suicide prevention system

Example Components:
- Team approach aligned with MTSS
- Database of school-based behavioral health expertise and MOUs with behavioral health resources
- Environmental scan - to ensure the physical school environment is safe
- Procedures in the aftermath of a suicide
MTSS Suicide Prevention
Programs and Practices

Strategies to support students at high risk
- Individualized student interventions and supports
- Crisis response and community partnerships
- Re-entry and postvention planning

Strategies to support students at risk
- Targeted training for specialized staff
- Targeted small group interventions for students
- Suicide risk assessment, safety planning

Strategies to create emotionally supported and physically safe environments for students & identify students at-risk
- Gatekeeper training for staff, students and families
- SEL interventions to enhance healthy coping & help-seeking
- School-wide initiatives to increase protective factors to reduce risk factors (e.g., bullying prevention, trauma-informed practices)
- Student Voice
- Screening

Prevention, data

Intervention

Re-entry, postvention
Behavioral health promotion and suicide prevention efforts → specifically, programs, training for staff, parents/ caregivers, screening

**Example Components:**
- Having a plan for providing suicide prevention training to Students, School Faculty/Staff, and Parent/Caregivers
- Includes method(s) for identifying students who might be at risk
- Identifies evidence-based programs for prevention
- Trainings for school staff, parents/ caregivers
Few programs aim to prevent suicidal ideation and attempts (Katz et al., 2013; Wasserman et al., 2015; Schilling et al., 2015)

Many do not lead to behavior change (i.e., identification and referrals) (Robinson-Link et al., 2020; Holmes et al., 2021)

Not student-directed, driven by adults (Wasserman et al., 2015)

Few programs are culturally adapted (Katz et al., 2013)

Rarely grounded in theory, embedded in a comprehensive approach to suicide prevention or an MTSS framework, integrate screening (Schilling et al., 2015; Wasserman et al., 2015; Khan et al., 2020)
Figure 1. The integrated motivational-volitional (IMV) model of suicidal behaviour

Pre-Motivational Phase: Background Factors & Triggering Events
- Diathesis
- Environment
- Life Events

Motivational Phase: Ideation/Intention Formation
- Defeat & Humiliation
- Entrapment
- Suicidal Ideation & Intent

Volitional Phase: Behavioural Enaction
- Suicidal Behaviour

Threat to Self Moderators (TSM)
- e.g., social problem-solving, coping, memory biases, ruminative processes

Motivational Moderators (MM)
- e.g., thwarted belongingness, burdensomeness, future thoughts, goals, norms, resilience, social support, attitudes

Volitional Moderators (VM)
- e.g., access to means, planning, exposure to suicide, impulsivity, physical pain sensitivity, fearlessness about death, fearlessness about death, imagery, past behaviour
Tier 1: What Do All Students Need?

- Literacy
- Gatekeeper training
- SEL skills
- Student voice
Tier 1 Examples
Discussions & Role Plays in Health Class
Signs of Suicide health class gatekeeper training & depression screening

LEARN TO ACT

WONDERING ABOUT THE ACT MESSAGE?

Ask your child! Your student has learned to ACT (Acknowledge, Care, Tell) so they are prepared to get help for themselves or a friend. With students home from school, the ACT message is more important than ever. Check in with your child to:

- **Acknowledge** any concerns they may have about their own emotions or a friend’s reactions.
- **Care:** Show them how much you care by listening and taking their concerns seriously.
- **Tell:** Make yourself available as a safe person they can tell about big problems.
Sources of Strength uses Peer Leaders to enhance Protective factors associated with Reducing Suicide at the School Population Level.
Tier 2: Individual Interventions & Coping Strategy Development

- Provide supports, build coping strategies, monitor youth identified to be at-risk
- Identifies process for referring students of concern to trained school staff & community based resources
- Identifies policies for managing students at risk for suicide
- Establish procedures for conducting Safety Plans with students of concern, providing guidance to caregivers
- Coping Skills Groups
Tier 2 Examples
# Risk Assessment Checklist

