FORM 16-2

S2BI ASSESSMENT TOOL

FORM TO BE COMPLETED BY: School Counselor, BHS

Adolescent annual questionnaire

We ask all our adolescent patients to complete this form at least once a year, because substance use and mood can affect your health. Please ask your doctor if you have any questions. Your answers on this form will remain confidential.

Patient name: _____

Date of birth: _____

S2BI questions

In the **PAST YEAR**, how many times have you used:	**Never**	**Once or twice**	**Monthly**	**Weekly**
Tobacco:	☐	☐	☐	☐
Alcohol:	☐	☐	☐	☐
Marijuana:	☐	☐	☐	☐

If you answered "Never" to all three questions above, please skip to **CRAFFT question #1** and then turn the page. Otherwise, please continue answering all questions below.

Prescription drugs that were not prescribed for you: (such as pain medication or Adderall)	☐	☐	☐	☐
Illegal Drugs: (such as cocaine or Ecstasy)	☐	☐	☐	☐
Inhalants: (such as nitrous oxide)	☐	☐	☐	☐
Herbs or synthetic drugs: (such as salvia, "K2", or Bath salts)	☐	☐	☐	☐

If you answered "Never" or "Once or twice" to all questions above, please answer only **CRAFFT question #1** below and then turn the page. Otherwise, please continue answering all questions below.

CRAFFT questions	**No**	**Yes**
1. Have you ever ridden in a car driven by someone (including yourself) who was "high" or had been using alcohol or drugs?	☐	☐
2. Do you ever use alcohol or drugs to relax, feel better about yourself, or fit in?	☐	☐
3. Do you ever use alcohol or drugs while you are by yourself, or alone?	☐	☐
4. Do you ever forget things you did while using alcohol or drugs?	☐	☐
5. Do your family or friends ever tell you that you should cut down on your drinking or drug use?	☐	☐
6. Have you ever gotten into trouble while you were using alcohol or drugs?	☐	☐

Please turn page

Modified with permission by the GLAD-PC team from the PHQ-9 (Spitzer, Williams, & Kroenke, 1999), Revised PHQ-A (Johnson, 2002), and the CDS (DISC Development Group, 2000)

Have you taken any drugs or alcohol? **Y / N**
Name of substance(s): _____

What time did you wake up today? _____
How many hours of sleep did you get last night? _____
Comments: _____
_____
_____
_____
_____

How do you feel? _____

_____

Do you know why you have been referred to the school health counselor office?_____

_____

_____

History:

Are you currently ill? **Y / N**

Explain:_____

Have you ever had a seizure? **Y / N**

Explain:_____

Have you ever had a head injury? **Y /N**

Explain:_____

Are you on any medications? **Y / N**

Name of medication(s): _____

Instructions/Recommendations/Disposition	
	Recommend rest and fluids.
	I recommend that you observe your child carefully and take him/her to the doctor if deemed necessary.
	I recommend that you take your child and this form to the doctor or clinic as soon as possible.
	Your child may return to school when fever free for 24 hours without fever reducing medications.
	Must provide a written clearance from a doctor or medical provider before returning to school.
	Head injury precautions: Be alert for symptoms that worsen over time. Take your child to the ER right away if you observe any loss of consciousness, convulsions, headaches, dizziness, nausea, vomiting, slurred speech, drowsiness, or changes in personality.
	Please keep injury clean and dry and observe for signs of infection (redness, swelling, yellow discharge, increased pain and temperature)
	Student was referred to School Administrator Time:
	911 called Time: _____ Time EMS arrived at school: _____ School Personnel Accompany EMS:
	Refused EMS Transport: _____ Print Name Signature Relationship _____
School Officials Signatures	
School Administrator/Designee Name and Signature:	
School Health Counselor (SHC) or: **Licensed Practical School health counselor (LPN) name and signature:**	

Speech:	( ) Normal	( ) Rapid/ raspy ( ) Incoherent ( ) Mumbling	( ) Slow ( ) Slurred ( ) Loud/noisy
Other Signs and Symptoms	( ) Excessive perspiration	( ) Flushed face	( ) Frequent trips to restroom
( ) Chills and sweating	( ) Dizziness	( ) Dry mouth	( ) Tremors ( ) Twitching
( ) Muscle cramping	( ) Teeth clenching	( ) Nausea	( ) Vomiting
( ) Nystagmus	( ) Seizures	( ) Dizziness	( ) Other

FORM 16-1

PHYSICAL ASSESSMENT CHECKLIST FOR SUSPECTED SUBSTANCE USE (PACSSU)

School: _____

FORM TO BE COMPLETED BY: School Health Counselor

NAME:	**GR/RM #:**		**Time In:**	**Time Out:**
	DOB:	**M F**	**VITALS**	
Dear Parent(s) or Legal Guardian(s): Your child reported to the Health Counselor's Office today for the following reason(s).			**BP:**	**T:**
			O2 Sat:	**P:**
			Pain Scale:	**R:**

Medical History:	**Referred by:**	**Allergies:**	**Other:**
Behavior/ Appearance & Level of Consciousness	( ) Alert & oriented ( ) Angry ( ) Agitated ( ) Argumentative ( ) Anxious ( ) Belligerent ( ) Bored ( ) Combative/violent	( ) Drowsy ( ) Confused ( )Cooperative ( ) Dazed ( ) Disoriented ( ) Irritable ( ) Hallucinations	( ) Lethargic ( ) Stuporous ( ) Obtunded ( ) Jittery ( ) Paranoid ( ) Poor Coordination ( ) Restless ( ) Scared ( ) Sense of Euphoria/ Feeling high ( ) Other
Odor:	( ) Tobacco	( ) ETOH	( ) Other
Gait:	( ) Steady	( ) Weaving/needs help to walk	( ) Holding or Reaching
Eyes & Pupils:	( ) Wide eye ( ) Pinpoint	( ) Droopy eye ( ) Dilated ( ) Blank stare	( ) Red ( ) Watery ( ) Glassy

CHAPTER 16
FORMS

NOTE: Forms contained in SOP 1200-023 are subject to updates based on changes to laws, GEB policies, and outside agency changes. For the PDF fillable version of the forms listed in this chapter, refer to the Student Support Services Division website.

FORM	TITLE	COMPLETED BY
16-1	Physical Assessment Checklist for Suspected Substance Use (PACSSU)	School Health Counselor
16-2	S2BI Assessment Tool	School Health Counselor, BHS
16-3	Minesngon Famagu'on (Resilient Children) Program Student and Parent(s) or Guardian (s) Agreement Form	Student, Parent or Guardian
16-4	Minesngon Famagu'on (Resilient Children) School Agreement Form	School Administrator, School Counselor
16-5	Parent(s) Notification Letter for Minesngon Famagu'on (Resilient Children) Orientation	School Administrator
16-6	Informed Consent Form for Behavioral Health Services	Parent or Guardian
16-7	Consent to Release Confidential Information	Parent or Guardian
16-8	Brief Tobacco and Nicotine Intervention (BTNI) Student & Parent Agreement	Student, Parent or Guardian
16-9	Declination of GDOE Brief Tobacco and Nicotine Intervention Services Form	Student, Parent or Guardian
16-10	School Based Behavioral Health Refusal of Services Form	Parent or Guardian

- If this is the student's 3rd offense, the student will be referred to Behavior Health Services (BHS) via email to bhs@gdoe.net with a BHS referral form for one (1) psychoeducational family group session. Sessions are scheduled once a month.

4. Four (4) or more offenses will result in immediate suspension.
5. All BTNI forms are to be placed in the student's discipline folder.

