



# Monarch River Academy

## STUDENTS

### Health & Welfare

#### SUICIDE PREVENTION POLICY GRADES 8-12

Monarch River Academy is committed protecting the health and well-being of all Monarch River Academy students, including vulnerable youth populations, by having procedures and evidence-based, multi-tiered interventions in place to prevent, assess the risk of, intervene in, and respond to suicide and self-harming behavior. While we are concerned for the risk of suicidality across all populations we serve we also recognize that there are vulnerable youth populations at a greater risk historically. Vulnerable youth populations include LGBTQ (lesbian, gay, bisexual, transgender, questioning) youth, youth living with mental and/or substance use disorders, youth who engage in self-harm or have attempted suicide, youth in out-of-home settings, youth experiencing homelessness, American Indian/Alaska Native youth or youth that identify with other racial minority groups, youth bereaved by suicide and youth living with medical conditions and disabilities.

California *Education Code (EC)* Section 215, as added by Assembly Bill 2246, (Chapter 642, Statutes of 2016) mandates that the Governing Board of any local educational agency (LEA) that serves pupils in grades seven to twelve, inclusive, adopt a policy on pupil suicide prevention, intervention, and postvention. The policy shall specifically address the needs of high-risk groups, including suicide awareness and prevention training for teachers, and ensure that a school employee acts within the authorization and scope of the employee's credential or license.

The purpose of Monarch River Academy Governing Board approving this Suicide Prevention Policy is to accomplish the following:

1. Explain the Purpose for The Suicide Prevention Policy
2. Identify Parental Involvement in Suicide Prevention
3. Identify Student Participation and Education
4. Outline Key Terms and Definitions of Suicide Prevention
5. Explain Suicide Discussion/Communication for Parents and Children
6. Outline the Process for Assessment and Referral
7. Outline the Process for Implementing the Policy
8. Provide Resources for Parents, Students, and Staff Members on Suicide Prevention

**1. Purpose:** Monarch River Academy recognizes that:

- a) physical, behavioral, and emotional health is an integral component of a student's educational outcome,
- b) further recognizes that suicide is a leading cause of death among young people,
- c) the 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.

In recognition of the need to protect the health, safety and welfare of its students, to promote healthy development, to safeguard against the threat or attempt of suicide among school aged youth, and to address barriers to learning, Monarch River Academy hereby adopts a policy, which corresponds with and supports other federal, state and local efforts to provide youth with prevention education, early identification and intervention, and access to all local resources to promote health and prevent personal harm or injury.

With the intention of creating a safe and nurturing educational entity that minimizes suicidal ideation in students, we also recognize our duty to protect the health, safety, and welfare of our students, and aim to safeguard students and staff against suicide attempts, deaths and other trauma associated with suicide. These safeguards include ensuring adequate supports for students, staff, and families affected by suicide attempts and loss. Because the emotional wellness of students greatly impacts learning, motivation, and educational success, the current policy shall be paired with other practices that support the emotional and behavioral wellness of students. The school's policy is based on research and best-practices in suicide prevention, and has been adopted with the understanding that suicide prevention activities can decrease suicide risk, increase help-seeking behavior, identify those at risk of suicide, decrease suicidal behaviors. Empirical evidence refutes a common belief that talking about suicide can increase risk or "place the idea in someone's mind." Using a multi-tiered intervention system, the goal of the school is to increase the number of and ease access to social-emotional intervention to mitigate suicide- and self-harm risk while increasing the sense of inclusivity within the operation of the school.

In an attempt to reduce suicidal behavior and its impact on students and families, the school has developed multi-tiered strategies for suicide prevention, intervention, and postvention, and the identification of the mental health challenges frequently associated with suicidal thinking and behavior. These strategies shall include professional development for parents/guardians, caregivers, students, and school personnel who regularly interact with students or serve in a position to recognize the risk factors and warning signs of suicide.

