



Hope > Pain: What Does It Mean to Prevent Suicide?

Stan Collins

Stan Collins
Co-founder, Directing
Change

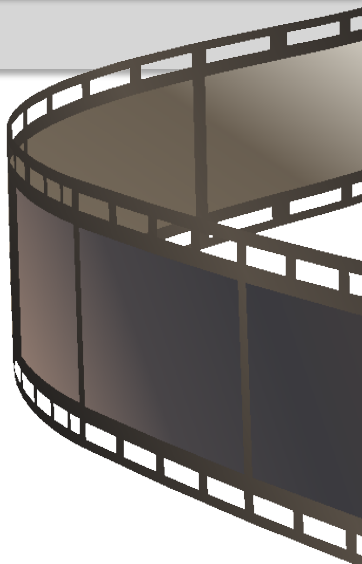


Directing Change

Program and Film Contest

***“Suicide prevention and intervention require
constant vigilance.”***

Hayes Lewis, co-creator of Zuni Life Skills



The Case for Policies and Procedures

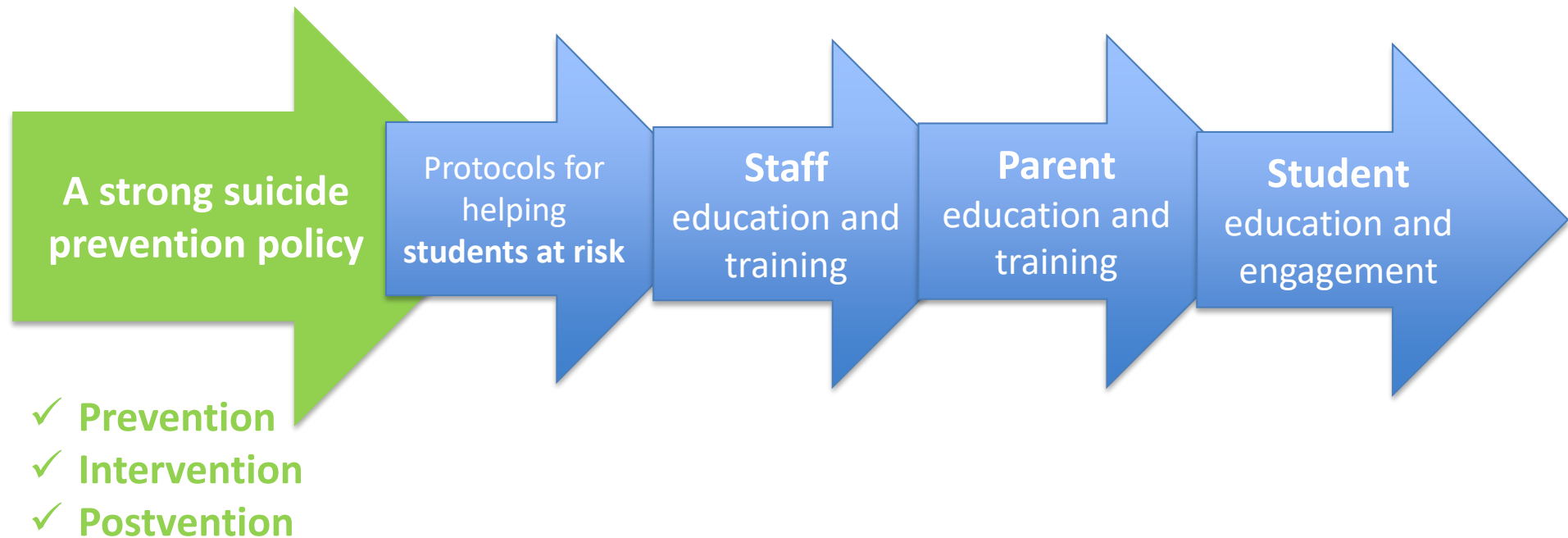


- ☐ Maintaining a safe and secure school environment is part of school's mission
- ☐ Promote the behavioral health of students, which enhances their academic performance
- ☐ Impact of suicide on other students and school community
- ☐ Avoid liability related to suicides or suicide attempts by students



Building a Strong Foundation

Create a policy that provides the foundation for suicide prevention, intervention, and postvention in your district.



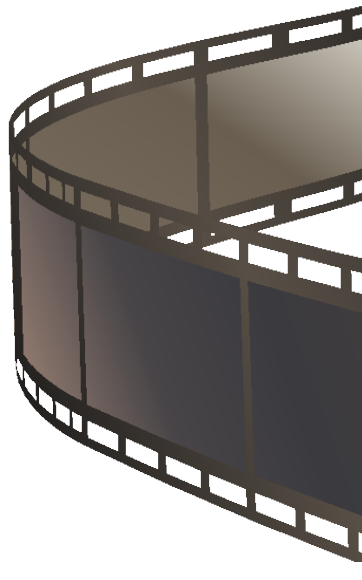
This presentation is based in part on information found in:

- ***After a Suicide: A Toolkit for Schools***
(SPRC, AFSP)
 - <http://www.sprc.org/sites/default/files/resource-program/AfteraSuicideToolkitforSchools.pdf>
- ***Suicide in Schools: A Practitioner's Guide to Multi-level Prevention, Assessment, Intervention, Postvention***
(Erbacher, Singer, Poland)
- ***Preventing Suicide: A Toolkit for High Schools*** (SAMHSA, Ch. 3)
 - <https://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669>
- ***The K12 Toolkit for Mental Health Promotion and Suicide Prevention***
(HEARD Alliance)
 - <http://www.heardalliance.org/help-toolkit/>





