THE FRANCES MCCLELLAND INSTITUTE FOR CHILDREN, YOUTH, AND FAMILIES
AND THE PHOENIX ELEMENTARY SCHOOL DISTRICT INVITE YOU TO A

Community Conversation
about Research:
Suicide Among Youth Populations

MARCH 20, 2018
12:00PM-1:30PM

1817 N. 7TH STREET
PHOENIX, ARIZONA 85006
## Materials

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Phoenix Schools

Suicide & Schools: How do we respond, support and educate our communities?

1-800-273-8255

https://www.youtube.com/watch?v=EHz4RrH1bFk

Today’s Objectives

• To learn about national and local suicidality among youth
• To learn about risk and protective factors for youth suicidality
• To help each of us have some tools that alert us to warning signs
• To help each of us learn what to do when someone talks about ending their life by suicide

Rates and Risk Factors

Andres Romero, Ph.D.
The University of Arizona
Fitch Nesbitt Professor
Director, Frances McClelland Institute for Children, Youth and Families

John & Doris Norton School of Family and Consumer Sciences

Honoring Frances McClelland

Our vision: communities that support and value children, youth, and families, and in which the highest-quality research is brought to bear on issues most important to them.

The Frances McClelland Institute serves as a catalyst for cross-disciplinary research on children, youth, and families at the University of Arizona.
• Assemble scholars and provide research resources
• Translate and disseminate cutting edge research
• Provide leadership on issues for children, youth and families

Myth or Fact?
MYTH OR FACT?

- Teen "copycat" suicides are a real phenomenon
  
  FACT

MYTH OR FACT?

- Suicide rates are highest around the holidays
  
  MYTH

MYTH OR FACT?

- If someone is set on taking their own life, there is nothing that can be done to stop them.
  
  MYTH

MYTH OR FACT?

- Asking someone if they are thinking about suicide will put the idea in their head and cause them to act on it.
  
  MYTH

MYTH OR FACT?

- Reducing access to lethal methods of suicide don't work. People will just find another way.
  
  MYTH

MYTH OR FACT?

- Someone making suicidal threats won't really do it, they are just looking for attention
  
  MYTH
Nationally:
- Suicide is the second leading cause of death for youth ages 15-24 years old.
- Every day there are 3,340 attempts by teens in the U.S.

- LGBTQ youth contemplate suicide at three times the rates of heterosexual youth.
- 40% of transgender adults report having made a suicide attempt (92% of those before age 25).
- Suicide rate among teen girls reached a 40 year high in 2015.

Percentage of Adolescent Female Suicide Attempts over 20 years:
Centers for Disease Control Youth Risk Behavior Surveillance System (YRBSS)

Percentage of Latina Adolescent Suicide Attempts over 20 years:
Centers for Disease Control Youth Risk Behavior Surveillance System (YRBSS)

Percent of Adolescent Female Depressive Symptoms over 12 years:
Centers for Disease Control Youth Risk Behavior Surveillance System (YRBSS)

Latina Youth

Risk
- Lack of access to mental health services
- Hopelessness
- Acculturative stress — alienation, immigrant status
- Access to guns
- Alcohol & substance use
- Discrimination & stereotypes
- Body image
- Family stress
- Bullying
- Teen dating violence

Resilience
- Familism — close/caring family support
- Being bilingual/Cultural
- School connectedness
- Positive coping strategies
- Socioemotional competence
- Positive ethnic identity
- Reintegration
Research Shows ....

- Gun carrying has a strong association with suicide attempt for both boys and girls.
- Firearms are the leading method for suicide among U.S. youth aged 10-19 years old.
- Youth in Arizona who carried a gun were 4 times more likely to attempt suicide.
- Victims of bullying have increased risk for suicide.
- Latina girls in Arizona report higher than average rates of being bullied (25% at school), being a victim, or being bullied.

Risk Factors: 13+ Reasons Why

- Family history of suicide
- Previous suicide attempts
- History of alcohol/drug use
- Major depressive episode
- Major depressive disorder (MDD)
- History of being abused or beaten
- History of self-injury
- History of suicidal ideation
- History of bulimia/bulimia nervosa
- History of obesity
- Feelings of hopelessness
- Isolation or supportive boundaries
- Cultural or religious beliefs that suggest suicide is a solution
- Legal situations of wrinkle (torture)
- Feeling out of control
- Feeling of being cut off
- Depression
- Substance use (alcohol, drugs)
- Stressors or somatic mental health treatment
- Loss (relational, social, work, or financial)
- Homelessness
- A death or relationship breakup
- School problems
- Financial security
- Physical illness
- Trauma exposure and combat exposure
- Unemployment or loss of employment
- Feeling suicidal
- High stress family environment
- Economic crisis
- Victimization at home or in school
- Bullying others
- Injuries, stress & discrimination

4 out of 5 teens who attempt suicide have given clear warning signs.

Contact Information

Email: romeroa@email.arizona.edu
Email: families@calcaz.arizona.edu
Phone: 520.621.8067
www.mclellandinstitute.arizona.edu
Mclelland Park, Room 235
650 N. Park Ave.
Tucson, AZ 85721-0078
What can schools do?

SHERI BAUMAN, PH.D.
UNIVERSITY OF ARIZONA
DEPARTMENT OF DISABILITY & PSYCHOEDUCATIONAL STUDIES
COORDINATOR
SCHOOL COUNSELING MASTER'S PROGRAM
FORMER TEACHER AND SCHOOL COUNSELOR

Prevention

- Include general information - statistics, warning signs, etc. in curriculum (e.g., health class, literature [Romeo & Juliet], math [statistics])
- Encourage reporting concerns, even if unsure
- Utilize Social Emotional Learning programs
- Resilience programming
- Identification of students at high risk
  - Screening inventories rarely used because of liability concerns
  - Info comes from referrals, observations, interviews

Assessment of Suicide Risk

- Employ basic clinical communication skills
- Express sensitivity and empathy
- Be sure limits to confidentiality are clear
- If risk is low, communicate to student that you are genuinely concerned and follow-up
- If risk is anything other than low, be sure parent/guardian understands the importance of formal evaluation. Make appointment or call in parent’s presence.
- Follow-up with student and parent when student next comes to school.

Suicide Assessment

SLAP:
- S: How specific is the plan?
- L: How lethal is the plan?
- A: How available is the method?
- P: Are others in close proximity?

SAD PERSONS Scale

- Score each item 0 (absence of Risk) to 10 (significant risk)
  - Sex: Score 10 if person is male, 0 if female
  - Age: Score 10 if over 15
  - Depression: symptoms of depression (e.g., hopelessness & cognitive thinking)
  - Previous attempt: score 10
  - Alcohol abuse: score 10
  - Rational Thinking Loss: score 10 if confused, disoriented, irrational, psychotic
  - Social Support: score 10 if no close friends
  - Organized plan: score 10 if specific & lethal plan
  - Negligent parenting: score 10 if neglected, or history of suicide by parent or sibling
  - School problems: score 10 if significant school problems (disciplinary referral, declines in academics, embarrassing or humiliating experience)
Interpretation

- 0 - 29: Recommend counseling services, provide crisis numbers
- 30 - 49: Strongly recommend counseling, contact parent, no suicide contract with student and parent
- 50 - 69: Consider formal evaluation for inpatient
- 70+: Arrange for immediate hospitalization

Possibly alert school or district crisis team, administration per policy

When student is at high risk

- Keep student with you, ensure privacy
  - Code words (e.g., Dr. Socorro) are helpful to get assistance and/or second opinion
- Notify Parents
  - Ensure plan for getting appropriate services is in place
    - Call from your office
- Notify administrator per district policy
- Follow-up
  - Attend discharge meeting
  - Plan ongoing support at school
    - Monitoring
    - Support groups

Postvention

Tasks:
- Provide accurate information to all constituents
- Assessing survivors who may be at risk
- Provide support to grieving students and staff
- Dealing with media, parents
- Make decisions regarding funeral, etc. and how to respond to family

District Crisis Team should be called to assist with all of above

Resources


Natalia Chimbo-Andrade
Director of Community Education & Outreach
Community Bridges, INC
Interacting Variables = Risk
- Genetics
- Biological predisposition to mental illness
- Traits/interpreting events
- Actions of others
- Death/abuse/troama
- Family history of health problems

The Signs
- Suicide risk factors endure over some period of time, while warning signs signal imminent suicide risk

Are We in Crisis?
- There may be a crisis if:
  - Discover a suicide note.
  - Child reports hearing voices telling them to harm themselves.
  - Made a non-lethal attempt (e.g., took some pills, self harm).

SafeTALK/ASIST Trainings

Family Centered Services
- Assist Family in finding resources
- Educate Family on Physiology of Addiction
- Youth-Centered Treatment Planning
- Child and Family Teams
- Individual Counseling
- Peer Support and Navigation
- Case Management
- Vocational/educational Assessment and Referrals
- PCIT Coordination
- Peer to Peer Interaction
- Teaching youth how to identify, manage, and understand their individual challenges
- Reduce home stressors and support youth in being successful at home with their families

Adolescents (16-17)
- Program tapering adolescents off opioids by using Medication Assisted Treatment (MAT), individual counseling, and expanded family support.
- Suboxone is SAMHSA evidence-based for adolescent MAT.
- Email: Amatrefferms@cbridges.com or call 480-502-7000
Barriers for Treatment for Teens

- Neither teen nor the adult who are close to them recognize the symptoms of their treatable illness.
- Fear of what treatment might involve.
- Belief that nothing can help.
- They don't see help-seeking as a sign of strength.
- Embarrassment.
- Believe adults won't understand.