**SUICIDE RISK ASSESSMENT CHECKLIST**

<table>
<thead>
<tr>
<th>Category</th>
<th>Assessment Question</th>
<th>Yes</th>
<th>No</th>
<th>*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Current Ideation</td>
<td>Is the student thinking of suicide now?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. Communication of Intent</td>
<td>Has the student communicated directly or indirectly ideas of intent to harm/kill themselves? (Communication may be verbal, non-verbal, electronic, written.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Plan</td>
<td>Does the student have a plan to harm/kill themselves now?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Means and Access</td>
<td>Does the student have the means/access to kill themselves now?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Past Ideation</td>
<td>Has the student ever thought of suicide?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Previous Attempts</td>
<td>Has the student ever tried to kill themselves (i.e. previous attempts, repetitive self-injury)?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>7. Changes in Mood / Behavior</td>
<td>In the past year, has the student ever felt so sad that he/she stopped doing regular activities?</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

The questions below should not be read to the student, but rather should be used as a guide while assessing the student.
# Risk Assessment Checklist

<table>
<thead>
<tr>
<th>RISK LEVEL</th>
<th>DEFINITION</th>
<th>INDICATORS</th>
<th>ACTIONS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low Risk</td>
<td>Does not pose imminent danger to self; insufficient evidence for suicide potential.</td>
<td>Passing thoughts of suicide; no plan; no previous attempts; no access to weapons or means; no recent losses; support system in place; no alcohol/substance abuse; depressed mood/affect; evidence of thoughts in notebooks, internet postings, drawings; sudden changes in personality/behavior (e.g., distracted, hopeless, academically disengaged).</td>
<td>Reassure and supervise student; may communicate concerns with parent/guardian, assist in connecting with school and community resources, including crisis lines, and/or referral to mental health; mobilize a support system; develop a safety plan that identifies caring adults, appropriate communication and coping skills; follow up with student and monitor, as needed.</td>
</tr>
<tr>
<td>Moderate Risk</td>
<td>May pose imminent danger to self, but there is insufficient evidence to demonstrate a viable plan of action to do harm.</td>
<td>Thoughts of suicide; plan with some specifics; unsure of intent; previous attempts and/or hospitalization; difficulty naming future plans; past history of substance use, with possible current use; self-injurious behavior; recent trauma (e.g., loss, victimization).</td>
<td>Reassure and supervise student; escort student to appropriate office; do not leave student unsupervised; contact administrator immediately in person; notify parent/guardian; call Youth Mental Health Crisis Line (800)626-8137 or 911 if appropriate. With team, consider initiate level one threat assessment. *Complete Safety Plan upon return or at first contact after crisis. **Consider 504 and/or special education referral.</td>
</tr>
<tr>
<td>High Risk</td>
<td>Poses imminent danger to self with a viable plan to do harm; exhibits extreme and/or persistant suicidal thoughts and/or behaviors.</td>
<td>Current thoughts of suicide; plan with specifics, indicating when, where and how; access to weapons or means in hand; directive intent to commit suicide.</td>
<td>Supervise student at all times; contact administrator immediately; notify school administrator; call Youth Mental Health Crisis Line (800)626-8137 or 911 if appropriate.</td>
</tr>
</tbody>
</table>
**Battle Ground Public Schools**

**SAFETY PLAN**

**Student Name:** ___________________  **DOB:** ___________________

**School:** ___________________  **Current Grade:** ___________________

**Date:** _______________  **Person Completing Form:** ___________________

---

**Step 1: Warning signs (thoughts, images, moods, situations, behavior) that a crisis might 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:**

1. 
2. 
3. 

**Step 3: People and social settings that provide distraction:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

**Step 4: People whom I will ask for help:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Are they in your phone?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
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*Personal information and safety strategies should be completed and reviewed with school staff.*
NOTIFICATION OF EMERGENCY

The undersigned, the parent/guardian of ___________________________ was involved in a conference with school personnel indicated below on ___________________________.