*Practical Suggestions:
Responding to Suicide Deaths*



Practical Suggestions

- Reorganize seating chart
 - Theater style to circle, don't just move students to new seats
- Counselor to “shadow” deceased's schedule
 - Multiple days
 - Entire class period (not just “check-ins”)
- Protocols should be connected to position, not person
 - Identify “back up” or secondary roles in case of staff absence
- Cultural considerations for family

Practical Suggestions

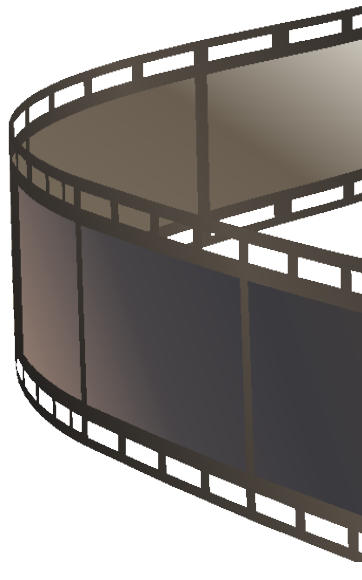
- Use consistent resources in all communications
 - Identify 2-3 key resources, don't overwhelm
- Use substitute teachers in support roles
 - Consider offering teachers who had the deceased student in their class an opportunity to co-facilitate with a colleague (back-fill other spot)
- Stagger debrief meetings at different times to make them accessible to all staff
 - Not all staff will be available for same meeting, depending on roles (Consider how to engage support staff, for example, security, food services, others)

Practical Suggestions

- Create script for administrative support staff
- Remove student from attendance system
 - Consider mailings (test scores, automated mailings)
- Secure all student files
 - Administration to safely secure



*Postvention:
Responding to Suicide Deaths*



What is Postvention?

Postvention refers to programs and interventions for survivors following a death by suicide.

Postvention Considerations:

- **Timing** is CRITICAL
- Plans are best followed when created **BEFORE** a suicide occurs



Why Postvention in Schools?

- Schools are often unsure about how to respond after a suicide and there has been debate as to best practice response
- Certain practices may put some students at greater risk
- An effective response can reduce the risk of suicide contagion and restore a safe, healthy learning environment



Grief and Surviving Suicide Loss



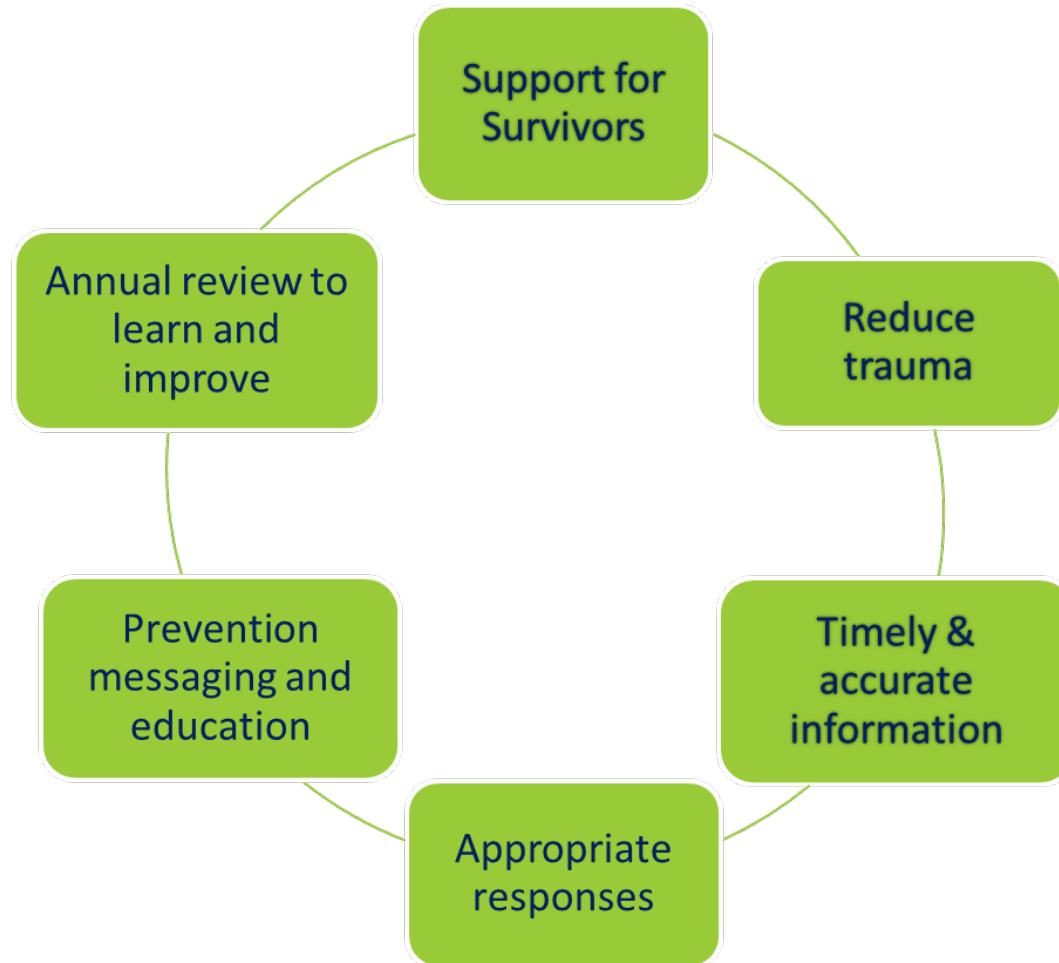
- Shame, blame, guilt
- Anger, abandonment
- Shock and disbelief – or relief
- Fear of losing others
- Increased risk themselves (contagion)

Goals of Suicide Postvention

- Assist survivors in the grief process
- Identify and refer individuals who may be at risk following the suicide
- Provide accurate information while minimizing the risk of suicide contagion
- Implement or advance ongoing prevention efforts