CBI Services

- Peer Support & Outreach
- Access Points & Transition Point
- Crisis Stabilization & Medical Disposition
- Rural Stabilization & Recovery: Urgent SRU (R)
- Opioid Treatment
- Outpatient Medical Disposition
- Navigators Support
- Children, Teens, and Family Programs
- Housing Programs’ Support
- PCBS (Peer Centered Behavioral Services)
- Opioid Opioid Disposition
- Residential Treatment Services

How to Help in the Aftermath

- Nonjudgmental support
- An opportunity to tell the story, sometimes over and over again
- A safe and supportive environment
- To be listened to and heard
- To express grief in their own way

SUPPORT for loss survivors and those with lived experience.

Resources for Prevention

After a Suicide: A Toolkit for Schools

Model School District Policy On Suicide Prevention

Resources

- Crisis Response Network - 602-222-9444
- Teen Lifeline- 602-248-8336
- EMPACT-480-854-1500 (SOS Groups)
- Crisis Text Line – Text Start 741-741
- SOP program (arizona@afs.org) trained volunteer can make a call or visit.
Resources

- https://afsp.org/take-action/
- http://www.suicidology.org/

National Suicide Prevention Lifeline
1-800-273-TALK (8255), a free, 24-hour hotline available to anyone in suicidal crisis or emotional distress. Calls are routed to the nearest crisis center.

The Role of Social Media

For The National Institute of Health, the role of social media on suicide is a new phenomenon and more research is necessary.

Study conducted by Hinduja & Patchin, 2012
- Researchers surveyed apps by middle school aged children.
- Children surveyed indicated that victims of cyberbullying were almost 3 times as likely to attempt suicide than those who were not.
- Cyberbullying offenders were 1.5 times as likely to report having attempted suicide than children who were not offenders or victims of cyberbullying.

"Although cyberbullying cannot be identified as a sole predictor of suicide in adolescents and young adults, it can increase risk of suicide by amplifying feelings of isolation, vulnerability, and hopelessness for those with preexisting emotional, psychological, or environmental stressors."


The Role of Social Media

- 13 Reasons Why
  - Spike in calls to the Crisis Line, CMT dispatches to schools.
- Blue Whale Challenge
  - 50 Days worth of increasingly risky challenges culminating in a suicide attempt on the final day.

Thank You!

- There are handouts in your booklets with other indicators, things to keep in mind
  - Andrea Romero, romeroa@email.arizona.edu
  - Sheri Bauman, sherib@email.arizona.edu
  - Natalia Chimbo-Andrade
MANTENGA LA CALMA. PREPÁRESE.

Qué hacer si interactuar con la policía:

NO ABRA LAS PUERTAS
Abrir las puertas permite que Inmigración entre a su casa. Ellos no pueden forzar su entrada sin una orden judicial firmada por un juez de corte judicial, la cual comúnmente no tienen.

GUARDE SILENCIO
La policía e Inmigración pueden usar cualquier cosa que usted diga en su contra en su caso de Inmigración. Exija su derecho a guardar silencio. Diga: “Invoco mi derecho a la 5ta. enmienda y opto por guardar silencio.”

NO FIRME
Si no entiende, no firme. Habla con un abogado antes de firmar algo que da Inmigración.

REVISE SU NOMBRE
No puede ser detenido si su nombre está deletreo incorrectamente en cualquier orden judicial o forma oficial.

¡REPORTE Y GRABE!
Tome notas de los números de placa, de agentes, hora, tipo de coches y exactamente qué pasó. Tome fotos y videos excepto si está en propiedad del gobierno federal.

¡LUCKE!
Consiga un abogado confiable. Si usted es detenido, explore todas las opciones para luchar su caso. Únase a una organización en la lista de abajo para defendase de

Reporte inmediatamente: 1-844-363-1423

¡TIENE DERECHOS!

Si lo detiene Inmigración o la policía:

- Dele esta tarjeta al oficial y guarde silencio
- Esta tarjeta explica que este ejerciendo su derecho a negarse a contestar preguntas hasta consultar a un abogado.

GUARDE ESTA TARJETA

BUSQUE AYUDA LEGAL CONFIABLE

Busque asistencia de un abogado confiable antes de solicitar cualquier cambio de estatus legal incluyendo matrimonio, adopción, Visas-U, permisos de trabajo y más.

CONTACTE Scholarships A-Z para obtener una lista de abogados con quienes trabajamos info@scholarshipsaz.org 520-305-9342

¡EVITE FRAUDES DE NOTARIOS!

Junta un paquete de documentos que muestren que ha sido miembro de la comunidad. Incluya actas de nacimientos de sus hijos, identificaciones escolares, recibos de gas, luz y agua, contrato de alquiler, y otros documentos vitales.

DACA AUN EXISTE

Donald Trump ha prometido deshacerse de DACA. No será presidente hasta el 20 de enero de 2017. Hasta entonces, DACA permanecerá en orden y USCIS continuará processando solicitudes de DACA. Manténgase al tanto de DACA con Scholarships A-Z.

¿NUEVA SOLICITUD?
Solicitar DACA por primera vez puede resultar en no recibir el beneficio y exponer su información a Inmigración. Le recomendamos que no solicite por primera vez en este momento.

¿RENOVAR DACA?
Sí ya tiene DACA, el gobierno ya conoce su información. Renovar DACA no corre ningún otro riesgo.

¡Atención Estudiantes y Educadores! Reporte intimidaciones e incidentes de discriminación a Scholarshipsaz.org

Venga a entrenamientos. Apoye acciones. Organícese con:

Scholarships A-Z, Centro de Recursos para Estudiantes Inmigrantes de la Universidad de Arizona y L.U.P.E.
STAY CALM. PREPARE.
What to do when interacting with law enforcement

DO NOT OPEN DOORS
Opening your door allows ICE into your house. They cannot force themselves in without a signed warrant by a criminal court judge, which they usually don't have.

REMAIN SILENT
ICE and Police can use anything you say against you in your immigration case. Claim your right to remain silent. Say, "I plead the 5th amendment & choose to remain silent."

DO NOT SIGN
If you don't understand it, don't sign it! Talk to an attorney before signing anything given to you by ICE.

CHECK YOUR NAME
You cannot be detained if your name is spelled incorrectly on any warrant or official form.

REPORT & RECORD!
Take notes of badge numbers, number of agents, time, type of car and exactly what happened. Take pictures & video unless you're on federal government property.

FIGHT BACK!
Get a trustworthy attorney. If you are detained, explore all options to fight your case. Join a local organization listed below to defend yourself from enforcement.

YOU HAVE RIGHTS!
If you are stopped by ICE or the police:
• Hand this card to the officer, and remain silent
• The card explains that you are exercising your right to refuse to answer questions until you have talked with a lawyer

Keep this card

GET TRUSTED LEGAL HELP
Seek assistance from a trustworthy immigration lawyer before applying for any change of legal status including marriage, adoption, U-Visas, work permits and more.

CONTACT SCHOLARSHIPS AZ for a list of lawyers we work with (info@scholarshipsaz.org or 520-305-9342)

AVOID NOTARIO SCAMS!
Create a packet of documents that show you have been a member of the community; including children’s birth certificates, school ID’s, utility bills, rental agreements, and other vital documents.

DONATE YOUR DOCUMENTS

DACA STILL EXISTS
Donald Trump pledged to end DACA. He will not be President until Jan. 20, 2017. Until then, DACA will remain in place & USCIS will continue to process DACA requests. Stay updated about DACA with ScholarshipsAZ

RENEW MY DACA?

FIRST TIME APPLYING?
Applying to DACA for the first time may result in receiving no benefit and exposing your information to DHS. We recommend you do not apply for the first time.

Yes with caution
If you already have DACA, then your information is known by the government. Renewing DACA does not carry a new risk.

Come to trainings. Support actions. Get organized with:
ScholarshipsAZ, University of Arizona Immigrant Resource Center, and L.U.P.E.

Report bullying & bias incidents: scholarshipsaz.org
Outside Mental Health Agency Providing Me Support

Mental Health Agency: ____________________________________________

Clinician Name: ______________________  Office #: ______________________

Clinician Email: ______________________  Cell #: ______________________

During a crisis, I can also call:

- 911 For Immediate Support
- Los Angeles County Department of Mental Health ACCESS (800) 854-7771 – (24 hours)
- Suicide Prevention Lines (24 Hours)
  - National Suicide Prevention Lifeline (800) 273-TALK or (800) 273-8255
  - Suicide Prevention Crisis Line (877) 727-4747
  - National Hopeline Network (800) SUICIDE or (800) 784-2433
- California Youth Crisis Line (800) 843-5200 – 24 hours, bilingual
- TEEN LINE (310) 855-HOPE or (800) TLC-TEEN – a teen-to-teen hotline with community outreach services, from 6pm-10pm PST daily. Text, email and message board also available, with limited hours-visit http://teenlineonline.org for more information.
- The Trevor Project (866) 4-U-TREVOR or (866) 488-7386 – a 24 hour crisis line that provides crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13-24. Text and chat also available, with limited hours-visit www.thetrevorproject.org for more information.