☐ I have been advised that my child appears to be in a state of psychological emergency (danger of hurting self / suicidal ideation).

☐ I have been further advised that I should seek some psychological/psychiatric consultation as soon as possible/immediately.

☐ I have been provided with a list of mental health resources and emergency numbers.

☐ I have been provided Home Safety and Supervision Tips for Keeping Your Child Safe information.

☐ I understand that Battle Ground Public Schools is not responsible for the provision of or payment for these services, but is alerting me to this emergency just as they would inform me of any health problem. Any further action that I undertake in regard to this matter is of my own decision and my own financial responsibility.

☐ I understand a re-entry meeting must occur upon my child’s return to school.

__________________________________________
Parent or Legal Guardian
# Home Safety and Supervision
## Tips for Keeping Your Child Safe

### WHAT DO I NEED TO KNOW ABOUT YOUTH SUICIDE?

**Risk factors for exhibiting suicidal behavior:**
- Loss of a significant other
- Previous suicide of a peer or family member
- Family and personal stress
- Substance Abuse
- Depression and other mental health issues
- Problems at school
- Access to weapons or other means of harming oneself
- Questions regarding sexual orientation

Students who are having suicidal thoughts may exhibit a variety of symptoms including, but not limited to:
- Significant changes in behavior such as change in appearance, changes in grades, withdrawing from friends, changes in eating or sleeping habits.
- Making suicidal threats — either direct “I want to die” or indirect “Things would be better if I weren’t here.”
- Appears sad or hopeless
- Reckless behavior
- Self-inflicted injuries
- Giving away prized possessions
- Saying good bye to friends and family
- Making out a will

It is important to remember the signs and risk factors listed are generalities. Not all students who contemplate or die by suicide will exhibit these kinds of symptoms AND not all students who exhibit these behaviors are suicidal.

### WHAT CAN I DO TO KEEP MY CHILD SAFE?

**ASK.** Talking about suicide does not make a student suicidal. Asking if someone is having suicidal thoughts gives him/her permission to talk about it. Asking sends the message that you are concerned and want to help.

**TAKE SIGNS SERIOUSLY.** Studies have found that more than 75% of people who die by suicide showed some of the warning signs in the weeks or months prior to their death.

**GET HELP.** If you have concerns that your child is suicidal, seek immediate help from a mental health practitioner. Suicidal students need to be evaluated by an expert in assessing risk and developing treatment plans. Parents can contact school counselors, nurse, or psychologists for a listing of resources. Parents may also want to consult with their insurance company to obtain a list of mental health providers covered by their policy. When you call to make an appointment, tell the person on the phone that your child is suicidal and needs to be seen as soon as possible.

**LIMIT ACCESS TO WEAPONS, PRESCRIPTION DRUGS, MEDICATIONS AND OTHER MEANS.**

**DO NOT LEAVE HIM OR HER ALONE.** It is important that parents surround themselves with a team of supportive friends or family members who can step in and help as needed.