Elements of a Postvention Plan



Postvention Checklist

Steps to Take in Immediate Aftermath	Staff Responsible	External Contacts (Phone Numbers)	Tools
Notify key individuals			
1. Verify death	Lead: <input type="text"/> Backup: <input type="text"/>	Police: <input type="text"/> Medical examiner: <input type="text"/>	
2. Ensure that staff know how to respond to inquiries and manage the campus for safety	Lead: <input type="text"/> Backup: <input type="text"/>		Tool 3.A.1: Sample Script for Office Staff
3. Notify superintendent's office	Lead: <input type="text"/> Backup: <input type="text"/>	Superintendent : <input type="text"/> Backup/weekends: <input type="text"/>	
4. Notify district crisis team*	Lead: <input type="text"/> Backup: <input type="text"/>	District crisis team: <input type="text"/> Weekend/vacation/late night contacts: <input type="text"/>	
5. Notify schools attended by family members of the deceased	Lead: <input type="text"/> Backup: <input type="text"/>	Other schools in district: <input type="text"/>	
6. Contact and coordinate with external mental health professionals	Lead: <input type="text"/> Backup: <input type="text"/>	Community mental health providers: <input type="text"/> External crisis response professionals: <input type="text"/>	Tool 3.A.2: Sources of Postvention Consultation
7. Reach out to and work with the family of the deceased	Lead: <input type="text"/> Backup: <input type="text"/>		Tool 3.A.3: Guidelines for Working with the Family
<i>*In tribal communities, Bureau of Indian Education schools notify the main office and tribal schools notify the principal.</i>			

Steps to Take in Immediate Aftermath	Staff Responsible	External Contacts (Phone Numbers)	Tools
Notify school community			
8. Notify all faculty and staff	Lead: <input type="text"/> Backup: <input type="text"/>		Tool 3.A.4: Guidelines for Notifying Staff
9. Coordinate notifying students about the deaths	Lead: <input type="text"/> Backup: <input type="text"/>		Tool 3.A.5: Sample Announcements
10. Notify families of students about the death and the school's response	Lead: <input type="text"/> Backup: <input type="text"/>		Tool 3.A.6: Sample Letter to Families
Support students and staff			
11. Provide staff with guidance in talking to students	Lead: <input type="text"/> Backup: <input type="text"/>		Tool 3.A.7: Talking Points for Students and Staff After a Suicide
12. Provide support to staff	Lead: <input type="text"/> Backup: <input type="text"/>	Community mental health professionals: <input type="text"/>	
13. Identify, monitor, and support students who may be at risk	Lead: <input type="text"/> Backup: <input type="text"/>		
14. Implement steps to help students with emotional regulation	Lead: <input type="text"/> Backup: <input type="text"/>		
15. Participate in and/or advise on appropriate memorialization in the immediate aftermath	Lead: <input type="text"/> Backup: <input type="text"/>		Tool 3.A.8: Guidelines for Memorialization
Minimize risk of contagion through the media			
16. Work with press/media	Lead: <input type="text"/> Backup: <input type="text"/>	Local media contact(s): <input type="text"/>	Tool 3.A.9: Guidelines for Working with the Media
17. Monitor social media	Lead: <input type="text"/> Backup: <input type="text"/>		

Staff Planning Session

Guidelines for staff include:

- Replacing rumors with facts and honoring the family's request for privacy
- Encouraging the ventilation of feelings
- Stressing the normality of grief and wide array of stress reactions children demonstrate
- Discouraging attempts to romanticize the suicide
- Identifying students at risk for an imitative response
- Knowing how to make the appropriate referrals
- NOTE: Consider how to reach ALL staff (including support staff)

Identify Those Significantly Affected by the Suicide

- Inquire with family of deceased student for connections
- Discuss during all-staff meeting
 - Identify all school connections (teams, clubs, activities)
 - Whether deceased student is new to the school or well-connected (been in same district since childhood)
- Allow for students with no direct connection to be affected. We may not be aware of all social networks or past friendships.

Long-Term Considerations

Long-term suicide postvention response:

- Anniversaries and birthdays
 - Identify two staff members to be responsible for noting key dates in future
- Graduation and yearbooks
 - Define a consistent policy for how all students' deaths are dealt with in yearbooks and graduation ceremonies
- Siblings
 - Provide ongoing supports to siblings who either attend or will be attending school