**2. Parental/Guardian Involvement:** Parents and guardians play a key role in youth emotional and behavioral health, including suicide prevention. This policy is meant to be used as a tool for parents/guardians to be informed and actively involved in decisions regarding a child's welfare. Parents/guardians who learn the warning signs and risk factors for suicide are better equipped to connect with professional help when necessary. The school encourages and advises parents/guardians to take every statement regarding suicide or personal harm seriously and avoid assuming that a child is simply seeking attention.

Parents and guardians can also contribute to factors and conditions that reduce vulnerability to suicidal and self-harming behavior, for vulnerable youth populations. Feeling accepted by parents or guardians is a critical protective factor for vulnerable youth populations as well as providing a healthy physical environment. As educators, Monarch River Academy faculty and staff can help protect vulnerable youth populations by ensuring that parents and guardians have adequate resources regarding family acceptance and the essential role it plays in students' behavioral and emotional health.

**3. Student Participation and Education:** Monarch River Academy along with its partners has carefully reviewed SEL curriculum created by staff based on staff and parent feedback that is specific to our community's needs. All parents have access to the lessons and pacing guides and a Smore newsletter with information and links for parents. This curriculum is meant to teach and encourage healthy ways of processing emotions and learning coping skills. It promotes the mental health model of suicide prevention and does not encourage the use of the stress-model to explain suicide.

Under the supervision of school-employed mental health professionals, and following consultation with county and community mental health agencies, students shall:

- Receive developmentally appropriate, student-centered education about the warning signs of mental health challenges and emotional distress;
- Receive developmentally appropriate guidance regarding the School's suicide prevention, intervention, and referral procedures.
- The content of the education shall include:
  - Introduction of coping strategies for dealing with stress and trauma;
  - How to recognize behaviors (warning signs) and life issues (risk factors) associated with suicide and mental health issues in oneself and others;
  - Emphasis on reducing the stigma associated with mental illness and the fact that early prevention and intervention can drastically reduce the risk of suicide.

- Student-focused suicide prevention education can be incorporated into classroom curricula (e.g., health classes, freshman orientation classes, science, and physical education).
- Monarch River Academy will support the creation and implementation of programs and/or activities that raise awareness about mental wellness and suicide prevent (e.g., Mental Health Awareness Weeks, Peer Counseling Programs, Freshman Success Programs).

#### **4. Key Terms and Definitions:**

- ***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.
- ***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.
- ***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.
- ***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.
- ***Risk Assessment*** An evaluation of a students who may be at risk for suicide, conducted by the appropriate school staff (e.g., school psychologist or school counselor). 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.

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

#### **4. Suicide Discussion/Communication:**

**For Parents - Talking to your Children:** *Here are some suggestions to help you with introducing the subject:*

- **Be courageous:** There is no shame in admitting that suicide is a scary issue. As parents, you probably want to protect your kids from all sorts of scary things. But you also have an obligation to teach them how to face reality and equip them to deal with all the scary things reality can bring. Here's the truth: your kids are going to learn about suicide one way or another. So would you rather that they learn about it from the media or a friend who suddenly kills himself, or would you rather that you have the opportunity to educate them in advance? So face those fears and dive right in.
- **Pick a time where you can have an uninterrupted conversation:** Start the conversation when you have the best chance of having your child's attention. A car ride, for example, ensures that your child will have fewer distractions than at home with the TV on. While you want to make sure your child gives you their attention, also make sure they do not feel trapped. Remember: if talking about suicide makes *you* uncomfortable, it can also make your child feel uncomfortable. So make sure you not only have their attention, but that you do so in an environment that feels non-threatening and open.
- **Plan in advance:** Think about what you want to say and make sure you have the right information to talk to your child accurately and helpfully about suicide. Make notes or plan a script if you want.
- **Tailor the conversation to your child's age:** When talking about suicide (or any big, serious topic, for that matter), make sure that you keep the conversation at a level that is appropriate for that child's developmental level. For younger children, your descriptions can be shorter and simpler. For older children, give longer and more detailed answers. Additionally, older children will likely have many questions. If you don't know the answer to a question, don't be afraid to say that. You can make it into a learning experience and research the answer with your child together. That's much better than inaccurate or misleading information.
- **Explain suicide in a way that dispels common myths:** Let your children know not only the facts about suicide, but also what depression is and how it can make people feel suicide is their only escape. Let them know that suicide is never a necessity and that there is always hope. Let them know that they are not bad if they feel sad or upset and that it's ok to tell you if they do feel this way. Make sure they feel safe in your home and that they do not have to pretend to always be happy. Let them know you will



not judge them if they are feeling down and that you love them no matter how happy or sad they are.

