



LESSONS LEARNED

From School Crises and Emergencies



Vol. 5, Issue 2, 2010

RESPONDING TO A SUICIDE CLUSTER: PALO ALTO SCHOOL DISTRICT

On a stretch of California railway between Gilroy and San Francisco runs the Caltrain service for San Francisco Bay area commuters, carrying thousands of Peninsula Corridor residents on their daily travels. Yet for five Palo Alto youths, the East Meadow Road crossing along this rail line became the place where their lives ended. On May 5, 2009, a 17-year-old male student from nearby Gunn High School committed suicide by jumping in front of an oncoming Caltrain during the morning commute. Within a month, a second Gunn High School student repeated the act. To the horror of the community, a pattern was developing. In August 2009, a 13-year-old female, an incoming Gunn freshman, also committed suicide by jumping in front of a train in this same location; on Oct. 19, 2009, a fourth Gunn high school student, age 16, similarly took his life, and on Jan. 22, 2010, a recent Gunn High graduate was the fifth victim in what came to be known as a “suicide cluster.”¹ This Lessons Learned describes the response of the Palo Alto school district and community to this series of traumatic events. It also provides information to schools and communities on how to prepare for and prevent similar circumstances.

Palo Alto, Calif., known for its internationally ranked university, Stanford, is in fact a small, close-knit community with one K–12 school district. A large proportion of its residents were born and raised there, resulting in a high level of community investment and prolific

¹ The Centers for Disease Control defines a suicide cluster as “a group of suicides or suicide attempts, or both, that occurs closer together in time and space than would normally be expected in a given community.” From O’Carroll P.W., J.A. Mercy, and J.A. Steward, “CDC recommendations for a community plan for the prevention and containment of suicide clusters,” in *Morbidity and Mortality Weekly Report* (1988): Suppl. 6, 1–12.

communication among local organizations, including the school district. It is this high level of interrelatedness that contributes to both the identification of these student deaths as a suicide cluster, and the outreach from various community organizations and providers to assist the school district and its students, staff, and families, in their response, explained Carol Zepecki, district director of special education and student services, in a summer 2010 interview.

The Initial Response: Following Protocols, Forming a Task Force, and Refocusing Media Attention

Tragically, these 2009-10 deaths by suicide were not the first such incidents in the Palo Alto Unified School District. However, as a result of suicides that occurred years earlier,² the district established systems, protocols, and policies for responding to this type of incident, all of which were in place and being implemented when the first student suicide occurred in May 2009. One of the initial steps in this **protocol** was to disseminate notification of the event from the district office to all schools (although the superintendent is notified first if he or she is not already present at the district office when news of a suicide is reported). A phone tree is also in place to notify the district’s psychologists, counselors, and administrators when a student suicide has occurred. The use of a phone tree helps to instruct these mental health experts and officials to be alert and prepare them for possible aftereffects and for future action,

² Two students at Palo Alto High School, the other comprehensive high school in Palo Alto, died by suicide in October 2002 and November 2003.

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if necessary. Also, the district immediately calls upon mental health providers, including two long-time partner agencies of the district, to provide grief counseling at the school for students and families.

Next, response efforts related to the victim were initiated at the school, including the following:

- Notifying the school staff, faculty, and parents by the school principal of the event;
- Identifying the students who would likely be, or who are acting, most affected by this victim's death;
- Tracking the victim's school schedule to staff each classroom with counselors and discuss the event with the students present; and
- Bringing students associated with any clubs, sports teams, or organizations to which the victim belonged together so that counselors, teachers, and administrators can talk with and support them.

Wesley Cedros, a school psychologist with the Palo Alto Unified School District, explained that one strategy, crucial at both this initial stage of response and in ongoing months, is to identify the victim's connections and personal contacts to determine if they are at risk for experiencing grief-related issues. "Frequently, it is a process that unfolds in many layers," Cedros explained. "You bring the first group [of associations] in and ask who also knew the student(s), and get more information from there ... like roots branching out," he added.

"Our goal is to contact as many people as we can who may have known the student(s), and keep a list of those students so we can follow up later, as far as referring them to ongoing counseling services and contacting parents," said Cedros. The district's efforts to keep in touch with these at-risk individuals go beyond the immediate response timeframe and continue throughout the school year.