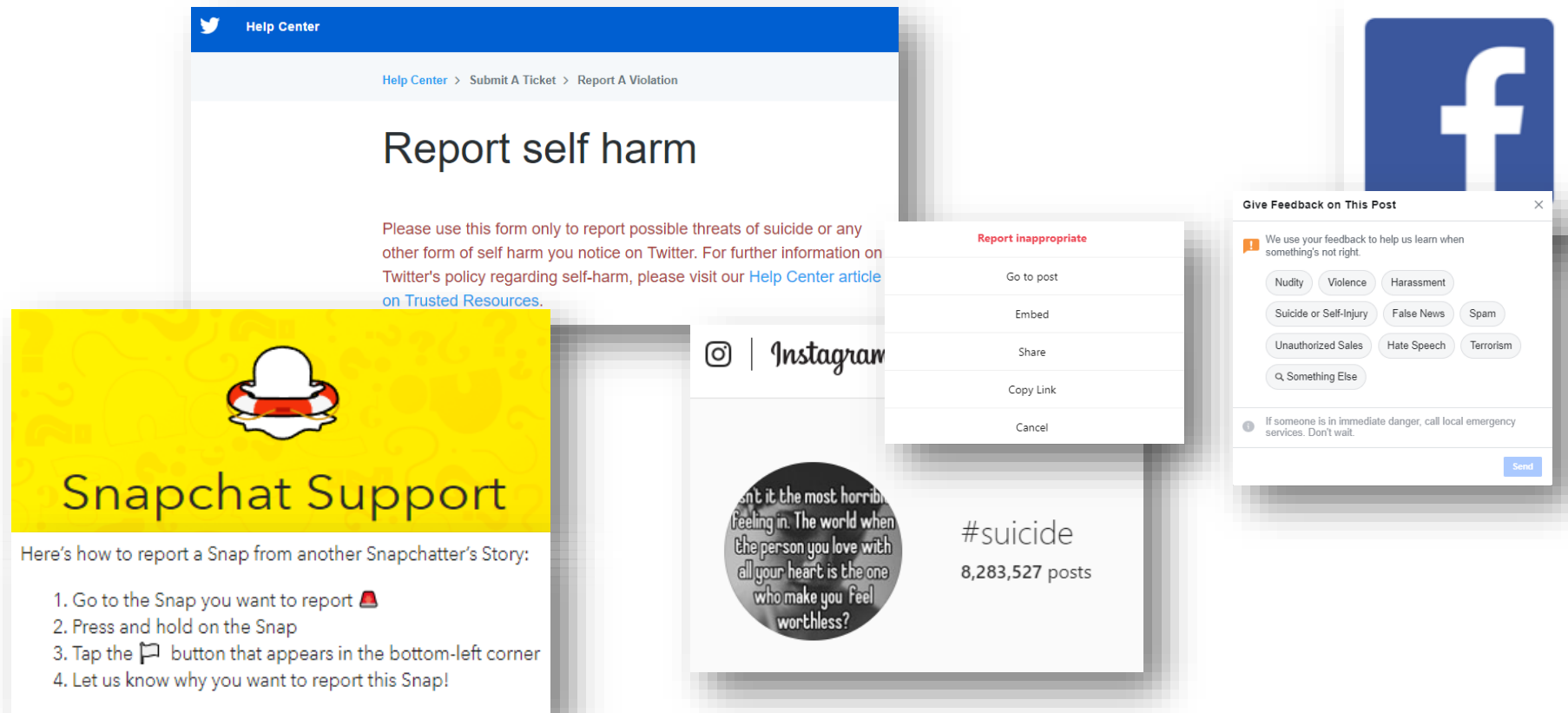


Social Media

- Designate a **Social Media Manager** to assist the Public Information Officer
- Identify **which platforms** students at the school use most
- **Use students** as “cultural brokers” to help faculty and staff understand their use of social media
- **Train students in gatekeeper role**, and specifically identify what suicide risk looks like when communicated via social media

Social Media

Use and promote the reporting mechanisms for concerns about someone (all outlets have process)



On-Campus Memorials

- Strive to *treat all student deaths the same way*
- *Prohibiting all memorials is problematic*
- Memorials should be in places that can be avoided
- Spontaneous memorials should be left in place until after the funeral – then consider giving to the family
- Meet with students and be creative and compassionate
- Develop living memorials, such as student assistance programs, that address risk factors in local youth

Communicating with the School Community

Sample Letters

- Option 1: Death has been ruled a suicide
- Option 2: Cause is unconfirmed (ask that rumors not be spread)
- Option 3: Family has requested cause of death not be disclosed
 - Addressing rumors of suicide
 - Since the subject of suicide has been raised...it's complex but mental illnesses such as depression are usually the cause

For samples and templates, review "After a Suicide: A Toolkit for Schools"

<http://www.sprc.org/sites/default/files/resource-program/AfteraSuicideToolkitforSchools.pdf>

Staff Debrief

- Volunteer ongoing staff debriefing, including updates
- Talk openly with care and concern
- Be comfortable with subject matter
- Provide direct, non-judgmental discussion
- Avoid oversimplifying the cause
- Provide opportunity to debrief with crisis responders
- Create a debrief space where responders can openly discuss what worked and what needs to be improved upon in response
- Discuss school community impact
- Discuss ongoing messaging

Gather Information

- What does suicide look like in your community?
- What currently happens after a suicide death? (What does NOT happen?)
- What formal procedures are already in place?
- What do survivors typically experience?

What Can Be Done to Prevent Suicide?