**REASSURE YOUR CHILD THAT LIFE CAN GET BETTER.** Many suicidal people have lost all hope that life can improve. They may have difficulty problem solving even simple issues. Remind your child that no matter how bad things are the problem can be worked out. Offer your help.
<table>
<thead>
<tr>
<th>DBT Skill Sets at a Glance</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Core Mindfulness</strong></td>
</tr>
<tr>
<td><strong>What Skills</strong></td>
</tr>
<tr>
<td>Observe</td>
</tr>
<tr>
<td>Describe</td>
</tr>
<tr>
<td>Participate</td>
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<tr>
<td><strong>How Skills</strong></td>
</tr>
<tr>
<td>One-mindfully</td>
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<tr>
<td>Non-judgmentally</td>
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<tr>
<td>Effectively</td>
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<tr>
<td><strong>Reality Acceptance</strong></td>
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<tr>
<td>Radical Acceptance</td>
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<tr>
<td>Turn the Mind</td>
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<tr>
<td>Willingness</td>
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<tr>
<td>Notice Willfulness</td>
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<tr>
<td><strong>Interpersonal Effectiveness</strong></td>
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<tr>
<td>Describe</td>
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<td>Express</td>
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<td>Assert</td>
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<td>Reinforce</td>
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<td><strong>Mindful</strong></td>
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<td><strong>Appear Confident</strong></td>
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<td><strong>Negotiate</strong></td>
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<td>Interested</td>
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<td>Validate</td>
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<td>Easy Manner</td>
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<td><strong>Fair</strong></td>
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<tr>
<td>no Apologies</td>
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<tr>
<td>Stick 2 Values</td>
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<td>Truthfulness</td>
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<tr>
<td><strong>Emotion Regulation</strong></td>
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<td>Accumulate positive</td>
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<tr>
<td>experiences</td>
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<tr>
<td>Build mastery</td>
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<td>Cope ahead of time</td>
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<tr>
<td>treat Physical Illness</td>
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<tr>
<td>Eat balanced meals</td>
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<td>Avoid mood-altering drugs</td>
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<td>Sleep balanced</td>
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<tr>
<td>Exercise</td>
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<td><strong>Validate</strong></td>
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<tr>
<td>Imagine</td>
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<tr>
<td>Take small steps</td>
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<tr>
<td>Applaud yourself</td>
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<tr>
<td>Lighten your load</td>
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<tr>
<td>Sweeten the pot</td>
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<tr>
<td><strong>Mindful to emotion</strong></td>
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<tr>
<td><strong>Behavior chain analysis</strong></td>
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<td><strong>Opposite Action</strong></td>
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<tr>
<td><strong>Pros and Cons</strong></td>
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<td><strong>Distress Tolerance</strong></td>
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<tr>
<td>Activities</td>
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<tr>
<td>Contributing</td>
</tr>
<tr>
<td>Comparisons</td>
</tr>
<tr>
<td>Emotion opposites</td>
</tr>
<tr>
<td>Pushing away</td>
</tr>
<tr>
<td>Thoughts</td>
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<tr>
<td>Sensations</td>
</tr>
<tr>
<td>Imagery</td>
</tr>
<tr>
<td>Meaning</td>
</tr>
<tr>
<td>Prayer</td>
</tr>
<tr>
<td>Relaxation</td>
</tr>
<tr>
<td>One thing at a time</td>
</tr>
<tr>
<td>Vacation</td>
</tr>
<tr>
<td>Encouragement</td>
</tr>
<tr>
<td>Temperature</td>
</tr>
<tr>
<td>Intense physical exertion</td>
</tr>
<tr>
<td>Paced breathing</td>
</tr>
</tbody>
</table>

**DBT SKILLS IN SCHOOLS**
Skills Training for Emotional Problem Solving for Adolescents (DBT STEPS-A)

James J. Mazza, Elizabeth T. Dexter-Mazza,
Alec L. Miller, Jill H. Rathus, and Heather E. Murphy
Foreword by Marsha M. Linehan
Tier 3: Individual Interventions, Re-Entry and Postvention

- Established relationships with community based resources
- Identifies policies for managing students at risk for suicide
- Establish procedures for revisiting Safety Plans with students of concern, on-going communication with caregivers
- Re-entry procedures
- Postvention procedures
Tier 3 Examples
Children’s Mobile Crisis Response

URGENT & ONGOING SUPPORT FOR YOUR FAMILY

URGENT CRISIS OUTREACH

• We come to you – at home, in the community or wherever the crisis is happening
• We provide immediate safety by de-escalating the crisis situation
• We debrief the crisis and create a plan to keep everyone safe in the immediate future
• We create an action plan with you to meet your family’s needs
• We help make sure you get connected to longer-term services and support
• We team with your family in a culturally competent way to keep your child safe at home
Personalized mental health treatment for teens, young adults, and families

Connect instantly from anywhere with licensed professionals.