- **Encourage them to talk to trusted adults:** Let your kids know that they can talk to you if they are feeling depressed or suicidal. Or let them know that if they ever feel uncomfortable talking to you about depression or suicide, that they can always talk to another trusted family member or adult in your community. The important thing is that they do not hold their feelings inside until they become so unbearable they feel like they are going to explode.
- **Let your child speak:** Ask your child what *they* think about the topic. Just be direct, e.g., “Have you thought about suicide? What do you think about it? Do your friends think about it? Do you know who you can talk to if you’re feeling these feelings?”
- **Listen to your child:** If you ask your child what they think, make sure to be silent and give them the space to talk. If they say something that is inaccurate or that worries you, definitely be honest but do not interrupt them. Wait until they are done, affirm that you heard what they said and appreciate that they shared their thoughts with you, and *then* address whatever issues you feel need to be corrected.
- **Seeking Assistance:** There are differing situations where your child’s distress may become apparent. Your child may reveal their suicidal thoughts to you, a friend, or a trusted adult. Whoever becomes aware of your child’s distress must immediately seek assistance. In seeking assistance, your child’s safety is the first consideration. The child should **never** be left alone during this crisis. If your child has a physician or therapist, call to alert them of the situation.

**For the Child/ Student:** School can be an exciting time, filled with new experiences, but at times you might feel as though it is more of a struggle. This information is meant to help you as you work through a tough time.

Life can be stressful. Between the friend drama, packed schedules, classes, clubs, relationships, sports, jobs, parental expectations, figuring out who you are, uncertainty over things, and not getting enough sleep, life can occasionally get you down and feel overwhelming. That is normal.

What is not normal is struggling through each day, feeling like things will only get worse. Maybe you feel like you have lost control, that nothing matters, or that you are alone. These feelings may indicate a condition that requires professional help, such as depression, anxiety or other mental health conditions.

Not everyone experiences mental health conditions in the same way, but **everyone struggling with their mental health deserves help**. Depression is among the most common conditions experienced. It is a complex medical illness that significantly interferes with an individual's ability to function, enjoy life, and feel like themselves.

**5. Assessment and Referral:** When a student is identified by a staff person as having an elevated risk for self-harm, e.g., 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.

- School staff will continuously supervise the student to ensure their safety.
- The designated mental health and suicide prevention coordinator(s) will be made aware of the situation as soon as reasonably possible.
- The mental health professional/coordinator will contact the student's parent or guardian, and will assist the family with urgent referral. When appropriate, this may include calling emergency services or bringing the student to the local hospital 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.
- Staff will ask the student's parent or guardian for written permission to discuss the student's health with outside care, if appropriate.

**6. Process for Implementing the Policy: Protecting the health and well-being of all students is of utmost importance. A suicide prevention policy serves to assist and protect all students through the following steps:**

- Students should be made aware of and informed about recognizing and responding to warning signs of suicide in peers and friends, using coping skills, using support systems, and seeking help for themselves and friends.
- Monarch River Academy will designate a suicide prevention coordinator to serve as a point of contact for students in crisis and to refer students to appropriate resources.
- 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 parents, staff, and student, and help connect them to appropriate local resources.
- Students will have access to national resources which they can contact for additional support.
- All students and staff 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 an adult (e.g., teacher, parent) if they, or someone they know, is feeling suicidal or in need of help.