Know the warning signs

Ask directly about suicide

Make a safety plan and reduce access to lethal means

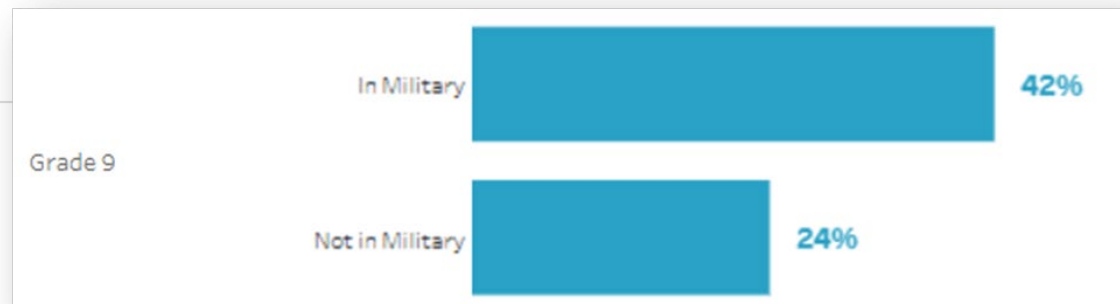
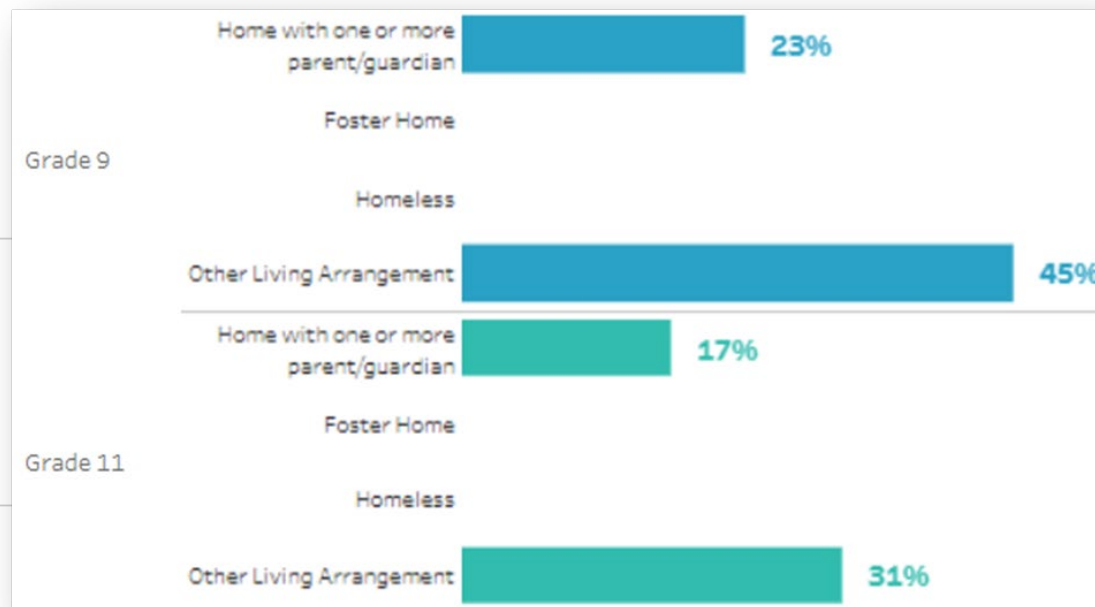
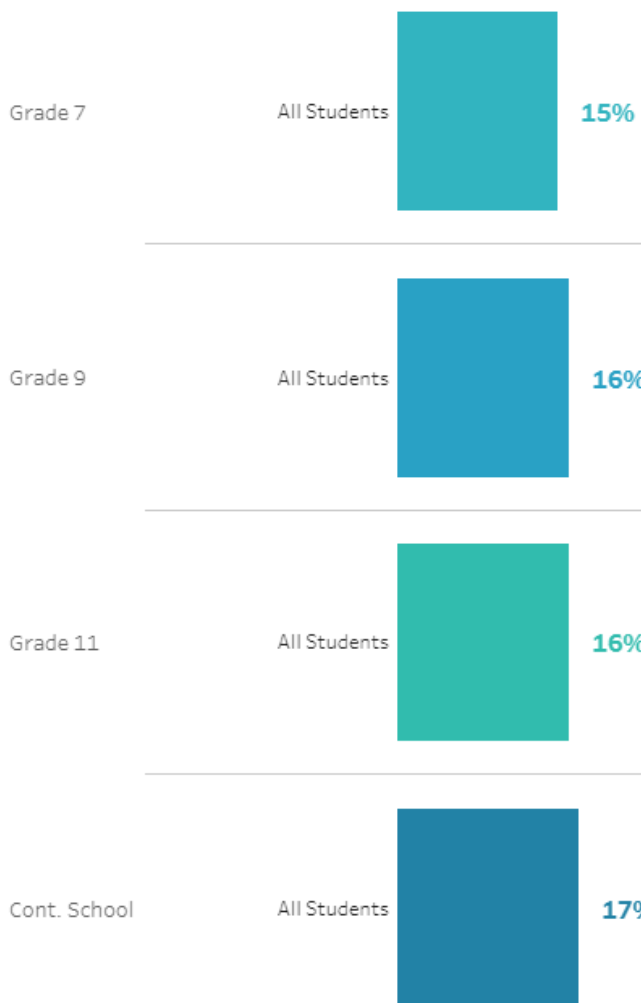
Connect to mental health professional trained in suicide prevention treatments

Create systems to respond to suicide risk in least restrictive (least traumatizing) way

Comprehensive Suicide Prevention

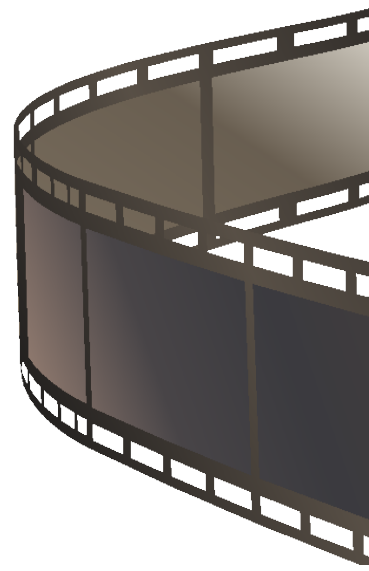


Percentage of students who have considered suicide 2017–2019 (in previous 12 months)





Staff Development and Trainings



What Does the New Law Require?

Education Code section 215 (4)

- (A) The policy shall also address any training to be provided to teachers of pupils **in all of the grades served** by the local educational agency
- (B) Materials approved by a local educational agency for training shall include **how to identify appropriate mental health services**, *both at the school site and within the larger community*, and when and how to refer youth and their families to those services
- (C) Materials approved for training may also include programs that can be completed through **self-review** of suitable suicide prevention materials

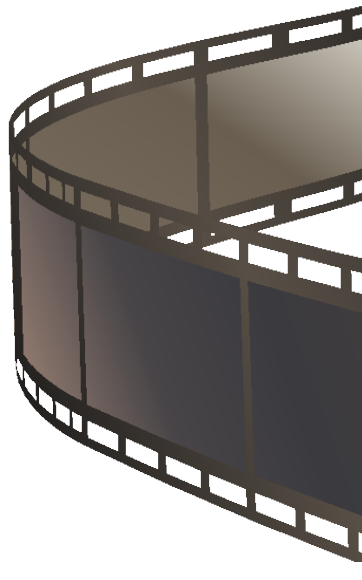
What Does the CDE Sample Policy Recommend?