Get help now

Call 1 (206) 339-9644
MTSS Suicide Re-Entry Procedures

Policies and procedures to support a student who has missed school due to a behavioral health concern

Example Components:
• Identifies staff member(s) responsible for handling the re-entry process
• Establishes a process for setting up re-entry meetings with students and their families/caregivers
• Arrange accommodations with teachers as needed
• Note: There should never be punitive measures and/or policies that can increase stigma and/or reduce help-seeking behavior in the re-entry process (i.e., students should never have to re-apply to return to school)
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Returning Day</td>
<td>Have parent escort student on first day back. Develop a re-entry communication and safety plan in the event of future emergencies.</td>
</tr>
<tr>
<td>Hospital Discharge Documents</td>
<td>Request discharge documents from hospital or Medical Clearance for Return to School from parent on first day back. (FORM J) Obtain Authorization or Exchange/Release Information for relevant providers including psychiatrist, treating physician, psychologist etc... Update medication list.</td>
</tr>
<tr>
<td>Meeting with Parents</td>
<td>Engage parents, school support staff, teachers, and student, as appropriate in a Re-Entry Planning Meeting.</td>
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<td></td>
<td>• Identify on-going mental health resources in school and/or in the community.</td>
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<td></td>
<td>• Modify academic programming, as appropriate.</td>
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<td></td>
<td>• Consider an assessment for special education for a student whose behavioral and emotional needs effect their ability to benefit from their educational If the student is prescribed medication, monitor with parent consent.</td>
</tr>
<tr>
<td></td>
<td>• Offer suggestions to parents regarding monitoring personal communication devices, including social networking sites, as needed.</td>
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<td></td>
<td>• Notify student’s teachers, as appropriate.</td>
</tr>
<tr>
<td>Identify Supports</td>
<td>Assist the student in identifying adults they trust and can go to for assistance at school and at home (reference Student Safety Plan document)</td>
</tr>
<tr>
<td>Address Bullying, Harassment, Discrimination</td>
<td>As needed, ensure that any bullying, harassment, discrimination is being addressed.</td>
</tr>
<tr>
<td>Designate Staff</td>
<td>Designate staff (e.g., SAP Counselor, School Counselor, School Psychologist, School Nurse, et cetera) to check in with the student during the first couple weeks periodically.</td>
</tr>
<tr>
<td>Release of Information</td>
<td>Obtain consent by the parent to discuss student information with outside providers using the Parent Authorization for Release/Exchange of Information.</td>
</tr>
<tr>
<td>Manage and Monitor</td>
<td>Case management and monitoring – ensure the student is receiving and accessing the proper mental health and educational services needed.</td>
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</tbody>
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MTSS Suicide Postvention

- Identify processes for supporting the school community following the loss of a student, faculty, or school staff member to suicide.

- Broken into 5 components
  - Infrastructure
  - Before the first day
  - During the first day
  - After the first day
  - Post-crisis

- Prevent possible contagion effects.
Data needs to be analyzed and collected to assess student need, to select/evaluate prevention programming, and to monitor progress for students at Tiers 2, 3.

Example Data Components:
- YRBS data at the district level
- Evaluation data from Tier 1 programming
- Progress monitoring of students at Tier 2, 3
- Debrief after school suicide
QUESTIONS TO ASK YOUR TEAM

Is your school’s suicide prevention planning and implementation:

● Aligned with MTSS?
● Comprehensive across Tiers 1, 2, 3?
● School or student centered?
● Adult or student-directed?
● Data informed?
Contact Information:
Eric Bruns: ebruns@uw.edu
Jennifer Stuber: Jstuber@uw.edu
Please Complete this Session’s Evaluation

Session #B7- Developing Comprehensive, Multi-tiered School-based Suicide Prevention

1. In the Event Platform/App:
   - In “Files” tab,
   - In “Evaluations” in the navigation menu
   - In “Chat”

OR

2. QR Code

AFTER YOU SUBMIT EACH SESSION EVALUATION, CLICK THE LINK TO ENTER THE GIFT CARD RAFFLE

Evaluations are anonymous! We send reminder emails to all participants.

Virtual PBIS Leadership Forum | #PBISForum  October 26-28, 2021