Signatures

Student Signature  ____________________________________________  Date ____________

Parent/Guardian Name (please print) ____________________________________________  Phone# ____________

Parent/Guardian Signature  ____________________________________________  Date ____________

Administrator/Case Carrier (please print) ____________________________________________  Title ____________

Administrator/Case Carrier Signature  ____________________________________________  Date ____________

BUL-2637.2
Office of Educational Services

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November 14, 2016
# Student Safety Plan

**Student's Name:** ____________________________  **DOB:** ______________  **Date:** __________

## Triggers
There are certain situations or circumstances which make me feel uncomfortable and/or agitated:
1. 
2. 
3. 

## Warning Signs
I should use my safety plan when I notice these warning signs (thoughts, images, moods, situations, behaviors):
1. 
2. 
3. 

## Coping Skills/Healthy Behaviors
Things I can do to calm myself down or feel better in the moment (e.g. favorite activities, hobbies, relaxation techniques):
1. 
2. 
3. 

## Places I Feel Safe
Places that make me feel better and make me feel safe (can be a physical location, an imaginary happy place, or refer in the presence of safe people):
1. 
2. 
3. 

## School Support
Healthy adults at school and/or ways school staff can give me support:
1. 
2. 
3. 

## Adult Support
Healthy adults at home or in my community, whom I trust and feel comfortable asking for help during a crisis (include phone number):
1. 
2. 
3. 

## Parent Support
Actions my parent/guardian can take to help me stay safe:
1. 
2. 
3. 

## Case Carrier Support
Actions my case carrier can take to help me stay safe:
1. 
2. 
3.
MODEL SCHOOL DISTRICT POLICY ON SUICIDE PREVENTION
Model Language, Commentary, and Resources
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**KEY:**

- Model Policy Language
- Commentary

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The American Foundation for Suicide Prevention (AFSP) is the leading national not-for-profit organization exclusively dedicated to understanding and preventing suicide through research, education and advocacy, and to reaching out to people with mental disorders and those impacted by suicide. To fully achieve its mission, AFSP engages in the following Five Core Strategies: 1) fund scientific research, 2) offer educational programs for professionals, 3) educate the public about mood disorders and suicide prevention, 4) promote policies and legislation that impact suicide and prevention, and 5) provide programs and resources for survivors of suicide loss and people at risk, and involve them in the work of the Foundation. Learn more at www.afsp.org.

The American School Counselor Association (ASCA) promotes student success by expanding the image and influence of professional school counseling through leadership, advocacy, collaboration and systemic change. ASCA helps school counselors guide their students toward academic achievement, personal and social development, and career planning to help today's students become tomorrow's productive, contributing members of society. Founded in 1957, ASCA currently has a network of 50 state associations and a membership of more than 33,000 school counseling professionals. Learn more at www.schoolcounselor.org.

The National Association of School Psychologists (NASP) represents more than 25,000 school psychologists who work with students, educators, and families to support the academic achievement, positive behavior, and mental wellness of all students. NASP promotes best practices and policies that allow school psychologists to work with parents and educators to help shape individual and system wide supports that provide the necessary prevention and intervention services to ensure that students have access to the mental health, social-emotional, behavioral, and academic supports they need to be successful at home, at school, and throughout life. Learn more at www.nasponline.org.

The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13-24. Every day, The Trevor Project saves young lives through its accredited, free and confidential phone, text and instant message crisis intervention services. A leader and innovator in suicide prevention, The Trevor Project offers the largest safe social networking community for LGBTQ youth, best practice suicide prevention educational trainings, resources for youth and adults, and advocacy initiatives. Learn more at www.thetrevorproject.org.
INTRODUCTION

This document outlines model policies and best practices for school districts to follow to protect the health and safety of all students. As suicide is the third leading cause of death among young people ages 10-19, it is critically important that school districts have policies and procedures in place to prevent, assess the risk of, intervene in, and respond to youth suicidal behavior.

This document was developed by examining strong local policies, ensuring that they are in line with the latest research in the field of suicide prevention, and identifying best practices for a national framework. The model is comprehensive, yet the policy language is modular and may be used to draft your own district policy based on the unique needs of your district. The language and concepts covered by this policy are most applicable to middle and high schools (largely because suicide is very rare in elementary school age children). Model policy language is indicated by shaded text on white background, and sidebar language to provide additional context that may be useful when constructing a policy is indicated by white text on shaded background.

Protecting the health and well-being of students is in line with school mandates and is an ethical imperative for all professionals working with youth. Because it is impossible to predict when a crisis will occur, preparedness is necessary for every school district. In a typical high school, it is estimated that three students will attempt suicide each year. On average, a young person dies by suicide every two hours in the US. For every young person who dies by suicide, an estimated 100-200 youth make suicide attempts. Youth suicide is preventable, and educators and schools are key to prevention.

As emphasized in the National Strategy on Suicide Prevention, preventing suicide depends not only on suicide prevention policies, but also on a holistic approach that promotes healthy lifestyles, families, and communities. Thus, this model policy is intended to be paired with other policies and efforts that support the emotional and behavioral well-being of youth.

Please refer to the included Resources Section for additional information. If you would like support in writing a policy for your own district or you have questions, please contact the Government Affairs Department at The Trevor Project (202-204-4730 or Advocacy@thetrevorproject.org), or Nicole Gibson, Senior Manager of State Advocacy at the American Foundation for Suicide Prevention (202-449-3600, ngibson@afsp.org).

PURPOSE

The purpose of this policy is to protect the health and well-being of all district students by having procedures in place to prevent, assess the risk of, intervene in, and respond to suicide. The district:

(a) recognizes that physical, behavioral, and emotional health is an integral component of a student’s educational outcomes,
(b) further recognizes that suicide is a leading cause of death among young people,
(c) has an ethical responsibility to take a proactive approach in preventing deaths by suicide, and
(d) acknowledges the school’s role in providing an environment which is sensitive to individual and societal factors that place youth at greater risk for suicide and one which helps to foster positive youth development.

Toward this end, the policy is meant to be paired with other policies supporting the emotional and behavioral health of students more broadly. Specifically, this policy is meant to be applied in accordance with the district’s Child Find obligations.

PARENTAL INVOLVEMENT

Parents and guardians play a key role in youth suicide prevention, and it is important for the school district to involve them in suicide prevention efforts. Parents/guardians need to be informed and actively involved in decisions regarding their child’s welfare. Parents and guardians who learn the warning signs and risk factors for suicide are better equipped to connect their children with professional help when necessary. Parents/guardians should be advised to take every statement regarding suicide and wish to die seriously and avoid assuming that a child is simply seeking attention.

Parents and guardians can also contribute to important protective factors — conditions that reduce vulnerability to suicidal behavior — for vulnerable youth populations such as LGBTQ youth. Research from the Family Acceptance Project found that gay and transgender youth who reported being rejected by their parents or guardians were more than eight times as likely to have attempted suicide. Conversely, feeling accepted by parents or guardians is a critical protective factor for LGBTQ youth and other vulnerable youth populations. Educators can help to protect LGBTQ youth by ensuring that parents and guardians have resources about family acceptance and the essential role it plays in youth health.
DEFINITIONS

1. At risk A student who is defined as high risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset or deterioration of a mental health condition. The student may have thought about suicide including potential means of death and may have a plan. In addition, the student may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. This situation would necessitate a referral, as documented in the following procedures.

2. Crisis team A multidisciplinary team of primarily administrative, mental health, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention/response and recovery. These professionals have been specifically trained in crisis preparedness through recovery and take the leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols, and may provide mental health services for effective crisis interventions and recovery supports.

3. Mental health A state of mental and emotional being that can impact choices and actions that affect wellness. Mental health problems include mental and substance use disorders.

4. Postvention Suicide postvention is a crisis intervention strategy designed to reduce the risk of suicide and suicide contagion, provide the support needed to help survivors cope with a suicide death, address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.

5. Risk assessment An evaluation of a student who may be at risk for suicide, conducted by the appropriate school staff (e.g., school psychologist, school counselor, or school social worker). This assessment is designed to elicit information regarding the student’s intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.

6. Risk factors for suicide Characteristics or conditions that increase the chance that a person may try to take his or her life. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and or social factors in the individual, family, and environment.

7. Self-harm Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Can be categorized as either nonsuicidal or suicidal. Although self-harm often lacks suicidal intent, youth who engage in self-harm are more likely to attempt suicide.

8. Suicide Death caused by self-directed injurious behavior with any intent to die as a result of the behavior. Note: The coroner’s or medical examiner’s office must first confirm that the death was a suicide before any school official may state this as the cause of death.

9. Suicide attempt A self-injurious behavior for which there is evidence that the person had at least some intent to kill himself or herself. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as wish to die and desire to live is a common experience with most suicide attempts. Therefore, ambivalence is not a sign of a less serious or less dangerous suicide attempt.

10. Suicidal behavior Suicide attempts, intentional injury to self associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one’s life.

