

# Protocol Development Workshop 2009--2010

## Maine Youth Suicide Prevention

Education, Resources and Support—It's Up to All of Us.



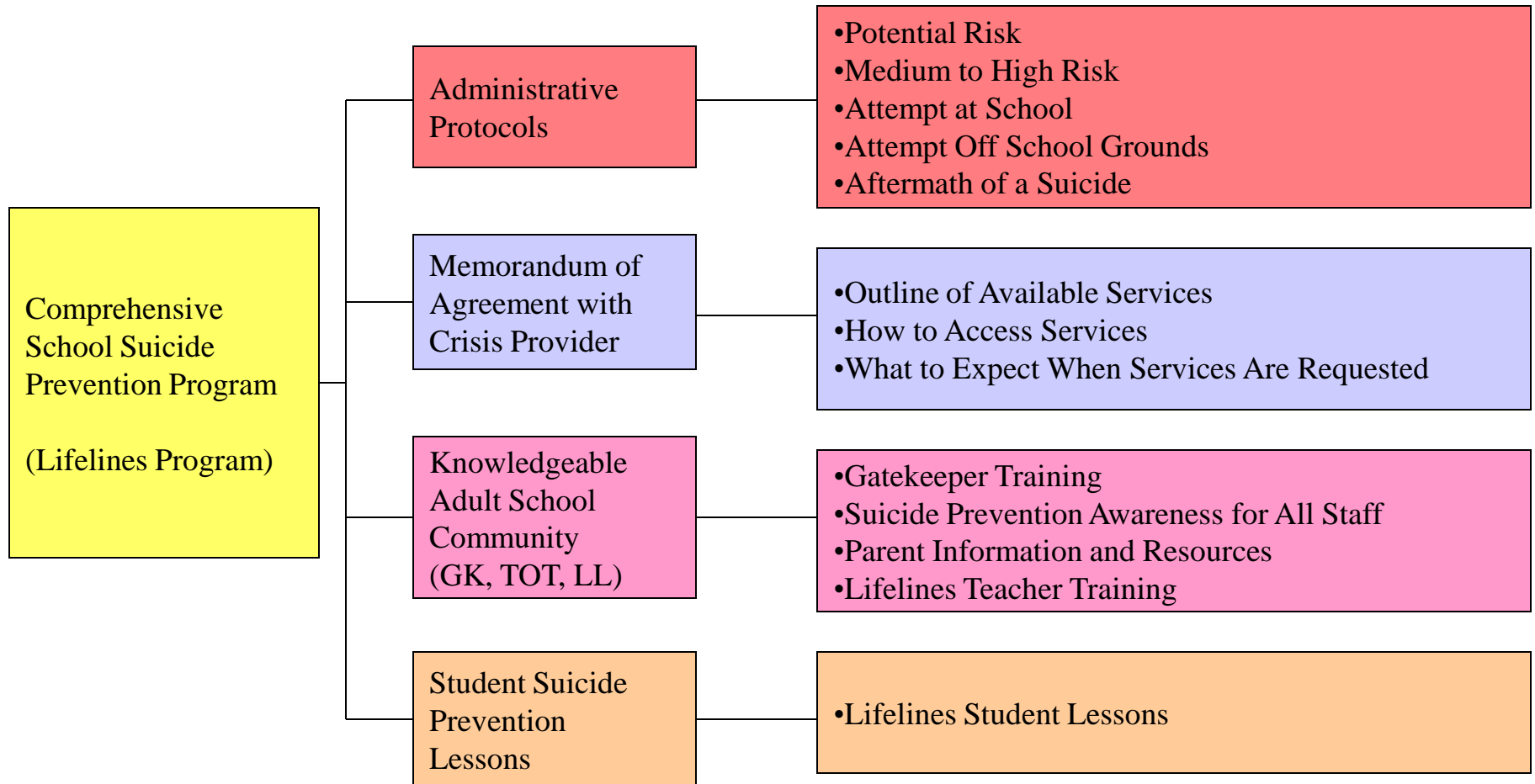
John E. Baldacci, Governor      Brenda M. Harvey, Commissioner



Maine Youth Suicide Prevention



# MYSPP Promotes the Following Components of School Readiness to Prevent Suicide



Optional--enhance with the addition of Student Assistance Teams and use of a Student Risk Identification (Data Tickler) System

# Protocol Development Workshop

- Suicide Prevention Protocols for Schools
- Suicide Prevention Protocols for Social Service & Youth Serving Agencies
- Suicide Prevention Protocols for Mental Health / Substance Abuse Providers

# Disclaimer !

This workshop has been developed by the Maine Youth Suicide Prevention Program in response to a demand for help with protocol development. It represents a compilation of information gathered at programs attended, articles, the New Hampshire *Frameworks Youth Suicide Prevention Project*, samples from other states & other sources.

This is only the beginning...please seek advice from your own legal counsel before adopting your final protocols.