- 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.
- If the student is in imminent danger (has access to a gun, is on a rooftop, or in other unsafe conditions), a call shall be made to 911.
- A referral process should be prominently disseminated to all staff members with access to students, so they know how to respond to a crisis and are knowledgeable about the school and community-based resources.
- The Superintendent shall establish crisis intervention procedures to ensure student safety and appropriate communications if a suicide occurs or an attempt is made by a student or adult while at a school-sponsored activity.
- The referral process shall be prominently disseminated to all parents/guardians/caregivers so they know how to respond to a crisis and are knowledgeable about the school and community-based resources.

**Coping Skills/Healthy Behaviors:** These are positive/protective actions and behaviors that a student engages in to help them through their struggles on a daily basis. Some coping strategies include activities that students can do in order to regulate his/her emotions; ask the student for input, and teach him/her additional strategies if necessary. Strategies may include: *slow breathing, yoga, play basketball, draw, write in journal, take a break from school activities to drink water, challenge irrational thinking, and listen to music.*

**Places I Feel Safe:** These are places that the student feels most comfortable. It should be a safe, healthy, and generally supportive environment. This can be a physical location, an imaginary happy place, or in the presence of safe people. Help students identify a physical and/or emotional state of being. Places may include: *my being with my friends, sport teams, imagining I am on a beach watching the waves.*

**School Support:** Any school staff member or administrator can check in with a student regularly (regardless of whether or not the student seeks out help). Notify the student's teacher(s) and request monitoring and supervision of the student (keeping in mind not to share confidential information).

**Adult Support:** It is important that a student also feel connected with healthy adults at home or in their community. The student should trust these adults and feel comfortable asking for help during a crisis. Identify how a student will communicate with these individuals and include a phone number. Some adults may include: *family (e.g., grandparent, aunt, uncle, adult sister); community member; or neighbor.*

## **7. Prevention: School Policy Implementation:**

A suicide prevention coordinator shall be designated by Monarch River Academy Administration. This may be an existing staff person, such as a School Counselor or School

Psychologist or support staff with specialized training. The suicide prevention coordinator will be responsible for planning and coordinating implementation of suicide prevention for the school.

The school suicide prevention coordinator will act as a point of contact in the school for issues relating to suicide prevention and policy implementation. All staff members shall report students they believe to be at elevated risk for suicide to the school mental health/suicide prevention coordinator.

Providing a safe, positive, and welcoming school climate; and ensuring that students have trusting relationships with adults serves as the foundation for effective suicide prevention efforts. Bullying and suicide-related behaviors have a number of shared risk factors including mental health challenges (e.g., depression, hopelessness, and substance use/abuse). Youth who report frequently bullying others and those who report being frequently bullied are at increased risk for self-harm behavior. Student's who experience bullying (those who report both bullying others and being bullied) are at an increased risk for suicidal thoughts and behaviors. Keep in mind the relationship between bullying and suicide is more complex and less direct than it might appear. While bullying may be a precipitating event, there are often many other contributing factors, including underlying mental illness and varying levels of resilience as a given individual.

Prevention efforts should also address non-suicidal self-injury (NSSI or "cutting"). While the behavior is not directly predictive with suicidal thinking, it can be a red flag that someone is distressed and does increase the risk for suicidal thinking and behaviors. It is important that school staff learn to recognize the signs of NSSI, including cuts, burns, scratches, scabs, and scrapes, especially those that are recurrent and if explanations for the injuries are not credible. Suicide risk assessment should always be a part of intervention with the student who displays NSSI.

**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 student, LGBTQ students, students bereaved by suicide and those with medical conditions or certain types of disabilities. Additional professional development in risk assessment and crisis intervention will be provided to school employed mental health professionals and school nurses.

**Identification and Intervention:** Early identification and intervention are critical to preventing suicidal behavior. When a parent/caregiver or school staff become aware of a student exhibiting potential suicidal behavior, they should immediately and contact a member

of the school's crisis response team for a suicide risk assessment and support. If the appropriate staff is not available, 911 should be called. Typically, it is best to inform the student what you are going to do every step of the way. Under no circumstances should the student be left alone (even in a bathroom/ restroom). Reassure and supervise the student until a 24/7 caregiving resource (e.g., mental health professional or law enforcement representative) can assume responsibility.