All required forms can be found on the Student Support Services Division website under Brief Tobacco and Nicotine Intervention (https://www.gdoe.net/District/Department/9-Student-Support-Services-SSSD/1526-Brief-Tobacco-Intervention.html)

The following resources for use in psych-ed group session are available, but not limited to:

- Stanford Medicine: Halpern-Felsher REACH Lab: https://med.stanford.edu/halpern-felsher-reach-lab.html
- Stanford Medicine: Tobacco Prevention Toolkit: https://med.stanford.edu/tobaccopreventiontoolkit/you-and-me-together-vape-free-curriculum.html
- Operation Prevention: https://www.operationprevention.com/
- GDOE BTNI Resource Drive: https://www.gdoe.net/District/Department/9-Student-Support-Services-SSSD/1526-Brief-Tobacco-Intervention.html
- Guam Behavioral Health and Wellness Center
- Sanctuary Incorporated
- WestCare Pacific Islands
- CATCH My Breath Vaping Prevention Program
- Fuetsan Manhoben Youth Substance Use Prevention Program (UOG): https://sites.google.com/view/fuetsan-manhoben/homepage

Documentation Procedures

To ensure compliance, data will be collected from PowerSchool (ODR entries) and Forms submitted to bhs@gdoe.net

As a reminder, administrators leveraging suspension for participation in the BTNI program are to document a New Log Entry on PowerSchool using the Consequence dropdown for BTNI_01 (1st offense), BTNI_02 (2nd offense), BTNI_03 (3rd or more offenses) **NOT** suspension codes. This is how the district differentiates students participating in the BTNI program from those choosing suspension.

of/use of nicotine delivery products. Currently, Board Policy 430 and SOP 1200-018 prescribe a schedule of suspensions depending on the frequency of violations. Based on the work between GDOE and community partners (Department of Public Health and Social Services-DPHSS and the Guam Behavioral Health and Wellness Center-GBHWC) the Department is able to provide BTNI through psychoeducation to minimize the number of days students are out of school. To this end, schools are empowered with the authority to leverage suspension days for participation in the program.

The BTNI program is voluntary; however, if a student and parent(s) or guardian(s) refuse the services, they are asked to sign a Declination Letter and are provided with a handout on the dangers of nicotine use. All forms utilized for the BTNI program allow schools to edit and put their official letterhead on them.

Brief Tobacco and Nicotine Intervention (BTNI) Referral Procedures:

Schools using BTNI to address nicotine violations shall follow these steps to ensure fidelity of the BTNI Program:

1. When a student is referred to a School Administrator and found in violation for nicotine use/possession/distribution, they will meet with both student and parent(s) or guardian(s) and are offered BTNI in lieu of suspension. (Refer to Office Discipline Referral (ODR) (Found in SOP 1200-018 Student Conduct Procedural Manual)
2. After discussing the available options for BTNI Program services or suspension, one of the following actions will be taken:
    - If a student is ready to quit or at least open to the idea of quitting the use of nicotine and parent(s) or guardian(s) consents to their child's participation in BTNI, completely review and have the parent(s) or guardian(s) sign/date the Brief Tobacco and Nicotine Intervention (BTNI) Student & Parent Agreement (Form 16-8).
3. If the parent(s) or guardian(s) declines participation, have them sign the Declination of GDOE Brief Tobacco and Nicotine Intervention Services Form (Form 16-9) and file in the student's discipline folder. The student should also be given a copy of the "Why Should I Stop Using?" booklet (Appendix 16-6).

    - If a student and parent (s) or guardian (s) agrees to participate in the BTNI Program, the School Administrator will identify a BTNI service provider to facilitate the 1st session. The BTNI service provider will confirm the dates and times of the first session. If this is the student's 1st offense, the student must complete the process above regarding registration and must complete at least one (1) BTNI session with a School Counselor or School Health Counselor.
    - If this is the student's 2nd offense, the student must complete a minimum of three (3) sessions with a School Counselor, School Health Counselor, or School Administrator.

- Early Recovery - Identifying Problems and Solutions in Recovery
  - (Handout 14: Stages of Recovery)
- Relapse Prevention
  - Handout 3: Dealing with Problems
- Relapse Prevention
  - Handout 8: Destructive Behaviors
- Relapse Prevention
  - Handout 9: School and Future Goals
- Relapse Prevention
  - Handout 12: Trust
- Relapse Prevention
  - Handout 14: Managing Anger
- Relapse Prevention
  - Handout 16: I'm Not Cool If I don't Use
- Relapse Prevention
  - Handout 17: Dealing with Feelings and Depression
- Relapse Prevention
  - Handout 18: Staying Busy
- Relapse Prevention
  - Handout 20: Taking Care of Yourself
- Relapse Prevention
  - Handout 22: Relapse Justification II
- Relapse Prevention
  - Handout 23: What Do You Want to Do with Your Substance Use
- Relapse Prevention
  - Handout 24: Your Decision to Use or Not to Use
- Relapse Prevention
  - Handout 26: Repairing Relationships
- Relapse Prevention
  - Handout 27: One Day at A Time
- Relapse Prevention
  - Handout 30: Making New Friends
- Recap/After Care/Graduation

*Timeline and session topics are subject to change.

PART TWO

BRIEF TOBACCO AND NICOTINE INTERVENTION (BTNI)

PL 34-01 (enacted on March 23, 2017), §6406 requires GDOE to provide an educational program on tobacco products to include smoking cessation for any students under 21 in violation of the law. Brief Tobacco and Nicotine Intervention (BTNI) is the process by which this educational mandate is met. All schools are required to use the BTNI when students are found in possession

- Behavioral Health Refusal of Services Form (Form 16-10), if applicable

*The Informed Consent for Evaluation, Treatment, and Services for Adult/Child Adolescent allows student and parent(s) or guardian(s) to give permission to the department to provide treatment and services to student for substance use. The Consent to Release Confidential Information ensures all information provided during the Minesngon Famagu'on Program is protected as stated in state and federal (Federal Regulations – 42 CFR) statutes. The Informed Consent for Evaluation, Treatment, and Services for Adult/Child or Adolescent and the Consent to Release Confidential Information forms must be provided to the BHS provider to be placed in the BHS district files.

6. Copies of the latter forms **should not** be made nor placed at the school site.
7. The BHS providers must consider the exclusion criteria listed below when determining suitability for the Minesngon Famagu'on therapeutic group.

    - Student has severe psychiatric symptoms (Mania, Depression, Psychosis, Anxiety).
    - Students with cognitive challenges or intellectual deficiency.
    - Students who lack social skills and have severe behavioral challenges.

Minesngon Famagu'on Program Curriculum

- **Orientation**
    - PowerPoint and sign consent forms
    - Orientation Forms
    - Service Agreement
    - My relationship with drugs and alcohol
    - How ready am I to help?
- **Minesngon Famagu'on Session Topics*:**
        - Setting the Group Rules
        - Scheduling/Calendar
        - Early Recovery - Is It a Problem
            - (Handout 5: Pro's and Con's)
        - Early Recovery - Stop the Cycle
            - (Handout 6: Triggers/Handout 7: Trigger -Thought—Craving)
        - Early Recovery - Thought-Stopping
            - (Handout 8: Thought-Stopping Techniques)
        - Early Recovery - Identifying External Triggers
            - (Handout 9: External Trigger Questionnaire/Handout 10: Trigger Chart)
        - Early Recovery - Identifying Internal Triggers
            - (Handout 11: Internal Trigger Questionnaire/Handout 10: Trigger Chart (from previous session).
        - Early Recovery - Readiness for Change
            - (Handout 12: You're Here Because Why?)
        - Early Recovery Problems
            - (Handout 13: Alcohol Arguments)

a. Oversees the entire Minesngon Famagu'on Program
b. Identifies the BHS provider who will facilitate the Minesngon Famagu'on program at the school
c. Supervises Clinical Interns
d. Utilizes data to inform progress of the SBIRT process, Minesngon Famagu'on programs, and other BHS services

- BHS Provider(s)
    a. Conducts an assessment on students
    b. Follows up with the school counselor regarding the student's treatment recommendations once assessments are completed
    c. Maintains documentation of students who have completed the Minesngon Famagu'on assessment, who are deemed eligible for Minesngon Famagu'on therapeutic group sessions, and tracks Minesngon Famagu'on student information
    d. Ensures that progress notes are entered into PowerSchool and treatment plans are updated as needed
    e. Coordinates with school administrators regarding the Parent(s) Notification Letter for Minesngon Famagu'on Orientation (Form 16-5) and scheduling the Minesngon Famagu'on Orientation
    f. Facilitates the Minesngon Famagu'on Orientation
    g. Ensures all pertinent documents are reviewed, completed, and signed by student and parent(s) or guardian(s); all documents are confidential and will be housed at the central office (Student Support Services Division Office/Behavioral Health Services)
    h. Develops and provides Certificate of Completion for each student

Student Eligibility for Minesngon Famagu'on Therapeutic Group Sessions

1. Minesngon Famagu'on Assessment from GDOE BHS providers must be conducted.
2. Student meets the level of appropriate treatment for the Minesngon Famagu'on program as determined by assessments conducted by BHS providers.
3. Student must agree to participate in the Minesngon Famagu'on program.
1. If a student is disciplined, and ODR is provided, students and parent(s) or guardian(s) must be provided the Statement of Consumer Rights and Responsibilities (Appendix 16-2) for reference of their rights, and sign the Informed Consent Form for Behavioral Health Services (Form C in SOP 1200-019) and Minesngon Famagu'on Program Student and Parent Agreement Form (Form 16-3) *.