- All staff will receive annual professional development on risk factors, warning signs, protective factors, response procedures, referrals, postvention, and resources regarding youth suicide prevention
- The training shall be offered under the direction of a district counselor/psychologist and/or in cooperation with one or more community mental health agencies
- Additional professional development in **risk assessment and crisis intervention** will be provided to school-employed mental health professionals and school nurses

Education Code section 215
(a) (4) The policy shall be written to ensure that a school employee acts only within the authorization and scope of the employee's credential or license. Nothing in this section shall be construed as authorizing or encouraging a school employee to diagnose or treat mental illness unless the employee is specifically licensed and employed to do so.



*Student, Parent/Guardian,
and Community Engagement*



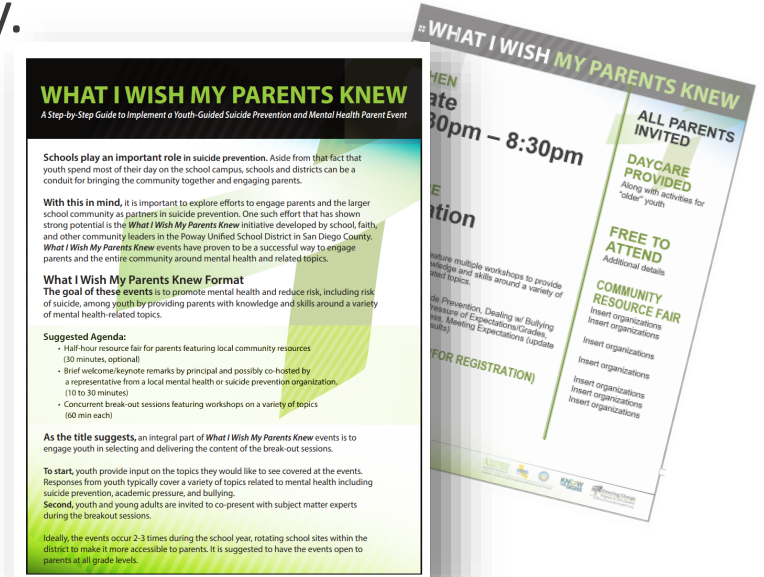
What I Wish My Parents Knew

A 3-hour parent event providing workshops on a variety of mental health-related topics.

Topics for workshops are identified using a student survey.

What I Wish My Parents Knew toolkit includes:

- Step-by-step instructions for hosting event
- Customizable promotional flier template
- Event tracking sheets for presenters and exhibitors



Youth Engagement Programs

- Walk in Our Shoes
- NAMI On-Campus and Ending the Silence Presentations
- The Directing Change Program and Film Contest
- More Than Sad: American Foundation for Suicide Prevention
- LEADS for Youth: Linking Education and Awareness of Depression and Suicide
- Kognito (Peer-to-Peer)



American Foundation
for Suicide Prevention

Youth Engagement

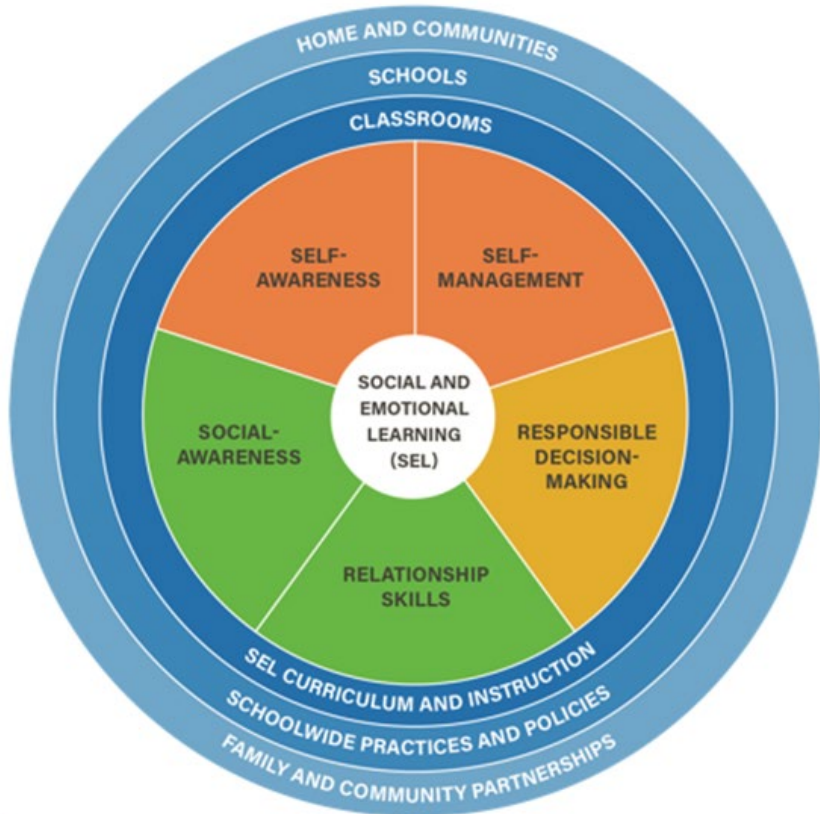


bringchange2mind.org/



namica.org/nami-on-campus/

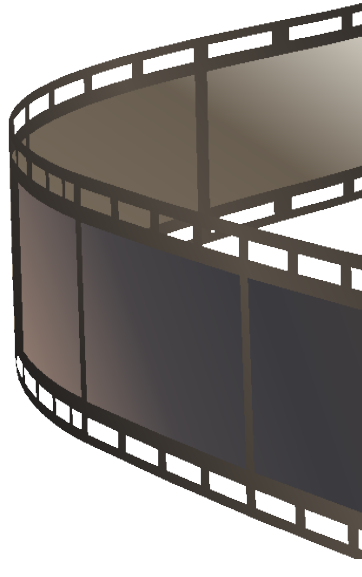
Social-Emotional Learning for Suicide Prevention