11. Suicide contagion The process by which suicidal behavior or a suicide influences an increase in the suicidal behaviors of others. Guilt, identification, and modeling are each thought to play a role in contagion. Although rare, suicide contagion can result in a cluster of suicides.

12. Suicidal ideation Thinking about, considering, or planning for self-injurious behavior which may result in death. A desire to be dead without a plan or intent to end one’s life is still considered suicidal ideation and should be taken seriously.
SCOPE

This policy covers actions that take place in the school, on school property, at school-sponsored functions and activities, on school buses or vehicles and at bus stops, and at school-sponsored out-of-school events where school staff are present. This policy applies to the entire school community, including educators, school and district staff, students, parents/guardians, and volunteers. This policy will also cover appropriate school responses to suicidal or high risk behaviors that take place outside of the school environment.

RISK FACTORS AND PROTECTIVE FACTORS

Risk Factors for Suicide are characteristics or conditions that increase the chance that a person may try to take their own life. Suicide risk tends to be highest when someone has several risk factors at the same time.

The most frequently cited risk factors for suicide are:
- Major depression (feeling down in a way that impacts your daily life) or bipolar disorder (severe mood swings)
- Problems with alcohol or drugs
- Unusual thoughts and behavior or confusion about reality
- Personality traits that create a pattern of intense, unstable relationships or trouble with the law
- Impulsivity and aggression, especially along with a mental disorder
- Previous suicide attempt or family history of a suicide attempt or mental disorder
- Serious medical condition and/or pain

It is important to bear in mind that the large majority of people with mental disorders or other suicide risk factors do not engage in suicidal behavior.

Protective Factors for Suicide are characteristics or conditions that may help to decrease a person’s suicide risk. While these factors do not eliminate the possibility of suicide, especially in someone with risk factors, they may help to reduce that risk. Protective factors for suicide have not been studied as thoroughly as risk factors, so less is known about them.

Protective factors for suicide include:
- Receiving effective mental health care
- Positive connections to family, peers, community, and social institutions such as marriage and religion that foster resilience
- The skills and ability to solve problems

Note that protective factors do not entirely remove risk, especially when there is a personal or family history of depression or other mental disorders.

It is important for school districts to be aware of student populations that are at elevated risk for suicidal behavior based on various factors:

1. Youth living with mental and/or substance use disorders. While the large majority of people with mental disorders do not engage in suicidal behavior, people with mental disorders account for more than 90 percent of deaths by suicide. Mental disorders, in particular depression or bipolar (manic-depressive) disorder, alcohol or substance abuse, schizophrenia and other psychotic disorders, borderline personality disorder, conduct disorders, and anxiety disorders are
important risk factors for suicidal behavior among young people. The majority of people suffering from these mental disorders are not engaged in treatment, therefore school staff may play a pivotal role in recognizing and referring the student to treatment that may reduce risk.

2. Youth who engage in self-harm or have attempted suicide. Suicide risk among those who engage in self-harm is significantly higher than the general population. Whether or not they report suicidal intent, people who engage in self-harm are at elevated risk for dying by suicide within 10 years. Additionally, a previous suicide attempt is a known predictor of suicide death. Many adolescents who have attempted suicide do not receive necessary follow up care.

3. Youth in out-of-home settings. Youth involved in the juvenile justice or child welfare systems have a high prevalence of many risk factors for suicide. Young people involved in the juvenile justice system die by suicide at a rate about four times greater than the rate among youth in the general population. Though comprehensive suicide data on youth in foster care does not exist, one researcher found that youth in foster care were more than twice as likely to have considered suicide and almost four times more likely to have attempted suicide than their peers not in foster care.

4. Youth experiencing homelessness. For youth experiencing homelessness, rates of suicide attempts are higher than those of the adolescent population in general. These young people also have higher rates of mood disorders, conduct disorders, and post-traumatic stress disorder. One study found that more than half of runaway and homeless youth have had some kind of suicidal ideation.

5. American Indian/Alaska Native (AI/AN) youth. In 2009, the rate of suicide among AI/AN youth ages 15-19 was more than twice that of the general youth population. Risk factors that can affect this group include substance use, discrimination, lack of access to mental health care, and historical trauma. For more information about historical trauma and how it can affect AI/AN youth, see http://www.nctsn.org/nctsn_ assets/pdfs/AI_Youth-CurrentandHistoricalTrauma.pdf.

6. LGBTQ (lesbian, gay, bisexual, transgender, or questioning) youth. The CDC finds that LGB youth are four times more likely, and questioning youth are three times more likely, to attempt suicide as their straight peers. The American Association of Suicidology reports that nearly half of young transgender people have seriously considered taking their lives and one quarter report having made a suicide attempt. Suicidal behavior among LGBTQ youth can be related to experiences of discrimination, family rejection, harassment, bullying, violence, and victimization. For those youth with baseline risk for suicide (especially those with a mental disorder), these experiences can place them at increased risk. It is these societal factors, in concert with other individual factors such as mental health history, and not the fact of being LGBTQ that increase the risk of suicidal behavior for LGBTQ youth.

7. Youth bereaved by suicide. Studies show that those who have experienced suicide loss, through the death of a friend or loved one, are at increased risk for suicide themselves.

8. Youth living with medical conditions and disabilities. A number of physical conditions are associated with an elevated risk for suicidal behavior. Some of these conditions include chronic pain, loss of mobility, disfigurement, cognitive styles that make problem-solving a challenge, and other chronic limitations. Adolescents with asthma are more likely to report suicidal ideation and behavior than those without asthma. Additionally, studies show that suicide rates are significantly higher among people with certain types of disabilities, such as those with multiple sclerosis or spinal cord injuries.

**PREVENTION**

1. District Policy Implementation. A district level suicide prevention coordinator shall be designated by the Superintendent. This may be an existing staff person. The district suicide prevention coordinator will be responsible for planning and coordinating implementation of this policy for the school district.

Each school principal shall designate a school suicide prevention coordinator to act as a point of contact in each school for issues relating to suicide prevention and policy implementation. This may be an existing staff person. All staff members shall report students they believe to be at elevated risk for suicide to the school suicide prevention coordinator.

2. Staff Professional Development. 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 professional development will include additional information regarding groups of students at elevated risk for suicide, including those living with mental and/or substance use disorders, those who engage in self-harm or have attempted suicide, those in out-of-home settings, those experiencing homelessness, American Indian/Alaska Native students, LGBTQ (lesbian, gay, bisexual, transgender, and questioning) students, students bereaved by suicide, and those with medical conditions or certain types of disabilities.
BEST PRACTICE: SUICIDE PREVENTION TASK FORCE

It is recommended that school districts establish a suicide prevention task force in conjunction with adopting a suicide prevention policy. Such a task force should consist of administrators, parents, teachers, school-employed mental health professionals, representatives from community suicide prevention services, and other individuals with expertise in youth mental health, and be administered by the district suicide prevention coordinator. The purpose of such a task force is to provide advice to the district administration and school board regarding suicide prevention activities and policy implementation. In addition, the task force can help to compile a list of community resources to assist with suicide prevention activities and referrals to community mental health providers. Some school districts may choose to limit the activities of the task force to one or two years, as needed. Once the task force has expired, the district suicide prevention coordinator can assume the role of maintaining the list of community suicide prevention resources. Other school districts may choose to continuously maintain a core task force to maintain current standards and information and to educate new staff.

REFERRALS AND LGBTQ YOUNG PEOPLE

LGBTQ youth are at heightened risk for suicidal behavior, which may be related to experiences of discrimination, family rejection, harassment, bullying, violence, and victimization. It is therefore especially important that school staff be trained to support at-risk LGBTQ youth with sensitivity and cultural competency. School staff should not make assumptions about a student’s sexual orientation or gender identity and affirm students who do decide to disclose this information. Information about a student’s sexual orientation or gender identity should be treated as confidential and not disclosed to parents, guardians, or third parties without the student’s permission. Additionally, when referring students to out-of-school resources, it is important to connect LGBTQ students with LGBTQ-affirming local health and mental health service providers. Affirming service providers are those which adhere to best practices guidelines regarding working with LGBTQ clients as specified by their professional association (e.g., http://www.apa.org/pi/lgbt/resources/guidelines.aspx).

Additional professional development in risk assessment and crisis intervention will be provided to school-employed mental health professionals and school nurses.

3. Youth Suicide Prevention Programming
Developmentally-appropriate, student-centered education materials will be integrated into the curriculum of all K-12 health classes. The content of these age-appropriate materials will include: 1) the importance of safe and healthy choices and coping strategies, 2) how to recognize risk factors and warning signs of mental disorders and suicide in oneself and others, 3) help-seeking strategies for oneself or others, including how to engage school resources and refer friends for help.

In addition, schools may provide supplemental small-group suicide prevention programming for students.

4. Publication and Distribution This policy will be distributed annually and included in all student and teacher handbooks and on the school website.

ASSESSMENT AND REFERRAL

When a student is identified by a staff person as potentially suicidal, i.e., verbalizes about suicide, presents overt risk factors such as agitation or intoxication, the act of self-harm occurs, or a student self-refers, the student will be seen by a school-employed mental health professional within the same school day to assess risk and facilitate referral. If there is no mental health professional available, a school nurse or administrator will fill this role until a mental health professional can be brought in.