   *Minesngon Famagu'on Program Student and Parent Agreement Form (Form 16-3) should be filed in the student's Discipline Folder at the school and a copy should be provided to the assigned BHS provider to be placed in the BHS district files.

4. Students who were referred to the Minesngon Famagu'on program must attend the Minesngon Famagu'on program orientation facilitated by BHS providers.
5. The following forms must be collected at the Minesngon Famagu'on program orientation*:

    - Informed Consent for Behavioral Health Services (Form 16-6)
    - Consent to Release Confidential Information (Form 16-7)

The Minesngon Famagu'on program utilizes components of evidence-based best practices including, but not limited to, the Hazelden's Matrix Model for Teens and Young Adults. This evidence-based curriculum provides quality information and therapeutic support to students – including education, intervention, treatment, recovery, personal growth, early recovery skills, and relapse prevention.

Minensngon Famagu'on - Program Procedures

1. A student makes a self-referral, is referred through Office Discipline Referrals (ODR), mental health screeners, or the Child Study Team (CST) Process for the Minesngon Famagu'on program.
2. Once referred to the Minesngon Famagu'on program, an orientation will be conducted, and appropriate forms will be provided to parent(s) or guardian(s) and student*.
3. BHS provider will conduct an assessment to determine eligibility* and determine the level of appropriate treatment.
    a. School administrator or designee and school counselor will be notified of the student's treatment recommendations.

*Refer to Student Eligibility for further information

4. Students will partake in the Minesngon Famagu'on program.
    a. The Minesngon Famagu'onprogram consists of a total 24 session hours, which can be tailored to the student or school's schedule. The therapeutic group sessions may include up to twenty (20) students. Once sessions begin, the program will not allow new students to enter the group until the next cycle commences. Students who miss 3 consecutive sessions or a total of 4 sessions will be dropped from the current cycle and placed on a waiting list. Individual therapeutic sessions may be an option to students who are dropped from the cycle, at the discretion of the BHS Lead District Psychologist, designee, or provider.
5. At the completion of the Minesngon Famagu'on program, the BHS provider will notify the school administrator or designee of the completion, provide a certificate of completion to the student, and place a copy in the BHS district file.
6. School counselors must provide support and follow-up with the student after the completion of the Minesngon Famagu'on program.

Minesngon Famagu'on Program – Roles and Responsibilities

The Student Support Services Division (SSSD) coordinates with school administrators or designees, facilitates, and monitors the Minesngon Famagu'on program. The Minesngon Famagu'on group is led by a GDOE School Psychologist, Clinical Interns, or Social Workers. Description for these roles are listed below:

- School Administrator or Designee
    a. Identifies a Discipline Administrator as the *school designee* for the Minesngon Famagu'on program
    b. Attends logistics meeting arranged by BHS provider(s) and reviews and signs the Minesngon Famagu'on Program Student and Parent(s) or Guardian(s) Agreement Form (Form 16-3) at this meeting
- Lead District School Psychologist

1. **Identify**: School counselors will identify students whose results are "weekly" and score in the moderate or severe range in the S2BI Assessment Tool (Form 16-2).
2. **Inform**: Based on the student's scores, the school counselors will consult and with a BHS team member to inform the student and parent(s) or guardian(s) that they may benefit from further assessment from BHS to determine the most appropriate level of treatment. Based on this conversation:
    a. If the parent(s) or guardian(s) or student aged 18 or over does *not* grant permission to refer to treatment with BHS, the school counselor will offer the student brief intervention through individual supportive counseling and/or psychoeducational group sessions. *Psychoeducational group sessions are provided by the school counselor and still require consent from parent(s) or guardian(s).
3. If parent(s) or guardian(s) or student aged 18 or over does consent to treatment with BHS, the following should occur: Make the Referral: The school counselor shall complete the Form: A Student Referral for Behavioral Health Services & Consultation (Found in SOP 1200-019) and send it to bhs@gdoe.net
4. Next Steps: BHS Provider or designee will contact parent(s) or guardian(s) within ten (10) business days to coordinate Minesngon Famagu'on Assessments with BHS providers.
5. BHS providers will obtain Informed Consent for Behavioral Health Services (Form 16-6) from parent(s) or guardian(s) and complete the Minesngon Famagu'on assessment, as determined by the BHS program.
6. Recommendations: Once assessments are completed, BHS providers will inform the school administrator and school counselor of the student's treatment recommendations. Recommendations by the BHS provider may include any of the following:
    a. Individual Supportive Counseling – GDOE School Counselor
    b. Psychoeducational Group Sessions – GDOE School Counselor
    c. Minesngon Famagu'on (Resilient Children) – GDOE's BHS Program
    d. Individual Therapy – GDOE BHS Program
    e. Referral to Sanctuary, Inc. of Guam – Sagan Na' Homlo (Residential Treatment), High Hopes (Intensive Outpatient), Pathways (Non-intensive Outpatient)
    f. Referral to Primary Care Provider
    g. Referral to Guam Behavioral Health and Wellness Center (GBHWC)
    h. Consultation for services (e.g. case management, needs assessments)

Minesngon Famagu'on (Resilient Children) Program

Minesngon Famagu'on (Resilient Children), formally the Substance Use Intervention Program, is offered to GDOE secondary schools. The program provides individual or group therapeutic sessions (if appropriate) to students who score within the moderate or severe range on the S2BI screener. Students may self-refer or be referred to the Minesngon Famagu'on program through Office Discipline Referrals (ODR) or through bypassing the Child Study Team (CST) Process (refer to Chapter 10: Child Study Team Process).

BHS Personnel (i.e., SSSD Program Coordinator, Social Workers, District School Psychologists)

- Collaborating with school administrators to ensure that the screener(s) for substance use as well as brief interventions (psychoeducational group sessions) are being utilized.
- Creating or modifying forms for data collection.
- Collecting and maintaining substance use and other BHS data.

Students who receive an Office Discipline Referral (ODR) for possession, distribution, or use of substances (i.e., alcohol, drugs, inhalants, etc.) must be administered the screener (s) for substance use no less than 45 days (PL 31-202). An Informed Consent for Mental Health Screening (Form 12-1) must also be signed by the student's parent(s) or guardian(s).