**Designated members of the school crisis team should conduct a suicide risk assessment.**

The purpose of the assessment is to determine the level of risk and to identify the most appropriate actions to ensure the immediate and long-term safety and well-being of the student. This should be done by a team that includes a school-employed mental health professional. Standardized risk assessment (e.g. Columbia) and Safety Planning will be utilized to gauge risk level.

**Caregiver notification is a vital part of suicide prevention.** The appropriate caregiver(s) must always be contacted when signs of suicidal thinking and behavior are observed. Typically, this is the student's parent(s); however, when child abuse is suspected protective services should be contacted. Even if a child is judged to be at low-risk for suicidal behavior, schools may ask caregivers to sign a form to indicate that relevant information has been provided. Regardless, all caregiver notifications must be documented. Caregivers also provide critical information in determining level of risk. Whether a student is in imminent danger or not, it is strongly recommended that lethal means(e.g., guns, poisons, medications, and sharp objects) are removed or made inaccessible.

**Refer to community services if warranted.** Referral options to 24-hour community-based services should be identified in advance. It is best to obtain a release from the primary caregiver to facilitate the sharing of information between the school and community agency.

**Help the parent/caregiver and/or school staff to develop a safety plan with the student.**

Helping the student to develop a written list of coping strategies and sources of support that can be of assistance when he or she is having thoughts of suicide (e.g., a safety plan) is recommended. Suicide prevention hotlines (e.g., 988) can be helpful elements of such a plan.

**Schools are legally responsible for documenting every step in the assessment and intervention process.**

A documentation form for support personnel and crisis response team members should be developed to record all suicide intervention actions and caregiver communication. Student information must be kept confidential but there are exceptions to FERPA when safety is of concern. Staff responsible for the safety and welfare of the student should be provided with the information necessary to work with the student and preserve the safety. As confidentiality is paramount in communication regarding mental health intervention, school staff members do not need clinical information about the student or a detailed history of his or her suicidal risk or behavior. Discussion among staff should be restricted to the student's treatment and support needs.

**Keep tabs on the rumor mill (including social media).** If you hear or see something credible, refer the student to a school-employed mental health professional or crisis response team member. At the same time, gossip about particular incidents and students should also be discouraged.

## 8. Resources for Parents, Students and Staff Members on Suicide Prevention:

- a. **Parents as Partners: A Suicide Prevention Guide for Parents** is a booklet that contains useful information for parents/guardians/caregivers who are concerned that their children may be at risk for suicide. It is available from Suicide Awareness Voices of Education (SAVE).