For youth at risk:

1. School staff will continuously supervise the student to ensure their safety.

2. The principal and school suicide prevention coordinator will be made aware of the situation as soon as reasonably possible.

3. The school-employed mental health professional or principal will contact the student’s parent or guardian, as described in the Parental Notification and Involvement section, and will assist the family with urgent referral. When appropriate, this may include calling emergency services or bringing the student to the local Emergency Department, but in most cases will involve setting up an outpatient mental health or primary care appointment and communicating the reason for referral to the healthcare provider.

4. Staff will ask the student’s parent or guardian for written permission to discuss the student’s health with outside care, if appropriate.
IN-SCHOOL SUICIDE ATTEMPTS

In the case of an in-school suicide attempt, the health and safety of the student is paramount. In these situations:

1. First aid will be rendered until professional medical treatment and/or transportation can be received, following district emergency medical procedures.

2. School staff will supervise the student to ensure their safety.

3. Staff will move all other students out of the immediate area as soon as possible.

4. If appropriate, staff will immediately request a mental health assessment for the youth.

5. The school employed mental health professional or principal will contact the student’s parent or guardian, as described in the Parental Notification and Involvement section.

6. Staff will immediately notify the principal or school suicide prevention coordinator regarding in-school suicide attempts.

7. The school will engage as necessary the crisis team to assess whether additional steps should be taken to ensure student safety and well-being.

BULLYING AND SUICIDE

The relationship between bullying and suicide is highly complex, as is the relationship between suicide and other negative life events. Research indicates that persistent bullying can lead to or worsen feelings of isolation, rejection, exclusion and despair, as well as to depression and anxiety, which can contribute to suicidal behavior in those at risk. Research also suggests that young people who are already at heightened risk for suicide (see page 3, Risk Factors and Protective Factors) are also at increased risk for involvement in bullying.

It is important to remember that most students who are involved in bullying do not become suicidal. While studies have shown that young people who are bullied and those who bully others are at heightened risk for suicidal behavior, youth who exhibit both pre-existing risk for suicide (namely the existence of depression, anxiety, substance use or other mental disorders) and who are concurrently involved in bullying or experiencing other negative life events are at highest risk. Individuals who are bullied in the absence of other risk factors have far fewer negative outcomes than those with pre-existing risk for suicide. Youth who bully are also at risk and their behavior may reflect underlying mental health problems.

It is imperative to convey safe and accurate messages about bullying and suicide to youth, especially to those young people who may be at risk for completing suicide. Suggesting that suicide is a natural response to bullying, or providing repeated opportunities for at-risk students to see their own experiences of bullying, isolation, or exclusion reflected in stories of those who have died by suicide, can increase contagion risk by contributing to thoughts that frame suicide as a viable solution. Idealizing young people who complete suicide after being bullied, or creating an aura of celebrity around them, may contribute to an at-risk youth’s illogical thoughts that suicide is the only way to have a voice or to make a difference for others.

Whenever possible, discussions on bullying and suicide should center on prevention (not statistics) and encourage help-seeking behavior.

RE-ENTRY PROCEDURE

For students returning to school after a mental health crisis (e.g., suicide attempt or psychiatric hospitalization), a school employed mental health professional, the principal, or designee will meet with the student’s parent or guardian, and if appropriate, meet with the student to discuss re-entry and appropriate next steps to ensure the student’s readiness for return to school.

1. A school employed mental health professional or other designee will be identified to coordinate with the student, their parent or guardian, and any outside mental health care providers.

2. The parent or guardian will provide documentation from a mental health care provider that the student has undergone examination and that they are no longer a danger to themselves or others.

3. The designated staff person will periodically check in with student to help the student readjust to the school community and address any ongoing concerns.
RELEVANT STATE LAWS

There are numerous types of state laws, both positive and negative, that can affect risk factors for suicidal behavior among youth. A number of states limit the ability for young people to receive access to necessary mental health care. These laws can either limit access based on age, by requiring youth under 18 to receive parental permission before seeking mental health care, or by limiting mental health confidentiality—which can be an especially damaging problem for LGBTQ youth. Conversely, mandated suicide prevention training for school personnel can have a positive effect by ensuring that all school staff members have an understanding of suicide risk and the referral process. While currently less than half of all states require school personnel to receive suicide prevention training, the majority of the laws that are in existence were adopted during the 2012 and 2013 legislative sessions, suggesting a trend toward more state legislatures considering and adopting these laws moving forward.

Anti-bullying and nondiscrimination laws can also affect risk factors for suicidal behavior. While the majority of states have adopted some form of anti-bullying and harassment legislation, not all states specifically prohibit bullying and harassment on the basis of sexual orientation and gender identity. In addition, laws that stigmatize or isolate LGBTQ youth, often called “no promo homo” laws, can affect school climate in damaging ways. These laws prohibit educators from discussing LGBTQ people or issues in school or require these issues to be discussed in negative and stigmatizing ways. Research has shown that in states with these laws, LGBTQ students are more likely to hear homophobic remarks from school staff, less likely to report having supportive educators, and less likely to report that intervention by educators to prevent bullying and harassment is effective.14

OUT-OF-SCHOOL SUICIDE ATTEMPTS

If a staff member becomes aware of a suicide attempt by a student that is in progress in an out-of-school location, the staff member will:

1. Call the police and/or emergency medical services, such as 911.
2. Inform the student’s parent or guardian.
3. Inform the school suicide prevention coordinator and principal.

If the student contacts the staff member and expresses suicidal ideation, the staff member should maintain contact with the student (either in person, online, or on the phone). The staff member should then enlist the assistance of another person to contact the police while maintaining verbal engagement with the student.

PARENTAL NOTIFICATION AND INVOLVEMENT

In situations where a student is assessed at risk for suicide or has made a suicide attempt, the student’s parent or guardian will be informed as soon as practicable by the principal, designee, or mental health professional. If the student has exhibited any kind of suicidal behavior, the parent or guardian should be counseled on “means restriction,” limiting the child’s access to mechanisms for carrying out a suicide attempt. Staff will also seek parental permission to communicate with outside mental health care providers regarding their child.

Through discussion with the student, the principal or school employed mental health professional will assess whether there is further risk of harm due to parent or guardian notification. If the principal, designee, or mental health professional believes, in their professional capacity, that contacting the parent or guardian would endanger the health or well-being of the student, they may delay such contact as appropriate. If contact is delayed, the reasons for the delay should be documented.
POSTVENTION

1. Development and Implementation of an Action Plan

The crisis team will develop an action plan to guide school response following a death by suicide. A meeting of the crisis team to implement the action plan should take place immediately following news of the suicide death. The action plan may include the following steps:

a) Verify the death. Staff will confirm the death and determine the cause of death through communication with a coroner’s office, local hospital, the student’s parent or guardian, or police department. Even when a case is perceived as being an obvious instance of suicide, it should not be labeled as such until after a cause of death ruling has been made. If the cause of death has been confirmed as suicide but the parent or guardian will not permit the cause of death to be disclosed, the school will not share the cause of death but will use the opportunity to discuss suicide prevention with students.

b) Assess the situation. The crisis team will meet to prepare the postvention response, to consider how severely the death is likely to affect other students, and to determine which students are most likely to be affected. The crisis team will also consider how recently other traumatic events have occurred within the school community and the time of year of the suicide. If the death occurred during a school vacation, the need for or scale of postvention activities may be reduced.

c) Share information. Before the death is officially classified as a suicide by the coroner’s office, the death can and should be reported to staff, students, and parents/guardians with an acknowledgement that its cause is unknown. Inform the faculty that a sudden death has occurred, preferably in a staff meeting. Write a statement for staff members to share with students. The statement should include the basic facts of the death and known funeral arrangements (without providing details of the suicide method), recognition of the sorrow the news will cause, and information about the resources available to help students cope with their grief. Public address system announcements and school-wide assemblies should be avoided. The crisis team may prepare a letter (with the input and permission from the student’s parent or guardian) to send home with students that includes facts about the death, information about what the school is doing to support students, the warning signs of suicidal behavior, and a list of resources available.

d) Avoid suicide contagion. It should be explained in the staff meeting described above that one purpose of trying to identify and give services to other high risk students is to prevent another death. The crisis team will work with teachers to identify students who are most likely to be significantly affected by the death. In the staff meeting, the crisis team will review suicide warning signs and procedures for reporting students who generate concern.

e) Initiate support services. Students identified as being more likely to be affected by the death will be assessed by a school employed mental health professional to determine the level of support needed. The crisis team will coordinate support services for students and staff in need of individual and small group counseling as needed. In concert with parents or guardians, crisis team members will refer to community mental healthcare providers to ensure a smooth transition from the crisis.

DISTRICT LIABILITY

Schools have been sued and found liable for failing to take proper action, particularly for failing to notify parents/guardians, when a student was thought to be suicidal. The key issues in court cases have been foreseeability and negligence and have included cases in which schools did not warn parents/guardians about both verbal and written statements about suicide as well as cases in which the school failed to provide supervision and counseling for suicidal students.