SBIRT Brief Interventions

Psychoeducational Group Sessions focused on Substance Use Prevention and Awareness

1. School counselors and school administrators shall work collaboratively to address logistics for the group sessions. This includes identifying dates, times, and confidential spaces that are appropriate for the group sessions located at the school campus.
2. Group sessions are available for students whose results are "monthly" and score in the mild or moderate range on the S2BI.
3. The number of students that may participate in the supportive group sessions range from two (2) to eight (8). Consent from parent(s) or guardian(s) for students' participation in the group sessions must be obtained prior to the start of sessions.
4. The following resources for use in psych-ed group session are available, but not limited to:
    - Stanford Medicine: Halpern-Felsher REACH Lab: https://med.stanford.edu/halpern-felsher-reach-lab.html
    - Stanford Medicine: Tobacco Prevention Toolkit: https://med.stanford.edu/tobaccopreventiontoolkit/you-and-me-together-vape-free-curriculum.html
    - Operation Prevention: https://www.operationprevention.com/
    - GDOE BTNI Resource Drive: https://www.gdoe.net/District/Department/9-Student-Support-Services-SSSD/1526-Brief-Tobacco-Intervention.html
    - Guam Behavioral Health and Wellness Center
    - Sanctuary, Inc. of Guam
5. WestCare Pacific Islands

SBIRT Referral to Treatment

Referral Procedures for Substance Use Intervention – "Minesngon Famagu'on" (Resilient Children) Assessment

- Ensuring sufficient staff resources are available for completing the SBIRT process.
- Becoming informed about substance use, its particular risk of harm to adolescents, and the procedures, goals, and anticipated outcomes of conducting the screener on school campus.
- Ensuring the implementation of school policies for the screener and ensuring student confidentiality are met.
- Ensuring the Informed Consent from the parent(s) or guardian(s) is signed so that the student can participate in substance use screeners, in group sessions, and Minesngon Famagu'on (if appropriate). See SPAM Chapter 12: Social and Emotional Well-Being for further information on Informed Consent.
- Emphasizing to parent(s) or guardian(s) and community members (e.g., coaches, club advisors,) that student screening results are to be kept confidential.
- Emphasizing to other administrators, faculty, and school staff that screening results will not be shared with them.
- Ensuring that all secondary school counselors who conduct SBIRT regularly attend Professional Development.
- Ensuring that all data collected during the screening process protects student privacy and confidentiality (i.e., no identifiers on any data).

School Counselors

- School counselors will administer the substance use screener no less than 45 days (PL 31-202) after being identified at-risk or after an incident and must obtain an Informed Consent for Mental Health Screening (Form 12-1) signed by students' parent(s) or guardian(s).
- Offering positive reinforcement for students whose S2BI screening results are "never".
- Offering supportive counseling and facilitating a brief discussion on the consequences of substance use for students whose S2BI screening results are "once or twice".
- Providing psychoeducational group sessions about substance use for students whose results are "monthly" and score in the mild or moderate range on the S2BI.
- Providing follow-ups for students who have received psychoeducational group sessions for continued support.
- Collaborating with BHS clinicians and school health counselors (RN) to provide continuity of services to their students with substance use challenges.
- Providing referrals and follow-up to BHS and outside resources when screener results are High.
- Consulting with school personnel as it relates to the social and emotional needs of students.
- Providing crisis intervention and referral as needed in their school site.
- Participating in professional development.

****Note: Screener(s) for Substance Use should not be conducted when a student appears to be intoxicated, appears under the influence of substances, or experiencing acute medical or behavioral symptoms**. Reference SPAM Chapter 12: Social and Emotional Wellbeing for further information on screening procedures.

Brief Intervention:

Brief intervention, focusing on early prevention, is designed to be a verbal discussion that offers positive reinforcement for healthy choices, education about substance use, and raises student knowledge and understanding about risks related to substance use. Based on the student's responses on the S2BI, trained staff can determine the level of risk using Page 3 of Form 16-2: S2BI Assessment Tool and Appendix 16-3: Determining Risk Level – CRAFFT. If the student reports monthly use, as a follow-up intervention, Psychoeducational Group Sessions focused on Substance Use Prevention and Awareness are provided as school-level interventions. The group sessions shall consist of two (2) to eight (8) students who will participate in at least three (3) group sessions facilitated by secondary school counselors at the school campus. These sessions focus on providing students with information on substance use topics such as cravings, past experiences with substance use, decision making skills, refusal skills, interpersonal relationships, short- and long-term consequences, social pressures, and triggers. Students must be willing to participate and informed consent is required by the parent(s) or guardian(s). Group sessions are non-judgmental, non-confrontational, non-punitive, and are grounded through supportive counseling and education.

Referral to Treatment:

Students who fall within the Moderate or Severe Range on the S2BI are referred to the School Based Behavioral Health (BHS) program for an assessment to determine the appropriate treatment. BHS clinicians provide assessments, and individual or group therapy (as deemed appropriate). The Minesngon Famagu'on program consists of 24 session hours, which can be tailored to the student or school's schedule. Students must be willing to participate in the program and informed consent is required by the parent(s) or guardian(s).

Screening Roles and Responsibilities

School Administrators

School administrators are important leaders in assisting their school counselors in completing the S2BI process. They are responsible for ensuring secondary school counselors implement the S2BI at their school campus at intervals designated by the GDOE's Student Support Services Division (SSSD) and in coordination with the GDOE's BHS program. The role and responsibilities of the secondary school administrators include:

- Recognizing and supporting the secondary school counselor's professional role to administer the screening tool.
- Recognizing and supporting the need to implement the SBIRT process.

The effectiveness of SBIRT in adolescents has been observed through randomized clinical trials in various settings, including public schools. SBIRT identifies students with substance use disorders and students who are at risk of developing such disorders. (Higgens, 2016). SBIRT takes a positive approach to encourage prevention, intervention, and recognize ahead of time any risk factors for substance misuse among middle and high school students. SBIRT is a framework that motivates adolescents to live in a positive lifestyle without substance use (Harris, et al, 2012; Walton, et al, 2014). Public schools offer early intervention opportunities for at-risk adolescents through the SBIRT framework.

There are three components of the SBIRT framework: Screening, Brief Intervention, and Referral to Treatment. Screening consists of systematically asking students a very brief set of questions (using a validated screener as described below) to identify students at risk of or experiencing substance use related problems. Brief Intervention consists of short-term, low intensity counseling that raises awareness of risks and motivates students toward acknowledgement of problematic substance use behavior. Referral to Treatment is a set standard procedure to ensure students have access to and are able to utilize specialty care for adolescents with substance use disorders.

SBIRT Process

Screening:

The SBIRT approach utilizes a validated substance use screening tool in order to identify risk factors that lead to substance use in students within GDOE's Secondary Schools. The S2BI (Screen to Brief Intervention) screening tool combines the "Car, Relax, Alone, Forget, Friends, Trouble" (CRAFFT) and Patient Health Questionnaire (PHQ-9) and has been validated to use with adolescents ages 12-17. S2BI assesses the level of risk of a substance use disorder (SUD) based on past year frequency of substance use or misuse. The S2BI is empirically based and developed through primary research (Knight 2002; Levy, et al, 2004). It can be integrated into student discussions as part of a universal grade level screening. The S2BI is concise, easily administered, non-clinical, and will assist school counselors to empower positive changes in students. The PHQ-9 was developed by the American Psychological Association (APA) to measure the severity of depression in children between the ages of 11–17.

Use of validated screening tools is critical to determine substance use experience and ensure that an appropriate message or intervention is provided. Students should complete screening either electronically or on paper, and then discuss the results with a trained staff member. School staff can use the results of the S2BI to select the appropriate level of care:

1. No use → Positive Reinforcement
2. Once or twice = No SUD → Brief Advice
3. Monthly use = Mild /Moderate SUD → Brief Intervention, Reduce use
4. Weekly or More = Severe SUD → Brief Intervention, Referral to Treatment

behavioral symptoms related to intoxication and substance use. This handout can be provided to student(s) suspected of substance use after the completion of a health assessment, if age appropriate.

**Note: There may be circumstances where a school health counselor (RN) is not at the school site and unavailable (e.g., training, sick leave, etc.). In these cases, the school administrator is responsible for determining if emergency medical services are needed (i.e., the need to call 911).

D. Notify the Police.
   1. If a student is in possession of alcohol, marijuana, or a suspected illegal substance, the police must be notified immediately.

E. Informing Parent(s) or Legal Guardians
   1. In general, the school administrator must inform parent(s) or legal guardian(s) of the incident. Parent(s) or legal guardian(s) must be involved in the management of the incident.
   2. If parent(s) or legal guardian(s) cannot be reached, the school administrator must activate School Climate Culture Engagement (SCCE) Social Workers to locate the parent(s) or legal guardians to come to the school.
   3. The school administrator may need to consider informing the parent(s) or guardian(s) of students not directly involved but who may have observed the incident. Refer to SPAM Chapter 9: Ensuring Confidentiality in Counseling Services Beyond Student Records referencing the privacy rights of students.