See the SAVE Web page at <https://www.save.org/product/parents-as-partners/>

- b. **Sources of Strength:** <https://sourcesofstrength.org>
- c. **Know the Signs:** <http://www.suicideispreventable.org>
- d. **National Mental Health and Suicide Support Services:** The following are just a few of many listings for local mental health services
  - **National 988 Suicide Prevention Lifeline** <https://988lifeline.org/current-events/the-lifeline-and-988/>
    - i. **National Suicide Prevention Lifeline:** 1 (800) 273-TALK (800-273-8255)
    - ii. **Mental Health America (MHA):** [www.mentalhealthamerica.net](http://www.mentalhealthamerica.net) 1-800-969-6642
    - iii. **American Foundation for Suicide Prevention** [www.afsp.org](http://www.afsp.org)
    - iv. **American Association for Suicide Prevention** [www.suicidology.org](http://www.suicidology.org)
    - v. **Center for Disease Control & Prevention** [www.cdc.gov/ViolencePrevention/suicide](http://www.cdc.gov/ViolencePrevention/suicide)
    - vi. **Healthy Place -** [www.healthyplace.com](http://www.healthyplace.com)
    - vii. **Jed Foundation -** [www.jedfoundation.org](http://www.jedfoundation.org)
    - viii. **National Federation of Families for Children's Mental Health** [www.ffcmh.org](http://www.ffcmh.org)
    - ix. **National Alliance on Mental Illness (NAMI)** [www.nami.org](http://www.nami.org) 1-800-950-NAMI (6264)
    - x. **The Trevor Lifeline -** [www.thetrevorproject.org](http://www.thetrevorproject.org) 1-866-488-7386
    - xi. **National Institute of Mental Health (NIMH) -** [www.nimh.nih.gov](http://www.nimh.nih.gov)
    - xii. **Strength of US-** [www.strengthofus.org](http://www.strengthofus.org)
- e. **Substance Abuse and Mental Health Services Administration (SAMHSA)** [www.samhsa.gov/prevention/suicide.aspx](http://www.samhsa.gov/prevention/suicide.aspx)
- f. **Suicide Awareness Voices of Education (SAVE)** [www.save.org](http://www.save.org)
- g. **California Youth Crisis Line 1-800-843-5200** <https://calyouth.org/>
- h. **Suicide Prevention Action Network USA -** [www.spanusa.org](http://www.spanusa.org)
- i. **Suicide Prevention Resource Center (SPRC) -** [www.sprc.org](http://www.sprc.org)

**Book Resources for Parents: Mental Health and Resilience**

- Beardslee, William. Out of the Darkened Room: When a Parent is Depressed: Protecting the Children and Strengthening the Family. 2002.
- Rapee, Ronald et al. Helping your anxious child: A step by step guide. 2000.
- Manassis, Katharina & Levac, Anne Marie. Helping your teenager beat depression: A problem-solving approach for families. 2004.
- Lezine, DeQuincy and Brent, David. Eight Stories Up: An Adolescent Chooses Hope over Suicide. 2008.
- Bourne, Edward. The Anxiety & Phobia Workbook. 2005.
- Riera, Michael. Uncommon Sense for Parents with Teenagers. 2004.
- Phelan, Thomas. Surviving Your Adolescents: How to Manage and Let Go of Your 13-18 year olds. 1998.
- Sachs, Brad. The Good Enough Child: How to Have an Imperfect Family and Be Totally Satisfied. 2001.
- Apter, Terri. The Confident Child: Raising Children to Believe in Themselves. 1997.

**Book Resources for Teens: Mental Health and Resilience**

- Hipp, Earl. Fighting Invisible Tigers: A Stress Management Guide for Teens. 2008.
- Fox, Annie. Too Stressed to Think? A Teen Guide to Staying Sane When Life Makes You Crazy. 2005
- Seaward, Brian. Hot Stones and Funny Bones: Teens Helping Teens Cope with Stress and Anger. 2002.
- Espeland, Pamela. Life Lists for Teens: Tips, Steps, Hints, and How-To's for Growing Up, Getting Along, Learning, and Having Fun. 2003.
- Covey, Sean. The 7 Habits of Highly Effective Teens. 1998.
- Kay Redfield Jamison, *Night Falls Fast: Understanding Suicide*
- Andrew Slaby and Lili Frank Garfinkle, *No One Saw My Pain: Why Teens Kill Themselves*
- Beverly Cobain and Jean Larch, *Dying to Be Free: A Healing Guide for Families after a Suicide*
- Linda H. Kilburn, *Reaching Out After Suicide: What's Helpful and What's Not*
- Judith Herman, *Trauma and Recovery: The Aftermath of Violence—from Domestic Abuse to Political Terror*
- Laura Van Dernoot Lipsky and Connie Burk, *Trauma Stewardship: An Everyday Guide to Caring for Self While Caring for Others*
- Pema Chodron, *The Places that Scare You: A Guide to Fearlessness in Difficult Times*
- Pete Walker, *The Tao of fully feeling: Harvesting forgiveness out of blame.*
- Peter A. Levine, *Waking the Tiger: Healing Trauma*

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