Schools have also been sued over more complex issues, such as school climate and failure to reduce bullying, that were claimed to contribute to the suicide of a student. As the U.S. Department of Education Office for Civil Rights has emphasized, schools have legal obligations under anti-discrimination laws. Once a school knows or reasonably should know of possible student harassment, it must take immediate action to investigate, take steps to end the harassment, eliminate a hostile environment, and prevent its recurrence. These duties are a school’s responsibility even if the misconduct also is covered by an anti-bullying policy and regardless of whether the student makes a complaint. For more information, including example cases, see: http://www2.ed.gov/about/offices/list/ocr/letters/colleague-201010.pdf.
MESSAGING AND SUICIDE CONTAGION

Research has shown a link between certain kinds of suicide-related media coverage and increases in suicide deaths. Suicide contagion has been observed when:

- the number of stories about individual suicides increases,
- a particular death is reported in great detail,
- the coverage of a suicide death is prominently featured in a media outlet, or
- when the headlines about specific deaths are framed dramatically (e.g., “Bullied Gay Teen Commits Suicide By Jumping From Bridge”).

Research also shows that suicide contagion can be avoided when the media report on suicide responsibly, such as by following the steps outlined in “Recommendations for Reporting on Suicide” at www.reportingonsuicide.org.

Contagion can also play a role in cases of self-harm behavior. These behaviors may originate with one student and can spread to other students through imitation. Because adolescents are especially vulnerable to the risk of contagion, in the case of a suicide death, it is important to memorialize the student in a way that does not inadvertently glamorize or romanticize either the student or the death. Schools can do this by seeking opportunities to emphasize the connection between suicide and underlying mental health issues such as depression or anxiety that can cause substantial psychological pain but may not be apparent to others (or that may manifest as behavioral problems or substance abuse).

However, schools should strive to treat all deaths in the same way. Having one approach for memorializing a student who died of cancer or in a car accident and a different approach for a student who died by suicide reinforces stigma and may be deeply and unfairly painful to the student’s family and friends. Refer to the American Foundation for Suicide Prevention’s “After a Suicide” resource listed in the Resources section for sample notification statements for students and parents/guardians, sample media statements, and other model language.

Finally, after a death by suicide it is important for schools to encourage parents/guardians to monitor their child’s social networking pages. Students often turn to social networking websites as an outlet for communicating information and for expressing their thoughts and feelings about the death. Parents/guardians should be advised to monitor the websites for warning signs of suicidal behavior.

intervention phase to meeting underlying or ongoing mental health needs.

f) Develop memorial plans. The school should not create on-campus physical memorials (e.g. photos, flowers), funeral services, or fly the flag at half-mast because it may sensationalize the death and encourage suicide contagion. School should not be canceled for the funeral. Any school-based memorials (e.g., small gatherings) will include a focus on how to prevent future suicides and prevention resources available.

2. External Communication The school principal or designee will be the sole media spokesperson. Staff will refer all inquiries from the media directly to the spokesperson. The spokesperson will:

a) Keep the district suicide prevention coordinator and superintendent informed of school actions relating to the death.

b) Prepare a statement for the media including the facts of the death, postvention plans, and available resources. The statement will not include confidential information, speculation about victim motivation, means of suicide, or personal family information.

c) Answer all media inquiries. If a suicide is to be reported by news media, the spokesperson should encourage reporters not to make it a front-page story, not to use pictures of the suicide victim, not to use the word suicide in the caption of the story, not to describe the method of suicide, and not to use the phrase “suicide epidemic” – as this may elevate the risk of suicide contagion. They should also be encouraged not to link bullying to suicide and not to speculate about the reason for suicide. Media should be asked to offer the community information on suicide risk factors, warning signs, and resources available.
RESOURCES

GUIDEBOOKS AND TOOLKITS

"Preventing Suicide: A Toolkit for High Schools" – U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Mental Health Services
http://store.samhsa.gov/product/Preventing-Suicide-A-Toolkit-for-High-Schools/SMA12-4669

"After a Suicide: A Toolkit for Schools" – American Foundation for Suicide Prevention and Suicide Prevention Resource Center
www.afsp.org/schools

"Guidelines for School-Based Suicide Prevention Programs" – American Association of Suicidology

"Youth Suicide Prevention, Intervention, and Postvention Guidelines: A Resource for School Personnel" – Maine Youth Suicide Prevention Program

"Trevor Resource Kit" – The Trevor Project
thetrevorproject.org/resourcekit

"Supportive Families Healthy Children: Helping Families with Lesbian, Gay, Bisexual & Transgender (LGBT) Children" – Family Acceptance Project
http://familyproject.sfu.edu/publications

National Center for School Crisis and Bereavement
http://www.stchristophershospital.com/pediatric-specialties-programs/specialties/690

Adolescent and School Health Resources – Centers for Disease Control and Prevention, contains an assortment of resources and tools relating to coordinated school health, school connectedness, and health and academics
http://www.cdc.gov/healthyyouth/schoolhealth/index.htm

SCHOOL PROGRAMS

"Signs of Suicide Prevention Program (SOS) – Screening for Mental Health, Inc.
http://www.mentalhealthscreening.org/programs/youth-prevention-programs/sos/

"American Indian Life Skills Development/Zuni Life Skills Development" – University of Washington

"Lifeguard Workshop Program" – The Trevor Project
thetrevorproject.org/adulteducation

"More Than Sad: Suicide Prevention Education for Teachers and Other School Personnel" – American Foundation for Suicide Prevention
http://morethansad.org

CRISIS SERVICES FOR STUDENTS

National Suicide Prevention Lifeline: The Lifeline is a 24-hour, toll-free suicide prevention service available to anyone in suicidal crisis or their friends and loved ones. Call 1.800.273.8255 (TALK). Callers are routed to the closest possible crisis center in their area.
http://www.suicidepreventionlifeline.org

TrevorChat: A free, confidential, secure instant messaging service that provides live help to lesbian, gay, bisexual, transgender, and questioning young people, 13-24, through http://www.thetrevorproject.org

RELEVANT RESEARCH

"Youth Risk Behavior Surveillance System" – Centers for Disease Control and Prevention. Monitors health-risk behaviors among youth, including a national school-based survey conducted by CDC and state, territorial, tribal, and local surveys conducted by state, territorial, and local education and health agencies and tribal governments.
http://www.cdc.gov/healthyyouth/yrbss/index.htm

2012 National Strategy for Suicide Prevention: A report by the U.S. Surgeon General and the National Alliance for Suicide Prevention outlining a national strategy to guide suicide prevention actions. Includes up-to-date research on suicide prevention.

WORKING WITH THE MEDIA


"Recommendations for Reporting on Suicide" – American Foundation for Suicide Prevention, et al.
http://reportingonsuicide.org/
MODEL SCHOOL DISTRICT POLICY ON SUICIDE PREVENTION

SAMPLE LANGUAGE FOR
STUDENT HANDBOOK

Protecting the health and well-being of all students is of utmost importance to the school district. The school board has adopted a suicide prevention policy which will help to protect all students through the following steps:

1. Students will learn about recognizing and responding to warning signs of suicide in friends, using coping skills, using support systems, and seeking help for themselves and friends. This will occur in all health classes.

2. Each school will designate a suicide prevention coordinator to serve as a point of contact for students in crisis and to refer students to appropriate resources.

3. When a student is identified as being at risk, they will be assessed by a school-employed mental health professional who will work with the student and help connect them to appropriate local resources.

4. Students will have access to national resources which they can contact for additional support, such as:
   - The National Suicide Prevention Lifeline – 1.800.273.8255 (TALK), www.suicidepreventionlifeline.org
   - The Trevor Lifeline – 1.866.488.7386, www.thetrevorproject.org

5. All students will be expected to help create a school culture of respect and support in which students feel comfortable seeking help for themselves or friends. Students are encouraged to tell any staff member if they, or a friend, are feeling suicidal or in need of help.

6. Students should also know that because of the life or death nature of these matters, confidentiality or privacy concerns are secondary to seeking help for students in crisis.

7. For a more detailed review of policy changes, please see the district’s full suicide prevention policy.
Surviving & Resisting Hate: 
A Toolkit For People of Color

#ICRaceLab
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1. Stay physically and psychologically healthy, by eating healthy, sleeping (7-8 hours a night), taking breaks from social media, and staying physically active.

2. Stay connected to individuals, communities, and organizations that affirm your humanity.

3. Listen to your gut and remember that a healthy cultural suspicion (suspicion of white supremacy, people and systems they created) has allowed People of Color to survive during the darkest times of our history.

4. Focus on your goals. Finish your projects, do the best you can at work, school, and home. Being successful in whatever you do is in and of itself an act of liberation and resistance.

5. Focus on change and organizing with the people closest to you including family, circle of friends, neighborhood, and place of employment. Focusing on the big-macro picture may feel paralyzing.

6. Give yourself permission to experience what injustice naturally evokes in you. All feelings are acceptable including anger, honor it; anger has led to positive change.

7. Listen and validate the experiences of People of Color with different backgrounds from your own.

8. The burden of oppression and injustice is too heavy to carry on your own. Do what it takes to keep yourself going while remaining committed to racial and social justice.

9. Focus on one breath and one step at a time while knowing and always keeping in mind that our ancestors never gave up; their resistance and fight led to the changes we enjoy today.