F. Sending Students Home
   1. A student who is intoxicated, under the influence, or involved in a substance-related incident must not be sent home without notifying a parent(s) or guardian(s) and, if necessary, reaching agreement about arrangements for the collection of the student from school.

G. Screening, Brief Intervention, and Referral for Treatment (SBIRT)
   1. School level interventions to address substance use issues among students includes screeners, brief intervention group sessions, and referrals for treatment (when necessary). The following section provides the evidence-based framework of SBIRT and outlines steps and supports schools can provide to students struggling with substance use problems.

PART ONE

Screening, Brief Intervention, and Referral to Treatment (SBIRT)

According to the US Department of Health and Human Services, Substance use and Mental Health Services Administration (SAMHSA), "Screening, Brief Intervention, and Referral to Treatment (SBIRT) is an evidence-based practice used to identify, reduce, and prevent problematic use, abuse, and dependence on alcohol and illicit drugs. It is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders."

Guidance for Dealing with Students Who Are Intoxicated or Appear to be Under the Influence of a Substance

A. Ensure the safety and welfare of all students and school personnel

1. The immediate priority in any substance related incident is to ensure the safety and welfare of all students and school personnel.
   - School personnel must ensure that the student who appears to be under the influence of a substance is escorted to the School Health Counselor for an immediate health assessment.
   - School personnel must attend to the safety and welfare needs of all students involved, including those not directly concerned but who may have observed the incident.
2. Immediate action by school personnel might include establishing the basic facts necessary to ensure the safety and welfare of the students. It may be necessary to find out from the students:
   - What type of drug was involved?
   - How much of the substance was taken?
   - When and how was it consumed or administered?
   - Was more than one type of drug used?
   - Were other individuals involved?
   - Was any first aid or emergency care provided?
   - Have the affected students been isolated or stabilized?
   - Were any substances or paraphernalia confiscated?

B. Inform the School Administrator

1. The school administrator or designee must be informed immediately of any intoxication or substance related incident in the school.
2. The school administrator or designee will determine disciplinary action and support for the student or students involved.
3. Informed Consent for Mental Health Screening (Form 12-1) shall be issued at the time of disciplinary action with student, parent(s) or guardians, school administrator and school counselor. Refer to Chapter 12: Social Emotional Wellbeing: Screening Procedures for Substance Use Screener.

C. An assessment by the School Health Counselor (RN) must be conducted

1. Due to the health and safety risks involved with intoxication or substance use (i.e., alcohol poisoning, seizures, physical injuries due to falling down, etc.), the school health counselor should assess the student to determine if emergency medical services are needed.
2. The school health counselor will utilize the Physical Assessment Checklist for Suspected Substance Use (PACSSU) (Form 16-1). The PACSSU **must only** be administered by the school health counselor (RN).
3. The handout "Crossfaded": Combining and Overindulging in Alcohol and Marijuana (Appendix 16-1), provides information on the physiological and

CHAPTER 16

ALCOHOL AND SUBSTANCE USE

INTRODUCTION

The Guam Department of Education recognizes the use of alcohol, drugs, tobacco, nicotine, and other substances by students has a damaging effect on their normal development, well-being, and academic performance. Students who use substances at an early age are at a greater risk for developing a substance use disorder later in life. The district considers prevention, screening, brief intervention, education, and referral to a comprehensive program, ensuring the highest possible standard of education. The safety, health, and well-being of students is of utmost importance; therefore, this chapter serves as a comprehensive substance use policy for the district.

Substance Use

Any student who is found to be under the influence, either to distribute, share or sell, or be in possession of alcohol, drugs, tobacco, nicotine, controlled substances, inhalants hallucinogens, paraphernalia and other substances while on school property or during any school-sponsored activity, will be subject to discipline as detailed *SOP 1200-018: Student Conduct Procedural Manual (SCPM)*.

Non-punitive consequences must be provided to students who admit to using substances, who are not intoxicated or in possession of drugs or alcohol, and who are seeking help for their substance use behaviors. These students must be referred to a school health counselor and school counselor as stated in Board Policy 420: Control of Unauthorized Drugs and Alcoholic Beverages (Appendix 16-5). The school health counselor and school counselor shall act in the best interests of the child and shall abide by the Department's procedures on confidentiality while working with them.

Transition Services

Students returning from a community inpatient, residential, or outpatient program will be supported by the school. The responsibility of transition services for students returning from a community treatment program rests with the student, parent(s) or guardian(s), and community treatment personnel. School staff will work cooperatively with the student, parent(s) or guardian(s), and community treatment personnel to facilitate the transition plan. Should the transition plan entail designated support from school-level professionals, such as a social worker, school counselor, or school health counselor, the school is responsible for ensuring these supports are provided. All transition plans shall be implemented, documented, and reviewed periodically to ensure that the school is providing the appropriate support and services.

Student Procedural Assistance Manual

CHAPTER 16

Alcohol and Substance Use

Guam Department of Education

investigator from a child protective agency who is investigating the known or suspected case of child abuse;

(3) The name of the person or persons responsible for causing the suspected abuse or neglect;

(4) Family composition;

(5) The actions taken by the reporting source, including the taking of photographs and x-rays, removal or keeping of the child or notification of the medical examiner; and

(6) Any other information which the child protective agency may, by regulation, require.

(d) Identity of person reporting. The identity of all persons who report under this Article shall be confidential and disclosed only among child protective agencies, to counsel representing a child protective agency, to the Attorney General's Office in a criminal prosecution or Family Court action, to a licensing agency when abuse in licensed out-of-home care is reasonably suspected, when those persons who report waive confidentiality, or by court order.

19 GUAM CODE ANNOTATED § 13206. Immunity from Liability.

Any person, hospital, institution, school, facility or agency participating in good faith in the making of a report or testifying in any proceeding arising out of an instance of suspected child abuse or neglect, the taking of photographs or the removal or keeping of a child pursuant to § 13203 of the Child Protective Act shall have immunity from any liability, civil or criminal, that might otherwise result by reason of such actions. For purpose of any proceeding, civil or criminal, the good faith of any person required to report cases of child abuse or neglect pursuant to § 13201 shall be presumed.

19 GUAM CODE ANNOTATED § 13207. Penalty for Failure to Report.

Any person required to report pursuant to § 13201 who fails to report an instance of child abuse which he or she knows to exist or reasonably should know to exist is guilty of a misdemeanor and is punishable by confinement for a term not to exceed six months, by a fine of not more than $1,000 or by both. A second or subsequent conviction shall be a felony in the third degree. Fines imposed for violations of this Chapter shall be deposited in the Victims Compensation Fund.

APPENDIX 15-2

19 GUAM CODE ANNOTATED § 13202. Any Person Permitted to Report.

In addition to those persons and officials required to report suspected child abuse or neglect, any person may make such report if that person has reasonable cause to suspect that a child is an abused or neglected child.

19 GUAM CODE ANNOTATED § 13203. Reporting Responsibilities.

(a) Reporting procedures. Reports suspected child abuse or neglect from persons required to report under § 13201 shall be made immediately by telephone and followed up in writing within 48 hours after the oral report. Oral reports shall be made to Child Protective Services or to the Guam Police Department.

(b) Cross reporting among agencies.

(1) Child Protective Services shall immediately or as soon as practically possible report by telephone to the Guam Police Department and to the Attorney General's Office every known or suspected instance of child abuse as defined in § 13101, except acts or omissions coming within subsection (t)(4) of § 13101. Child Protective Services shall also send a written report thereof within 48 hours of receiving the information concerning the incident to any agency to which it is required to make a telephone report under this subsection.

(2) The Guam Police Department shall immediately or as soon as practically possible report by telephone Child Protective Services and to the Attorney General's Office every known or suspected instance of child abuse reported to it, except acts or omissions coming within subsection (t)(4) of § 13101, which shall only be reported to Child Protective Services. However, the Guam Police Department shall report to Child Protective Services every known or suspected instance of child abuse reported to it which is alleged to have occurred as a result of inaction of a person responsible for the child's welfare to adequately protect the minor from abuse when such person knew or reasonably should have known that the minor was in danger of abuse. The Guam Police Department shall also send a written report thereof within 48 hours of receiving the information concerning the incident to any agency to which it is required to make a telephone report under this subsection.