Project Safety Net Task Force Members

*Palo Alto Unified School District
City Manager's Office
Youth and Teen Representatives
City Police Department
City Community Services Department
Parent Teacher Association
Kara Grief Support & Education
Adolescent Counseling Services (ACS)
Youth Community Services (YCS)
Parks and Recreation
Human Relations Commission
Community Center for Health and Wellness
YMCA
Center for Sustainable Change
Lucile Packard Children's Hospital
Palo Alto Medical Foundation
Parent Representatives
Palo Alto University
Suicide Prevention Advocates
Santa Clara County Health Department
Leaders of the Faith Community
Local Psychologists
American Red Cross*

The concept of a "cluster" pattern was first acknowledged when the third suicide occurred in August 2009. This spurred several other developments. In September, a **task force** involving community organizations was formed. This group later became known as "Project Safety Net." It brought together numerous school and community partners who wanted "to develop and implement an effective, comprehensive, community-based mental health plan for overall youth well-being in Palo Alto ... [to include] education, prevention and intervention strategies that together provide a Safety Net for youth and teens in Palo Alto, and defines [the] community's teen suicide prevention efforts."³ A Web page was created for this group within the City of Palo Alto's

³ Project Safety Net, available at: http://www.cityofpaloalto.org/depts/csd/community_and_family_resources/safetynet/default.asp.

website (<http://www.cityofpaloalto.org/>) that includes links to the school district and the city's websites, along with related resources. The site also states Project Safety Net's purpose, which was based on best practices, and includes an education component and 23 effective short- and long-term strategies for preventing and intervening in teen suicide.

One of these strategies calls for using media as an education tool. When one or more teen suicides occur in a community with the frequency that they did in this school district, there is concern about the role that media may play in sensationalizing the events. Cedros and Zepecki described how collaborative support helped shape the media response in their own community. Cedros explained, "After the first death by suicide, we [in the school district] were so focused on the 'postvention'⁴ efforts at the school, taking care of the kids and staff, I don't know that media coverage was the first thing on our list." Zepecki agreed, but said "one of the board members had particular experience with this, as did a member of the medical board, so they took charge. When things like this happen, it is not just the school district that responds—work gets done by the people around us, which is how this media issue was addressed."

A subcommittee of community members met with local newspaper editors and media outlets (including the staff of the high school newspaper) and shared information they had garnered from national suicide prevention organizations, such as the American Federation for Suicide Prevention (AFSP)⁵, on how the media should respond. A representative from AFSP visited Palo Alto to present on the dangers of sensationalizing the string of suicides that took place, which they said could provoke "copycat" or cluster events. Broadcast and other media outlets received this information with the hope that publicity would be tempered.

⁴ The American Association of Suicide Prevention defines suicide "postvention" as the "provision of crisis intervention, support and assistance for those affected by a completed suicide."

⁵ Visit at <http://www.afsp.org/>.

The Long-Term Response: Recommended Prevention-Mitigation Strategies

Cedros and Zepecki discussed several strategies the district implemented in response to the suicides in their district that ultimately became a part of its long-term, prevention-mitigation strategies.

Early identification. "Our first line of defense at Gunn [High School] has been the list of students who have been identified as 'at-risk'—those who parents, staff, and students have recognized as being largely affected by [the suicide(s)]," said Cedros. The risk is in continuing the contagion factor, he explained. "I'm not worried about the kids who are at the memorial services, who are up in front grieving openly," Cedros said. "... they are expressing their needs and receiving help. I'm concerned with the kids hanging around the back, observing, and not getting any active help."

To better identify students and others who have been impacted by teen suicides and may be at risk themselves, the district has created what is called an "At-Risk Database." This is how the database is used: once per semester, school counselors, psychiatrists, community mental health partners, administrators, and staff review a list of all the students at a school, and look at 15 factors to help them identify which students may be at risk for committing suicide. These factors may include:

- school attendance history;
- disciplinary record;
- academic record;
- whether a student is on an individualized education plan (IEP); or
- whether a student has received psychological counseling.

"The vast majority of kids are doing OK," Cedros said. Through this process, however, several students are identified for follow-up. At that point, an adult is charged with checking

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in with the student and their parents over time to make sure the student is getting the support and services they need.

The district also launched several staff training opportunities, such as gatekeeper training⁶ and training that helped staff identify students with mental health issues related to eating disorders, anxiety, and depression. Cedros reported that the school district would be doing more in the future to train teaching and other school staff how to identify students who may be depressed or suicidal.

Access to mental health services. Cedros also observed that the biggest challenge for the district in the aftermath of the suicides was to summon enough mental health providers and services to meet student needs. With the help of prior partnerships with mental health providers and emergency funding from the U.S. Department of Education’s Project SERV (School Emergency Response to Violence) grant program⁷, the district worked to screen and coordinate therapists, offer grief counseling, and expand the depth and breadth of mental health services available to students, families, and staff. In addition, many mental health and medical partners offered in-kind services or to assist students in accessing the insurance needed to cover expenses. The district drew upon the numerous community-based mental health providers, as well as the resources provided by Stanford University doctors and psychiatry fellows, to enhance their mental health offerings.