10. Remember that the system does not get to determine your worth, dignity, and humanity. Never forget that you matter!

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Surviving & Resisting: Defending DACA
A Toolkit For DREAMers

#ICRaceLab

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1. Allow yourself to feel whatever this injustice evokes in you. If you feel angry, fury, sadness, numbness or pain, please know it's okay and it is normal to feel the way you do.

2. Express your emotions in ways that are safe and do not allow others to tell you how you “should” feel in this very moment. Your feelings are your feelings; they are normal, valid, and okay.

3. Reach out and connect with people who love you, support you, and who validate and affirm your humanity. Connect with others who understand why the end of DACA is so significant.

4. Ignore and avoid those who emotionally drain you, those who question and/or invalidate your experience. It is perfectly okay to put your needs first.

5. Identify things to do that will help you relax. Try listening to music, doing art, watching films, exercising, connecting with others. Do whatever works best for you.

6. It may be time to seek professional help if you notice changes in your mood, appetite, or sleep that persist and begin to affect you at school, work, or your relationship with others. There are professionals willing and able to help you.

7. If you have thoughts about death, wanting to die, or a desire to hurt, harm, or kill yourself please call someone you trust right away or call a suicide hotline. Here is the national suicide prevention hotline 1-800-273-8255. We need you and your life matters.

8. You will survive this with the love, support, and solidarity of your friends, family, and community. You are not alone. You are loved. Millions are standing with you!

9. Remember that you have learned so much in the past five years! With DACA, you made connections to know that you are not helpless nor voiceless. You created change with your organizing and activism. Now you know you can do it again!

10. Celebrate and honor your parents who are the heroes and sheroes that all children deserve to have. They sacrificed it all in search of a better life for you.

11. Above all, remember and know that your ancestors were warriors who survived it all. Their spirit, ganas, and might live inside of you. They survived it all, and so will you! Hate is not strong enough to destroy the spirit of a People born dignified. Together we will overcome.

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ELEVATING THE SOUL:
GUIDELINES FOR REGENERATION DURING IMPACT MOMENTS

"We already possess everything we need to meaningfully respond to the moment"

This quote embodies a core belief of the UndocuHealing Project. With this belief in mind, we developed the following resource to help individuals, partnerships, groups, families and organizations uncover where imbalance may exist. These imbalances highlight important lessons as well as opportunities to heal, reconcile, and reconnect.
We invite you to openly investigate different aspects of your life by engaging with the questions within each section of this resource. This main graphic below represents the UndocuHealing Project's core framework for holistic care. We hope the resulting reflections can be particularly helpful during “impact moments” — situations that disturb, undermine and/or disrupt our central way of being. We wish you health, happiness and help on your path to regaining, returning and/or rebuilding your center.

**VOCATIONAL BALANCE**
What is our purpose in life? There is probably no other question more core to our existence as human beings. Here we are mindful of the things that give us direction and purpose. This can be far more than a job or career — it is about how we create ways to contribute, how we affect the lives of others and what legacy we leave behind before we pass away.

**PHYSICAL BALANCE**
Our sacred body is the home for everything! It is our temple and our foundation. Here we are mindful of what we absorb, ingest, and release. Our body, like all of nature, looks to optimize rather than maximize energy creation and output. We are mindful of the balance between action, rest, regeneration and preparation.

**CONNECTIVE BALANCE**
Every aspect of our being is built for connection, interdependence and relationship. Here we bring mindful intention and attention to our relationships with family, friends, romantic partners, co-workers, strangers, animals, the Earth, our ancestors and the rest of the universe.

**EMOTIONAL BALANCE**
As human beings, we have a deeply rich and complex emotional life. Here we are mindful of what actions and thoughts our emotions are directing us toward. We seek to understand and form new relationships with the energy we generate during a specific emotional state or when a combination of emotions arise.

**SPIRITUAL BALANCE**
Our spiritual connection is both extremely innate and, often difficult to maintain in our society. Here we bring mindful attention to the things in our lives that we cannot explain or that exist far beyond our perception. The universe we live in is vast in ways we can never completely comprehend. Faith, imagination and intuition are powerful doorways to elevating our spiritual existence. We look to find ways to unlock and unblock the things which prevent us from tapping into our spiritual consciousness and maturity.

**MENTAL BALANCE**
The mind is the forerunner of all things. Here we are mindful of the stories we tell ourselves about the world around us. Our mind is a “meaning-making” organism which allows us to critically investigate our lived experiences in search of meaning, patterns and connection. Here we are mindful of our mental complexity, flexibility and acceptance in order to negotiate difficult and/or sudden experiences. This type of ‘belief-flexibility’ can be helpful in a messy world filled with harsh and complicated contradictions.
Emotional Balance

Sadness

- Initial response?
  - In any given situation, you experience is sadness/depression, you respond consistently.
  - What consistently brings you sadness?
  - Have you felt deeply sad recently? If so, what has caused it?

Fear

- Initial response?
  - In any given situation, you experience fear/anxiety. Your response is consistent.
  - What consistently brings you fear?
  - Have you felt deep fear recently? If so, what was the source of it?

Anger

- Initial response?
  - In any given situation, you experience anger. Your response is consistent.
  - What consistently makes you angry?
  - Have you felt deeply angry recently? If so, what was the source of it?

Joy

- Initial response?
  - In any given situation, you experience joy. Your response is consistent.
  - What consistently brings you joy?
  - Have you felt deeply joyful recently? If so, what caused it?

Love

- Initial response?
  - In any given situation, you experience love. Your response is consistent.
  - What consistently makes you feel love?
  - Have you felt deeply loved recently? If so, what was the source of it?
ELEVANDO TU ALMA:
GUÍAS PARA LA REGENERACIÓN DURANTE LOS MOMENTOS DE IMPACTO

"Ya poseemos todo lo que necesitamos para responder significativamente al momento."

Este dicho incorpora una afirmación fundamental del Undocuhealing Project. Con esta creencia en mente, hemos desarrollado los siguientes recursos para ayudar individuales, asociaciones, grupos, familias y organizaciones a descubrir donde existe algún desequilibrio. Este desequilibrio reconoce tanto lecciones importantes como oportunidades de sanar, reconciliar, y reconectarse.
ELEVANDO TU ALMA: GUÍAS PARA LA REGENERACIÓN DURANTE LOS MOMENTOS DE IMPACTO

Te invitamos a investigar abiertamente los diferentes aspectos de tu vida, participando con las preguntas dentro de cada sección de este recurso. La gráfica principal presentada a continuación, representa el marco básico para el cuidado holístico del Proyecto UndocuHealing. Esperamos que las reflexiones resultantes sean particularmente útiles durante "momentos de impacto" — situaciones que perturban, socavan y/o interrumpen nuestra forma central de ser. Te deseamos salud, felicidad y apoyo en tu camino para recuperar, regresar y/o reconstruir tu centro.

**EQUILIBRIO VOCACIONAL**
¿Cuál es nuestro propósito en la vida? Probablemente no hay una pregunta más importante que hable de nuestra existencia como seres humanos. Aquí estamos conscientes de las cosas que nos dan sentido y propósito. Esto puede ser mucho más que un trabajo o una carrera; se trata de cómo creamos maneras de contribuir, cómo impactamos las vidas de los demás y el legado que dejamos atrás antes de fallecer.

**EQUILIBRIO CONECTIVO**
Cada aspecto de nuestro ser está construido para conectarse, para la interdependencia y relación. Aquí tenemos consciencia de nuestra intención y atención a las relaciones con familia, amigos, pareja, compañeros de trabajo, extraños, animales, la tierra, nuestros antepasados y el resto del universo.

**EQUILIBRIO EMOCIONAL**
Como seres humanos, tenemos una vida emocional profundamente rica y compleja. Aquí estamos conscientes de las acciones y pensamientos a las que nuestras emociones nos dirigen. Buscamos comprender y formar nuevas relaciones con la energía que generamos durante un estado emocional determinado o cuando una combinación de emociones surgen.

**EQUILIBRIO FÍSICO**
Nuestro cuerpo sagrado es el hogar para todo: Es nuestro templo y nuestra fundación. Aquí estamos conscientes de lo que absorbemos, ingierenos, y eliminamos. Nuestro cuerpo, como toda la naturaleza, busca optimizar en lugar de maximizar la creación y producción de energía. Estamos conscientes del equilibrio entre acción, descanso, regeneración y preparación.

**EQUILIBRIO ESPIRITUAL**
Nuestra conexión espiritual es extremadamente amada y difícil de mantener en nuestra sociedad. Aquí traemos atención consciencia a las cosas en nuestras vidas que no podemos explicar, existe más allá de nuestra percepción: el universo en que vivimos, a distancia e imposible en formas que nunca podremos comprender completamente. La fe, imaginación e intuición son puertas para elevar nuestra existencia espiritual. Experimentemos encontrar formas para liberar las cosas que nos impiden aprovechar nuestra consciencia espiritual y expandirla.