- **The skills and strategies that children and teens gain through Social-Emotional Learning (SEL)** have been shown to increase protective factors and reduce risk factors associated with suicide
- **Effective SEL develops skills** in problem solving, conflict resolution, and nonviolent ways of handling disputes as well as a sense of connectedness, all of which serve as protective factors for youth against suicide and other self-destructive behaviors during transitions or crises
- **Teachers, principals, and counselors that develop social and emotional competencies** create a more supportive classroom and climate, and SEL also helps them manage their own emotions, stress, and job satisfaction



Assessment/Intervention



Assessment: What Does the CDE Sample Policy Recommend?

- At **least two staff members** shall be designated as the primary and secondary points of contact regarding potential suicidal intentions
- A **referral process should be prominently disseminated to all staff members**, so they know how to respond to a crisis and are aware of available school and community-based resources
- **Additional professional development in risk assessment and crisis intervention** will be provided to school-employed mental health professionals and school nurses

Education Code section 215 (a)
(4) The policy shall be written to ensure that a school employee acts only within the authorization and scope of the employee's credential or license. Nothing in this section shall be construed as authorizing or encouraging a school employee to diagnose or treat mental illness unless the employee is specifically licensed and employed to do so.

Do You Have Something Like This?

Create a simple one-page or double-sided handout with:

- Warning signs
- Questions to ask to identify suicide ideation
- Referral and support information:
 - Referral process steps
 - Contacts (with phone number) for individuals on campus trained to conduct a risk assessment
 - Crisis resources
 - Clearly state “Do NOT leave the student alone”

Suicide Prevention: Recognizing Risk and Responding to Students

Warning Signs:

Warning signs are indications that someone may be in danger of suicide, either immediately or in the near future. *Most people show one or more warning signs, so it is important to know the signs and take them seriously especially if a behavior is new or has increased and if it seems related to a painful event, loss, or change.*
(www.youthsuicidewarningsigns.org)

- Talking about or making plans for suicide.
- Expressing hopelessness about the future.
- Displaying severe/overwhelming emotional pain or distress.
- Showing worrisome behavioral cues or marked changes in behavior, particularly in the presence of the warning signs above. *Specifically, this includes significant:*
 - Withdrawal from or changing in social connections/situations
 - Changes in sleep (increased or decreased)
 - Anger or hostility that seems out of character or out of context
 - Recent increased agitation or irritability

Questions to Ask:

- **Are you thinking about suicide?**
 - Asking someone “Are you thinking about suicide?” will not put thoughts of suicide in his or her mind. In fact, asking this direct question is important.
- **Do you have a plan? Have you thought about how you might do this?**
 - This will help identify further information to assist with the risk assessment later.

Referral and Support:

Don't leave the student alone at any time. As soon as possible, either walk the student up to the counseling office or contact the following individuals (see list). No matter what time of day it is, **you are required to immediately ensure the student is connected to further support following district protocol.**

Referral Contact List (continue moving down the list until you've made direct contact to provide further assessment for the student):

1. Contact Name, phone number
2. Contact name, phone number
3. Contact name, phone number
4. Contact name, phone number
5. Contact name, phone number
6. Contact name, phone number
7. Contact name, phone number
8. Contact name, phone number
9. Contact name, phone number
10. Contact name, phone number

For additional information about suicide prevention visit: suicideispreventable.org
For educational resources visit: www.directingchange.org/schools/

Assessment

- Whenever a staff member suspects or has knowledge of a student's suicidal intentions, they shall promptly notify the primary or secondary point of contact
 - Conduct assessment
 - Notify parent/guardian
 - Refer to outside resources
- Students experiencing suicidal ideation shall not be left unsupervised



Assessment: Risk Assessment Tools

A suicide risk assessment is warranted:

- **If any suicide warning signs are evident**
- **If significant risk factors are present**

Generally, the more warning signs and risk factors present, the greater the individual's risk.



Assessment: Risk Assessment Tools

Components of a risk assessment:

1. Assess risk factors
2. Ask about suicidal thoughts, plan, and intent
3. Assess protective factors
4. Apply clinical judgment
5. Document

Columbia Suicide Severity Rating Scale (C-SSRS)

COLUMBIA-SUICIDE SEVERITY RATING SCALE <i>Screen Version - Recent</i>		
SUICIDE IDEATION DEFINITIONS AND PROMPTS	Past month	
Ask questions that are bolded and <u>underlined</u> .	YES	NO
Ask Questions 1 and 2		
1) Wish to be Dead: <u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>		
2) Suicidal Thoughts: <u>Have you actually had any thoughts of killing yourself?</u>		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it." <u>Have you been thinking about how you might do this?</u>		
4) Suicidal Intent (without Specific Plan): As opposed to "I have the thoughts but I definitely will not do anything about them." <u>Have you had these thoughts and had some intention of acting on them?</u>		
5) Suicide Intent with Specific Plan: <u>Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>		
6) Suicide Behavior Question: <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u> Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc. If YES, ask: <u>Was this within the past three months?</u>	YES	NO

For inquiries and training information contact: Kelly Posner, Ph.D.
New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; posnerk@nyspi.columbia.edu
© 2008 The Research Foundation for Mental Hygiene, Inc.