“Through outreach,” Cedros said, “these resources came into the district at a time when we needed them. I think it was because

6 According to the Surgeon General’s National Strategy for Suicide Prevention (2001), a “gatekeeper” is someone in a position to recognize a crisis and the warning signs that someone may be contemplating suicide. For more information on gatekeeper training, visit <http://www.qprinstitute.com/>.

7 The U.S. Department of Education awarded Palo Alto Unified School District in April 2010 a \$50,000 Project SERV (School Emergency Response to Violence) grant, a funding stream given to districts that have experienced a traumatic event and that need funding to help respond to the event and re-establish a safe learning environment. For more information on Project SERV grants, visit <http://www2.ed.gov/programs/dvppserv/index.html>.

of our prior involvement in various community task forces, and our relationships with these organizations over time, that allowed us to call for help when we needed it, and for these organizations stepping up to the plate.”

Collaborative support and de-stigmatization. Following the formation of the task force Project Safety Net was the establishment of a related organization called “Track Watch,” Zepecki said. Track Watch members, who include parents and other community volunteers, stationed themselves at the railroad crossing where the suicides occurred in an attempt to prevent more of them. These efforts were supplemented with paid guards, sponsored by the city and police department. Also, in the aftermath of the suicides, a group of Gunn High School students came together to form Reach Out Care and Know (ROCK). The student group was created to help remove some of the stigma surrounding mental illness and encourage peer support. For example, ROCK promotes the importance of talking to parents when teens think one of their friends or classmates may be at risk.

“We find we are getting more referrals from students and parents about kids they are worried about. At one time they would have thought there is nothing to worry about, or that they don’t want to tell anyone. I think we have made some progress in recognizing we need to support kids in what they are going through today,” Cedros said.

Lessons Learned

When asked to reflect on the three primary lessons learned from the past year’s experience with the suicides in their district and what could be shared with other schools and districts that may face similar situations, Zepecki recommended the following:

- Conduct targeted information-gathering from experts on best practices

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“There is a tremendous amount of information out there on coping with and responding to suicides, which is both wonderful and challenging at the same time,” Zepecki said. Instead of taking the approach their district did initially, which was to canvass the entire field and attempt to find everything they could on the subject, Zepecki recommended going first to national organizations and resources, such as those provided by the American Foundation for Suicide Prevention (<http://www.afsp.org/>) and the American Association for Suicidology (<http://www.suicidology.org>).

- Keep lines of communication open with all stakeholders

According to Zepecki, the meeting and collaboration of community-based organizations is vital to a comprehensive and effective response effort. To best facilitate such collaboration, Zepecki said communication is key—not only among those charged with response efforts, but also in disseminating important information and educational efforts to the community and to vulnerable populations, especially students. Early on, good

communication among partners helped bring awareness to what students were concerned about and how they were responding to the traumatic events, said Zepecki. This allowed for better information and provision of care.

- Institutionalize changes
- Maintaining long-term changes in district programming to promote an environment that is supportive of students and therefore reduces the likelihood of such events re-occurring is of core importance, according to Zepecki. She said the school district plans to continue such efforts through staff training that addresses social emotional education, implementing youth development education and programming, and adopting an intellectual framework that promotes the discussion of coping skills and resiliency skills.

“One worry I had,” said Zepecki, “was that [response efforts] would just be a reaction to this particular situation. What I’m hopeful for is that some of the things we’ve learned will be systematized.”

This *Lessons Learned* publication was written with the assistance of Carol Zepecki and Wesley Cedros of Palo Alto School District during the summer of 2010.

The REMS TA Center was established in October 2007 by the U.S. Department of Education’s Office of Safe and Drug-Free Schools (OSDFS). The center supports schools and school districts in developing and implementing comprehensive emergency management plans by providing technical assistance via trainings, publications and individualized responses to requests. For additional information about school emergency management topics, visit the REMS TA Center at <http://rems.ed.gov> or call 1-866-540-REMS (7367). For information about the REMS grant program, contact Tara Hill (tara.hill@ed.gov) or Sara Strizzi (sara.strizzi@ed.gov).

This publication was funded by OSDFS under contract number ED-04-CO-0091/0002 with EMT Associates, Inc. The contracting officer’s representative was Tara Hill. The content of this publication does not necessarily reflect the views or policies of the Department, nor does the mention of trade names, commercial products, or organizations imply endorsement by the U.S. government. This publication may also contain hyperlinks and URLs for information created and maintained by private organizations. This information is provided for the reader’s convenience. The Department is not responsible for controlling or guaranteeing the accuracy, relevance, timeliness, or completeness of this outside information. The inclusion of information or a hyperlink or URL does not reflect the importance of the organization, nor is it intended to endorse any views expressed or services offered. All hyperlinks and URLs were accessed October 2010.