**EL EQUILIBRIO MENTAL**
La mente es la precescencia de todas las cosas. Aquí estamos conscientes de las historias que nos decimos uno al otro acerca del mundo que nos rodea. Nuestra mente es un organismo razonable, que nos permite investigar críticamente experiencias vividas en la búsqueda de significado, patrones y conexión. Aquí estamos conscientes de las complejidades, la flexibilidad y la aceptación que ocurren en la mente, con el fin de negociar experiencias difíciles y/o repentinas. Este tipo de "flexibilidad de creencias" puede ser útil en un mundo lleno de contradicciones complicadas y difíciles.
**BALANCE FÍSICO**

**INTIMIDAD**
- ¿Con qué frecuencia tu intimidad sexual es consensual, segura y satisfecha?
- ¿Tú y tu(s) pareja(s) se hablan y comunican durante su intimidad sexual?
- ¿Cuánto tiempo y/o seguro te sientes con la intimidad física y sexual?

**DORMIR**
- ¿Cuándo duermes cada noche?
- ¿A qué hora te vas a dormir por la noche?
- ¿Cuánto tiempo duermes normalmente cuando te despiertas?

**ENFERMEDAD**
- ¿Con qué frecuencia te enfermas en un año?
- Cuando te enfermas, ¿con qué frecuencia tomas tiempo libre del trabajo/escuela?
- ¿Hay alguien en tu vida que puede cuidarte cuando estás enfermo?

**HIDRATACIÓN**
- ¿Cuánta agua bebes durante el día?
- ¿Cuánta agua en botella consumes al día?

**SENTADO**
- ¿Cuántas horas al día estás sentado/posición estática?
- ¿Cuál es tu postura sentada típica?

**ALIMENTO**
- ¿Cuánto tiempo gastas en comer comida nutritiva durante el día?
- ¿A qué hora comes tu última comida del día?
- ¿Cuál es la dieta más común de los alimentos que comes?

**EJERCICIO**
- ¿Cuántas horas de ejercicio haces en una semana?
- Si haces ejercicio, ¿cuál es el equilibrio entre cardio (correr, nadar), el entrenamiento de fuerza y estiramiento?
- ¿Tienes alguna condición física o herida que tiende a limitar tu movilidad física?

**TOCAR**
- ¿Con qué frecuencia puedes participar en contacto físico que sea seguro, tranquilo y satisfecho para usted?
- ¿Sientes alguna incomodidad o ansiedad durante contacto físico con los demás?

**INGERIR**
- ¿Cuánta cafeína consumes diariamente?
- ¿Cuánto azúcar consumes diariamente?
- ¿Cuánto sodio consumes diariamente?

**LAS SUSTANCIAS**
- ¿Utilizas sustancias que afectan tu estado físico/emocional/mental? ¿Cuáles son?
- ¿Qué estado de ánimo(s) generalmente contribuye y/o sigue la utilización de sustancias?

**ALCOHOL**
- ¿Cuánto alcohol consumes en una semana?
- ¿Cuánto alcohol consumes diariamente?
EQUILIBRIO EMOCIONAL

AMOR
- ¿Has sentido profundo amor recientemente? ¿Cuál fue el origen del amor?
- ¿Qué te hace sentir constante amor?
- En cualquier situación dada su experiencia, es amor/empatia tu respuesta inicial consistente?

ALEGRÍA
- ¿Has sentido profunda alegría recientemente? Si es así, cuál fue la causa?
- ¿Qué te trae alegría constantemente?
- En cualquier situación dada tu experiencia, dirías que tu alegría es tu respuesta inicial consistente?

ENOJO
- ¿Has sentido profundo enojo recientemente? ¿Qué ha causado tu enojo?
- ¿Qué te hace constantemente enojado?
- En cualquier situación dada su experiencia, dirías que tu enojo es tu respuesta inicial consistente?

MIEDO
- ¿Has sentido profundo temor recientemente? Si es así, cuál es la causa?
- ¿Qué te trae miedo constantemente?
- En cualquier situación dada tu experiencia, dirías que tu miedo/ansiedad es tu respuesta inicial consistente?

TRISTEZA
- ¿Has sentido profunda tristeza recientemente? Si es así, cuál es la causa?
- ¿Qué te trae tristeza constantemente?
- En cualquier situación dada su experiencia, dirías que tu tristeza es tu respuesta inicial consistente?
EQUILIBRIO MENTAL

ARGUMENTO
- ¿Cuándo fue la última vez que tuviste un animoso y saludable debate?
- Cuando alguien hace un punto que tenga más razonamiento que el tuyo, ¿cómo te sientes después?

INVESTIGACIÓN
- ¿Te sientes equipado para investigar las preguntas que no son contestadas en tu vida?
- Si no sabes algo, ¿cual es tu respuesta normal?

APRENDIZAJE
- ¿Sabes cuál es tu estilo de aprendizaje? (visual, auditivo, lógico, verbal, físico)
- ¿Has leído algo recientemente sobre un tema en el que no estás familiarizado?
- ¿Hay un pasatiempo o habilidad que te gustaría aprender?

SUEÑOS
- ¿Normalmente recuerdas tus sueños?
- ¿Con qué frecuencia sueñas?

RETOS
- ¿Qué experiencias en tu vida aún no tienen sentido para ti?
- Cuando tus creencias son desafiadas, ¿cual es tu reacción?

MEMORIA
- ¿Guardas un diario o libreta? ¿Has leído desde la última vez que escribiste en ella?
- ¿Qué tipo de memorias recuerdas más vivamente?

SU HISTORIA
- ¿Por qué el mundo funciona del modo en que lo hace, en su mente?
- ¿Por qué la gente hace las cosas que hacen? ¿Cuál es la motivación central en su mente?

LA VERDAD
- ¿Quién o qué confías que te digan la verdad?
- ¿Qué tan difícil es para ti cambiar tu opinión sobre algo en lo que crees profundamente?

VALORES
- ¿Cuáles son los valores que tu tendrías dificultad en dejar ir?
- ¿Han existido valores fundamentales que han cambiado en tu vida?

CRECIMIENTO
- ¿En cuáles valores crees, pero tienes dificultad incorporándolos?
- ¿Con qué frecuencia tus acciones coinciden con tus valores?
- ¿Por qué luchas para incorporar ciertas creencias?
EQUILIBRIO ESPIRITUAL

TRABAJO DE ENERGÍA
- ¿Alguna vez has recibido trabajo energético/sanación?
  ¿Cuál fue el efecto?
- ¿Usted entiende lo que necesita para mantener el balance energético?

HISTORIA
- ¿Conoces la experiencia histórica de tu gente, de tu comunidad y/o de tu identidad en los Estados Unidos?
- Cuando te enfrentas con opresión, la violencia estatal, la discriminación y la explotación de otros seres humanos, ¿cuál es tu reacción normalmente?

MEDICAMENTO
- ¿Sabes cuáles medicinas tradicionales utilizaron tus antepasados?
- ¿Qué tipo de remedios caseros fueron usados en ti cuando eras niño/a?

RAÍCES
- ¿Qué tan conectado estás con tu cultura de origen?
- ¿Qué tan conectado te sientes con tu étnico/tradiciones nacionales?
- ¿Qué tan conectado estás con tu idioma de origen?

RITUAL
- ¿Tienes una tradición o ritual en el que dependes para sentirte más conectado a la tierra?
- ¿Tienes un espacio sagrado en tu casa, lugar de trabajo y/o en tu coche?

LA ORACIÓN
- ¿Tienes una vida de oración constante?
- ¿Cuando te encuentras en oración normalmente?

ANTEPASADOS
- ¿Qué sabes acerca de la vida de tus antepasados?
- ¿Has conocido a tus abuelos?
- ¿Qué tan familiarizado estas con las jornadas de tus padres?

LA TIERRA
- ¿Con qué frecuencia sales y te conectas con la naturaleza?
- ¿Cómo te afecta la destrucción de la naturaleza?
- ¿Interactúas con los animales, insectos o plantas constantemente?
- ¿Cuando fue la última vez que tuviste tus pies descalzos en la tierra?
FORMACIÓN PROFESIONAL

LEGADO
- ¿Estás haciendo las cosas que fueron expectaciones en tu niñez?
- ¿Estás haciendo algo excepto las cosas que se espera que hicieras cuando eras niñ@?

ENERGÍA
- ¿Qué tipo de cosas te dan una cantidad de energía "infinita"?
- ¿Qué cosas puedes hacer bien a pesar de estar cansado?

FORTALEZAS
- Si sólo pudieras ofrecer una habilidad a un empresario, ¿cuál sería?
- ¿Qué es algo que usted puede enseñar fácilmente a otras personas?

REFLEXIÓN
- ¿Con qué frecuencia te puedes sentar y reflexionar sobre tu propósito?
- ¿Cuando fue la última vez que le pidió a alguien que e ayudara a reflexionar sobre su propósito en la vida?

BLOQUES
- ¿Qué te impide hacer cosas que te apasionan?
- ¿Cómo describirías tu relación cuando te sientes fracasado?

MODELOS
- ¿Quiénes son tus modelos cercanos de inspiración/motivación?
- ¿Por qué los consideras tus modelos o ídolos?

VALOR
- ¿Cómo mides el valor del trabajo de alguien?

CONTRIBUCIÓN
- ¿Qué es lo que puedes hacer para mejorar la vida de los demás?
- ¿Qué es algo que puedes hacer para ayudar aquellos que están marginados, orientados y discriminados?