- Very brief administration time
- Versions for schools, first responders, healthcare, and other fields
- Available in over 100 languages
- **Age:** suitable across the lifespan for use with adults, adolescents, and young children
- **Special Populations:** indicated for cognitively impaired (for example, Alzheimer's and Autism)
- Developed in an effort to uniquely address need for summary measure – 1st scale to assess full range of ideation and behavior, severity, density, track change
- Deemed “most” evidence-supported

Assessment: Safety Planning

Safety Planning and Support:

- Recognizing the signs of crisis
- Identifying coping strategies
- Having social contacts who may distract from the crisis
- Contacting friends and family for crisis support
- Contacting health professionals, including 911 or crisis hotlines
- Reducing access to lethal means

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 gregbrown@mail.med.upenn.edu.

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

Tracking Risk Assessments

Tracking risk assessments can provide important information for confirming care and follow-up for students.

A tracking tool can also provide your school/district with additional data points that can be used to track trends, supports needed at individual schools, or justify needs for additional funding.

Assessments by risk level			Parent Notifications		Safety Plans Completed		Follow up care recommended											
No/limited/	Low	Med	date	last	first	grade	sex	ethnicity	both parents	mother	father	other	regular ed	special ed	504 plan	referred by	reason for referral	previous referral
			8/22/2012		Student A	4	F	Hispanic		X			X			self	severe anxiety	no
1																	indirect threat signs of depression	
		1																
			8/24/2012		Student B	10	F	Asian		X			X			self & nurse	other-thoughts	
			8/24/2012		Student C	7	M	Asian	X				X			teacher	drawings in class concern with possible self harm	no
			8/24/2012		Student D	10	F	Hispanic	X				X			parent	direct threat mood swings sudden changes in behavior signs of depression	no

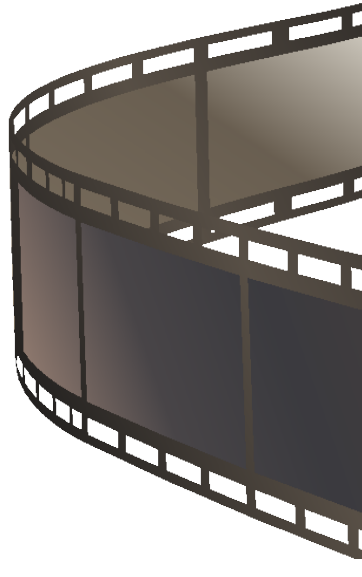
Re-Entry Procedures

For students returning to school after a mental health crisis (for example, suicide attempt or psychiatric hospitalization):

- School staff to meet with parent/guardian to discuss re-entry, next steps
- Identify coordinator for student/parent/outside care provider
- Parent/Guardian to provide documentation of care
- Identified coordinator to provide “check-ins” with student



Resources



National Crisis Resources



CRISIS TEXT LINE |

Text HELLO to 741741

Free, 24/7, Confidential



Call: 310-855-4673

Text "TEEN" to 839863

The Trevor Project Lifeline

The Trevor Project for LGBTQ Teens (24/7)
Call 1.866.488.7386 or text START to 678678



Know the Signs



SuicideIsPreventable.org



ElSuicidioEsPrevenible.org

Know the Signs

A wide range of **mental health** and **suicide prevention** educational resources are available for diverse communities across the lifespan:

- African American
- API youth
- Cambodian
- Chinese
- Filipino
- General public
- Hmong
- Individuals in crisis
- Korean
- Lao
- LGBTQ youth and young adults
- Middle-aged men
- Spanish-speaking
- Vietnamese
- Russian
- Punjabi



Each Mind Matters Resource Center

[Initiatives](#)[Collections](#)[About Us](#)[Contact Us](#)[SEARCH RESOURCES](#)

Each Mind Matters is California's Mental Health Movement. We are millions of individuals and thousands of organizations working to advance mental health. Browse our initiatives, collections and resources to find tools you can use to improve mental health and equality in your community, prevent suicide and promote student mental health.

Search Our Resources

[SEARCH](#)[Advanced Search](#)

Featured

2018 Suicide Prevention Week Toolkit

Includes resources for National Suicide Prevention Awareness Week and World Suicide Prevention Day.

EMMResourceCenter.org

Thank you!

Stan Collins: Stan@SuicideIsPreventable.org



Directing Change

Program & Film Contest



eachmindmatters.org

suicideispreventable.org

Your Social Marketer, Inc.

Resources

American Association of Suicidology & Society for the Prevention of Teen Suicide. (2012). *Upstream youth suicide prevention expert panel meeting summary*. Suicide Prevention Resource Center. <https://www.sprc.org/resources-programs/upstream-youth-suicide-prevention-expert-panel-meeting-summary>

American Foundation for Suicide Prevention, & Suicide Prevention Resource Center. (2018). *After a suicide: A toolkit for schools* (2nd ed.). Waltham, MA: Education Development Center. <https://www.sprc.org/sites/default/files/resource-program/AfteraSuicideToolkitforSchools.pdf>

CalSCHLS. *Public dashboard*. <https://calschls.org/reports-data/public-dashboards/>

Resources

Each Mind Matters. (2018). *What I wish my parents knew: A step-by-step guide to implement a youth-guided suicide prevention and mental health parent event.*

<https://emmresourcecenter.org/resources/what-i-wish-my-parents-knew-step-step-guide-implement-suicide-prevention-and-mental>

Erbacher, T.A., Singer, J.B., & Poland, S. (2015). *Suicide in schools: A practitioner's guide to multi-level prevention, assessment, intervention, and postvention.*

Routledge.

Greenberg, M.Y., Brown, J.L., & Abenavoli, R.M. (2016). *Teacher stress and health: Effects on teacher, students, and schools.* Edna Bennett Pierce Prevention Research Center, Pennsylvania State University.

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Resources

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