(3) Child Protective Services and the Guam Police Department shall immediately, or as soon as practically possible, report by telephone to the appropriate Department of Defense Family Advocacy Program every known or suspected instance of child abuse reported to them when such report involves active-duty military personnel or their dependents.

(c) Contents of report. Reports of child abuse or neglect should contain the following information:

(1) Every report of a known or suspected instance of child abuse should include the name of the person making the report, the name, age and sex of the child, the present location of the child, the nature and extent of injury, and any other information, including information that led that person to suspect child abuse, that may be requested by the child protective agency receiving the report. Persons who report pursuant to § 13202 shall be required to reveal their names;

(2) Other information relevant to the incident of child abuse may also be given to an

APPENDIX 15-1

19 GUAM CODE ANNOTATED § 13201. Persons Required to Report Suspected Child Abuse or Neglect.

(a) Any person who, in the course of his or her employment, occupation or practice of his or her profession, comes into contact with children shall report when he or she has reason to suspect on the basis of his medical, professional or other training and experience that a child is an abused or neglected child. No person may claim "privileged communications" as a basis for his or her refusal or failure to report suspected child abuse or neglect or to provide Child Protective Services or the Guam Police Department with required information. Such privileges are specifically abrogated with respect to reporting suspected child abuse or neglect or of providing information to the agency.

(b) Persons required to report suspected child abuse under Subsection include, but are not limited to, any licensed physician, medical examiner, dentist, osteopath, optometrist, chiropractor, podiatrist, intern, registered nurse, licensed practical nurse, hospital personnel engaged in the admission, examination, care or treatment of persons, Christian Science practitioner, clergy member of any religious faith, or other similar functionary or employee of any church, place of worship, or other religious organization whose primary duties consist of teaching, spreading the faith, church governance, supervision of a religious order, or supervision or participation in religious ritual and worship, school administrator, school teacher, school nurse, school counselor, social services worker, day care center worker, or any other child care or foster care worker, mental health professional, peace officer or law enforcement official.

(c) Any commercial film and photographic print processor who has knowledge of or observes, within the scope of his or her professional capacity or employment, any film, photograph, video tape, negative or slide depicting a child under the age of 18 engaged in an act of sexual conduct shall report such instances of suspected child abuse to Child Protective Services immediately or as soon as practically possible by telephone and shall prepare and send a written report of it with a copy of the film, photograph, video tape, negative or slide attached within 48 hours of receiving the information concerning the incident. As used in this section, sexual conduct means any of the following:

(1) Sexual intercourse, including genital-genital, oral-genital, anal-genital or oral-anal, whether between persons of the same or opposite sex or between humans and animals;
(2) Penetration of the vagina or rectum by any object;
(3) Masturbation, for the purpose of sexual stimulation or the viewer;
(4) Sadomasochistic abuse for the purpose of sexual stimulation of the viewer; or
(5) Exhibition of the genitals, pubic or rectal areas of any person for the purpose of sexual stimulation to the viewer.

CHAPTER 15

APPENDIX

NOTE: Appendix information contained in SOP 1200-023 are subject to updates based on changes to laws, GEB policies, and outside agency changes.

APPENDIX	TITLE
15-1	19 GUAM CODE ANNOTATED § 13201. Persons Required to Report Suspected Child Abuse or Neglect.
15-2	19 GUAM CODE ANNOTATED § 13202. Any Person Permitted to Report. 19 GUAM CODE ANNOTATED § 13203. Reporting Responsibilities. 19 GUAM CODE ANNOTATED § 13206. Immunity from Liability. 19 GUAM CODE ANNOTATED § 13207. Penalty for Failure to Report.

VI. PARENT(S)/GUARDIAN(S)

Complete as much information as possible. If you suspect the Parent /Guardian to be the Alleged Abuser, put an "X" in the box marked "ABUSER" below.

Name	SS#	ABUSER	DOB	Sex	Ethnicity
Address (Residential)	Place of Employment	Home No.	Work No.	Other no.	Relationship to Victim(s)
Name	SS#	ABUSER	DOB	Sex	Ethnicity
Address (Residential)	Place of Employment	Home No.	Work No.	Other no.	Relationship to Victim(s)
Name	SS#	ABUSER	DOB	Sex	Ethnicity
Address (Residential)	Place of Employment	Home No.	Work No.	Other no.	Relationship to Victim(s)

VII. ALLEGED ABUSER(S)

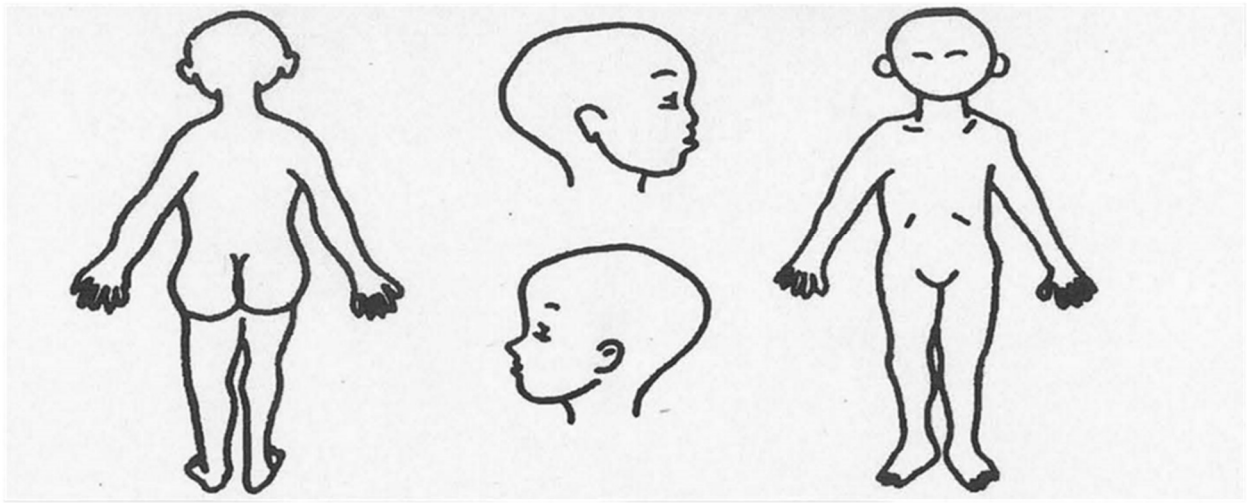
(Other than the Parent / Guardian)

Name	SS#	DOB	Sex	Ethnicity
Address (Residential)	Place of Employment	Home No.	Work No.	Other no.	Relationship to Victim(s)
Name	SS#	DOB	Sex	Ethnicity
Address (Residential)	Place of Employment	Home No.	Work No.	Other no.	Relationship to Victim(s)

VIII. BODY DRAWINGS

Show where bruises / injuries are located.

INDICATE SIZE & LOCATION OF WOUND/LACERATION WITH "X" FOR SUPERFICIAL AND "O" FOR DEEP.
SHADE FOR BRUISES AND BURNS, BESIDE EACH INJURY, INDICATE COLOR, SHAPE, PATTERN AND TEXTURE.