# Why Protocols?

Protocols address:

- Issues of personal safety
- Legal issues
- Administrative issues

# Suicide Prevention Is Important:

- Suicide is the 2<sup>nd</sup> leading cause of death for 15-24 year olds in Maine
- Often times, suicide is a preventable tragedy
- The US Surgeon General has called every state “to action” to prevent suicide
- Schools & youth serving agencies provide a strategic setting for suicide prevention
- It is “reasonable and prudent” to be prepared to manage suicidal behavior

# Policies and Protocols...

- The difference is in the details! (see handout)
- Both are necessary
- Policy is generally a broad-based statement (see samples in packet) re: well-being of students
- Today's focus is on protocols (guidelines)-flexible suggestions to guide in times of crisis depending upon the situation. NOT written in stone. Supportive of policy.

# Protocols Form the Heart of a Crisis Response to Suicidal Behavior

## **Protocols should address:**

- Suicidal behavior
- Suicidal threats
- Suicide attempts (on and off campus)
- Return to school (or program) after absence/hospitalization
- The aftermath of a death by suicide



# Duty, Responsibility and Liability

- Negligence results from some sort of wrongful action on the part of one person, which results in injury to another
  - Courts look for evidence that practitioners and professionals act in a “prudent and reasonable manner,” meaning:
    - Pay attention to “possibility of suicide”
    - Evaluate that risk (or have it evaluated)
    - Respond reasonably to the evaluation

*It is VERY wise to be prepared to take action!!*

# Reasons for School-based Protocols

- Protocols form the foundation of any comprehensive suicide prevention program
- Staff understand that suicide is a serious threat and feel some responsibility towards prevention
- Teachers are the # 1 source of student referrals in Maine (CDC Grant, Sept. 2006) (students #2 source)
- Any resistance to suicide prevention protocol development has more to do with fear and feeling ill-equipped to handle the behavior-must not let it get in the way!

# What it means for schools to “be prepared”

- Create (and update) protocols (guidelines)
- Disseminate protocols
- Build relationships w/crisis service providers
- Develop crisis response teams
- Educate personnel (don't forget new hires!)
- Involve parents & community members
- Educate students (w/in comprehensive school health program)
- Keep records

# The US Court of Appeals held:

- Students are not “in custody” of schools
- Educators do not have a constitutional obligation to prevent self-inflicted harm
- Suicide prevention programs not mandated
- However, liability is NOT eliminated
- If suicide is “foreseeable,” reasonable and prudent action **MUST** be taken

# Social Service Agency/Youth Serving Program Protocols

- Programs provide a wide variety of services in many settings...may have treatment focus, religious programs, sports leagues, drama, etc.
- Will play a KEY role in the aftermath of a youth suicide...or that of a public figure
- MUST be prepared to respond

# Two Basic Models

- **Comprehensive Model-ALL** staff has training and skills to recognize warning signs and intervene directly w/youth
- **Selected Model-ALL** staff has information on warning signs and protocols for **REFERRING/CONNECTING** youth with key Gatekeeper for intervention and follow-up

# What it means for youth serving agencies to “be prepared”

- Prepare (and update) protocols
- Disseminate, train and supervise staff on protocols (don't forget new hires!)
- Build relationships w/crisis service providers
- Plan for crisis response / include debriefing
- Educate personnel
- Involve parents & community members
- Keep records (document actions)

# There **MUST** be a Lead Person and a “back-up”

- To oversee an event (ideation, threat, attempt, or aftermath response)
- Person chosen based on org. structure, decision making capacity, strengths, accessibility, communication skills
- Tasks to include gathering info, coordinating staff response, talking w/youth, parents, police, MH pros, media



# Things for ALL to think about in Response to Suicidal Behavior:

- Confidentiality
- Documentation
- Release of information
- Impact on other youth
- Transitioning back into school or program
- Necessary communications and support w/peers, families, staff
- Safety Plans

# Things for ALL to think about in Response to a Death by Suicide

- Everything on previous list
- Preventing contagion
- Assisting the community with the aftermath
- Supporting staff and peers closely associated w/individual who died
- Securing charts and files
- Filing required incident reports

# More Things to Consider...

- Memorial activities
- Contact with family
- Quality improvement process
- Media response guidelines
- Resources/links

# Malpractice Suits are Ugly!

- Courts demand accountability-want documentation that professionals act in “prudent and reasonable” manner (attended to possibility of suicide, evaluated the risk, responded reasonably)
- **BEST DEFENSE:** a trained, caring professional who is knowledgeable, reasonable & responsible
- **WORST DEFENSE:** careless, sloppy work-no notes, lots of hearsay, no training

# How Lawyers MAY Try to Portray the Deceased

- A victim of your careless (evil) behavior – so careless that it caused the problem to explode!
- The victim of your misusing your position of power
- Anything else they can think of that removes the responsibility for the suicidal behavior from the “victim” and places it on you instead

# Malpractice Issues/Errors

- **Type 1: Failure to Detect** (If you don't ask, they won't tell) (MUST check out the possibility of suicide)
- **Type 2: Substandard Care** (MUST evaluate the risk or have it evaluated)
- **Type 3: Postvention Failure** (MUST respond reasonably)

# In Summary...

“If we don’t look for the problem, we don’t have the problem...” (typical ’90s statement!)

**The above philosophy no longer holds...**

- *Youth KNOW about the problem and are very anxious to talk about it*
- *Often they tell an adult, and that adult needs to know what to do*
- *Lawsuits are a real concern*
- *Protocols are an enormous help-you do not have to be an “expert” to be prepared to handle a suicidal crisis*