EXAMINED BY MEDICAL DOCTOR: ( ) Yes ( ) No _____ (PRINT NAME) _____ (SIGNATURE)

EXAMINED BY SOMEONE OTHER THAN MEDICAL DOCTOR: _____ (PRINT NAME) _____ (SIGNATURE)

IX. ACTION TAKEN

Explain action taken in this matter. (Use additional sheets if necessary)

X. OTHER INFORMATION

(Use additional sheets if necessary)

XI. SIGNATURE OF REPORTING PERSON (if completed by Reporting Person)

Signature _____ Date _____

FORM 15-1

TO BE COMPLETED BY: Reporting Person

DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC WELFARE
BUREAU OF SOCIAL SERVICES ADMINISTRATION
CHILD PROTECTIVE SERVICES SECTION
194 HERNAN CORTEZ AVENUE, SUITE 309 HAGATÑA, GUAM 96910-5052

CHILD ABUSE AND NEGLECT REFERRAL (PART I)*

(P.L. 20-209:5, Child Protective Act)

Referral Date		Referral Time	
	Initial Referral		
	Follow-up Written Referral		
	GPD Report		
	Court Order		

Indicate if applicable

GPD Report No. _____

Court Case No. _____

For Office Use Only

Date Received		Time	
CWS No.			
Intake Worker			

How was referral received? (Check Box)

	Phone Contact		Office Visit		Drop Off
	Mail		FAX (Facsimile)		

	New
	Active
	Prior (See attached case cross reference check)

I. REPORTING PERSON (RP)

Name/Title and Relationship to Child	Address

Home Phone No. ( )	Work Phone No. ( )	Other Contact No. ( )

II. REASON FOR SUSPECTING ABUSE/NEGLECT

	Observed Abuse (specify) : (Refer To Diagram on Reverse Side)
	Observed Neglected Condition of Child (specify):
	Incident of Abuse / Neglect Related To Referring Party By Victim(s)
	Incident Related To Referring Party By Witness

III. ALLEGED VICTIM(S)/OTHER CHILDREN

List all children in the home and indicate with an "X" if the child is the alleged VICTIM. (Use Section X if more space is necessary)

Name(s) of Minor(s)	Victim	DOB	Age	Se	Ethnicity	SS#	School	Grad	Residential Address

Present location of alleged

IV. INCIDENT INFORMATION (TYPE OF REFERRAL)

MATLTREATMENT – must be marked with an "X" where abuse and/or neglect is suspected. RISK FACTORS – mark with an "X" if applicable.

MALTREATMENT:	RISK FACTORS:	RISK FACTORS (cont'd):
Emotional Abuse	Alcohol	Physical / Developmental Disability
Physical Abuse	Drugs *Specify:*	Other *Specify*
Sexual Abuse	Family Violence	Please specify parties involved in the risk factors
Educational	Homelessness	
Emotional Neglect	Teen Pregnancy	
Physical Neglect	Teen Suicide	

V. EXPLAIN WHY YOU SUSPECT ABUSE AND/OR NEGLECT

Use additional sheets if necessary

CHAPTER 15

FORMS

NOTE: Forms contained in SOP 1200-023 are subject to updates based on changes to laws, GEB policies, and outside agency changes. For the most updated versions of the forms, see the Student Support Services Division website.

FORM	TITLE	COMPLETED BY
15-1	Child Abuse and Neglect Referral	Reporting Person

restriction. A telephone call from CPS informing a school of such a restriction is not sufficient. Should a parent who is under such a restriction associate with a student, the school shall immediately inform CPS or GPD of said association.

When dealing with parents going through custody issues: do not take sides, listen, remain calm, and explain that you are going to follow the court order(s) in relation to minors under their jurisdiction.

Duty of School Administrators to Train and Inform Staff

All school administrators shall inform their staff that they are legally required to report any suspicions of child abuse or neglect directly to CPS or GPD as described by these procedures. They must also emphasize to their staff that all school personnel are prohibited from conducting any type of investigation to determine whether or not their suspicions are based on fact because this can compromise the ability of CPS or GPD to properly conduct investigations.

Immunity From Liability: Title 19 GCA, Chapter 13

Any person, hospital, institution, school, facility or agency participating in good faith in the making of a report or testifying in any proceeding arising out of an instance of suspected child abuse or neglect, the taking of photographs or the removal or keeping of a child pursuant to § 13203 of the Child Protective Act shall have immunity from any liability, civil or criminal, that might otherwise result by reason of such actions. For purpose of any proceeding, civil or criminal, the good faith of any person required to report cases of child abuse or neglect pursuant to § 13201 shall be presumed.

Penalty for Failure to Report: Title 19 GCA, Chapter 13

Any person required to report pursuant to § 13201 who fails to report an instance of child abuse which he or she knows to exist or reasonably should know to exist is guilty of a misdemeanor and is punishable by confinement for a term not to exceed six months, by a fine of not more than $1,000 or by both. A second or subsequent conviction shall be a felony in the third degree. Fines imposed for violations of this Chapter shall be deposited in the Victims Compensation Fund.

CPS workers and GPD officers are allowed to interview student victims at school without consent from parents or legal guardians during abuse or neglect investigations. However, GPD must acquire consent from parents to conduct an interview if a student is identified *as a perpetrator*. CPS workers and GPD officers shall be provided a quiet place to conduct this investigation that is free from interruptions or intrusions by persons not involved with the investigation. CPS workers shall be provided access to student records without written permission from students' parents or legal guardians to conduct an investigation of child abuse or neglect only when all of the following specific conditions exist:

- a serious threat exists to the health or safety of the student;
- the information contained in the records is necessary to meet the emergency;
- the party to whom the information will be disclosed is in a position to address the emergency; and
- time is crucial in dealing with the emergency.

Should any of these four conditions not exist, schools shall provide CPS workers and GPD officers with access to student records only after the school is presented with *either* written authorization from the parents or legal guardians, *or* a court order specifying that access to students' records is to be granted to CPS or GPD.

Removal of Students from School by CPS or GPD

CPS workers and GPD officers are permitted to take a student into custody without a court order and without the consent of the child's parent or legal guardian if, at the discretion of a CPS worker or police officer, the child is in such circumstances or condition that the child's welfare presents a situation of harm or threatened harm to the child.

Under these conditions, schools shall require the CPS worker or GPD officer who takes a student into custody to **present valid employee identification issued by a GovGuam Agency.** They must document the removal of the student via the school's designated log book.

Schools shall notify parents or legal guardians of such removal whenever it occurs, inclusive of advising them to check with CPS or GPD regarding the location of their children. However, they shall not provide parents or legal guardians with any information regarding the referring source.

Change of Custody or Guardianship

Students who are under CPS' custody shall be immediately transferred to any other school at the request of CPS for the purpose of allowing the students to go to schools which are in the same districts as foster or temporary care homes in which they have been placed. Schools shall not delay or impede such a transfer because of lost book fees, property damage repayment, etc., owed by students.

Parents shall be restricted from associating with or removing a student from campus whenever a school has in its possession a court order or CPS Power-of-Attorney, which indicates such a

otherwise, and GPD is also not available to transport the student, the school administrator shall transport the student to the nearest GPD precinct. This should be done only when the school administrator has reasonable suspicion to believe the student would be in imminent danger by returning home, or the student refuses to return home. In the event that there is reasonable suspicion that students should not return home and there is a delay with CPS or GPD responding, school personnel shall contact 911.

In the event that the student is not to return home, reasonable effort must be made to immediately inform the parents or legal guardians, so as to not evoke unnecessary worry that their child is lost or has been harmed. When communicating with parents or legal guardians, school administrators should convey the following information: ***"Your child is safe and is currently in the custody of Child Protective Services or the Guam Police Department. Please contact them and they will direct as to when you can reunite with your child."*** Provide parents with contact information for CPS or GPD. GDOE officials are not obligated to discuss the CPS referral or its contents. Information regarding the Referring Person is confidential and should not be disclosed.

Transporting Students in Private and Government Vehicles by School Personnel

As prescribed by *SOP 1700-003: Transporting Students in Privately Owned Vehicles and Government Owned Vehicles*:

Privately Owned Vehicles: The transportation of students in privately owned vehicles by school personnel is **strictly prohibited**.

Government Vehicles: Transporting students using a government vehicle is authorized provided the employee has a valid Guam driver's license, is doing so in an official capacity, and has permission from their supervisor prior to transporting students.

For schools requesting to use an official vehicle to transport a student, they must confirm that the employee using the vehicle meets the requirements, make coordination with the division responsible for the vehicle, and has secured approval by their school administrator or designee and the Deputy Superintendent of Educational Support and Community Learning (DSESCL).

Considerations for Suicidal Behaviors

If the student expresses suicidal ideation, a suicide plan, or has recently attempted suicide, implement the procedures outlined in the *Procedures for Managing Students at Risk for Suicide* section in Chapter 13: Addressing Suicidal Thoughts and Behaviors.

CPS and GPD In-School Investigations Privileges

and GPD officer receiving the call with their name and contact information for all subsequent communications regarding the case.

Written reports should be completed and submitted in accordance with 19 GCA §13203 (Appendix 15-2) procedures. Written reports shall be made on the *Child Abuse & Neglect Referral* (CAN) form found in this chapter's Forms section. The list below outlines the eleven (11) sections contained in the CAN:

- Reporting Person (RP)
- Reason for Suspecting Abuse or Neglect
- Alleged Victim(s) and Other Children
- Incident Information (Type of Referral)
- Explain Why You Suspect Abuse or Neglect
- Parent(s) or Legal Guardian(s)
- Alleged Abuser(s) Other than Parent or Legal Guardian
- Body Drawings
- Action Taken
- Other Information
- Signature of RP

Written reports may be hand delivered to CPS in a sealed envelope marked CONFIDENTIAL or faxed to CPS at (671) 477-0500 within 48 hours. Referrals should not be sent through the mail system. **When CPS referrals are submitted, there is *no obligation* for school personnel to inform parents of a submitted referral or share its contents, as CPS or GPD are the investigating authorities in these cases.**

****GDOE is not responsible for submitting CPS referrals on behalf of parents or legal guardians. School administrators and personnel should notify parents or legal guardians that they are to submit referrals to CPS directly.**

Placement of Child in Dangerous Circumstances

Upon occasion, school personnel may acquire information about child abuse or neglect where the circumstances of the case are so severe that it is considered dangerous for the student to return home at the end of the school day, or the student refuses to return home. Clearly communicate this to CPS or GPD during the initial telephone report whenever such danger is suspected so that a CPS social worker or GPD officer can meet with the student at school before the end of the school day to determine the placement of the student.

Should such a case arise and there is a delay with CPS to meet with the student by the end of the day, the school administrator shall arrange for the student to be transported to the CPS office before 5:00PM, as prescribed in SOP 1700-003. If CPS is not able to respond or does not direct

Procedures for Reporting Child Abuse and Neglect

School personnel who become aware of a child whom they suspect has been abused or neglected shall:

Step 1. Report their suspicions immediately by telephone directly to the Department of Public Health and Social Services, Division of Public Welfare, Bureau of Social Services Administration – Child Protective Services (CPS) Section (671-475-2672 or 671-475-2653) and the Guam Police Department (GPD). Based on the school's district or proximity, contact GPD at:

- Agat Precinct (South) – (671) 472-8915 or (671) 472-8916;
- Sinajana Precinct (Central) – (671) 475-8541 or (671) 475-8542;
- Tumon/Tamuning Precinct (Hotel Row) – (671) 649-6330 or (671) 649-9526
- Dededo Precinct (North) – (671) 632-9808 or (671) 632-9811
- OR 911 if unable to contact your district's precinct.

Step 2. Persons making such reports are required to reveal their names to CPS or GPD. Their identity will be treated with utmost confidentiality and they shall have immunity from any liability, civil or criminal, that might arise from such action (19 GCA § 13206).

Step 3. Reporting persons are to inform their supervisor about the suspected abuse and neglect incident as soon as possible, but no later than the Close of Business (COB) day.

Step 4. Reporters are to complete and submit the C*hild Abuse and Neglect Referral* form (Form 15-1) within 48 hours of initial report to CPS. The written report may be hand delivered or faxed to (671) 477-0500.

Step 5. GDOE personnel are prohibited in conducting any type of investigation, that is, any in-depth questioning for the purposes of determining if the suspected abuse or neglect occurred. Mandated reporters are only required to report when he or she has reason to **suspect** that the child is experiencing abuse or neglect.

Step 6. The *Child Abuse and Neglect Referral* (Form 15-1) is filed with the school administrator, **NOT** in the student's cumulative record.

****Under no circumstances are school officials allowed to take pictures as this may compromise the integrity of the investigation process.**

Methods of Reporting to Child Protective Services (CPS) and the Guam Police Department (GPD)

Telephone reports shall provide CPS with all available information to investigate the suspected abuse or neglect. Persons making initial reports of abuse or neglect shall provide the CPS worker

CHAPTER 15
CHILD ABUSE AND NEGLECT

INTRODUCTION

As defined by 19 GCA §13201, §13203, and §13207 (see Appendix 15-1 and 15-2), child abuse and neglect occur "*whenever a child's physical or mental health or welfare is harmed or threatened with harm by the acts or omissions of the person(s) responsible for the child's welfare.*" A person primarily responsible for a child's welfare is defined as a parent, legal guardian, foster parent, or an employee of a residential home, institution, or agency. In other words, child abuse and neglect can only be committed (in the legal sense) by those individuals who are responsible for providing food, clothing, and shelter to a child.

By this definition, there is a difference between criminal assault and child abuse and neglect. Criminal assault occurs when persons who are not primarily responsible for a child's welfare, such as teachers, school aides, school administrators, bus drivers, friends, etc., who cause harm to a child are subject to criminal prosecution.

Persons responsible for reporting suspected child abuse or neglect, as defined by 19 GCA §13201 (Appendix 15-1) is described as "any person, who in the course of his or her employment, occupation, or practice of his or her profession, comes into contact with children shall report when he or she has reason to suspect on the basis of his medical, professional, or other training and experience that a child is an abused or neglected child."

Additionally, students who are pregnant and who are under the age of consent (15 and below), must be reported to Child Protective Services (CPS) or the Guam Police Department (GPD) regardless of the circumstances. The report shall be made by the person who first became aware of the situation (Appendix 15-1).

Every person should treat information made known to them as first-person reporting. Consequently, the requirement for employees to inform their supervisors about a suspected abuse and neglect situation exists simply to keep supervisors informed of what is happening in their school or division. It does not exist to circumvent the law. It is not legal for employees to report suspected child abuse and neglect to their superiors with the expectation that the supervisor assumes the responsibility to report the suspicion to CPS.

To ensure a thorough response to potential child abuse or neglect cases, GDOE mandated reporters must file reports with both CPS *and* GPD. While these agencies will collaborate and share information, this dual reporting process helps to safeguard the student suspected of child abuse and neglect, and fulfills the mandated reporter's duty to report. When in doubt, always err on the side of reporting to both agencies.

****The person to whom the abuse was disclosed is mandated by law to report the incident to Child Protective Services. Under no circumstances will this responsibility be transferred to someone else.**

Student Procedural Assistance Manual

CHAPTER 15

Child Abuse and Neglect

Guam Department of Education

APPENDIX 14-4

Guam Behavioral Health and Wellness Center - Healing Hearts Crisis Center

Sexual assault, be it rape or abuse, is a traumatic experience for an adult or child and calls for a very supportive and empathic response in order to begin healing. Our Healing Hearts Program begins with an intake assessment that often leads to a medical-legal examination in a safe, caring environment. The program staff facilitates cooperation with other agencies, counseling, and follow-up health care, so the victim can begin healing without being overwhelmed.

What is Healing Hearts Crisis Center?

The Healing Hearts Crisis Center (HHCC) is Guam's only rape crisis center. Guided by Public Law 21-44, Healing Hearts Crisis Center was established in 1993 under the Guam Memorial Hospital. The intent of the program was to provide survivors of sexual assault with "discrete, immediate, and full medical attention." A year later, Public Law 22-23 removed the program from the hospital's jurisdiction and placed the program under the Department of Mental Health & Substance Abuse, now the Guam Behavioral Health and Wellness Center, where it remains today.

HHCC incorporates a holistic approach for individuals who may have experienced a sexual assault. Regardless of when the assault occurred or the age, ethnicity, gender or disability of the victim, Healing Hearts offers a supportive, healing atmosphere with caring people to assist them in regaining feelings of safety, control, trust, autonomy and self-esteem.

Healing Hearts Crisis Center

Hours of Operation
Monday through Friday
8:00 a.m. – 5:00 p.m.

Contact Information
Phone: (671) 647-5351
Fax: (671) 647-5414
Location: Guam Behavioral Health and Wellness Center (2nd Floor)
790 Governor Carlos G, Camacho Road
Tamuning, Guam 96913
Hours of Operation
Monday through Friday
8:00 a.m. – 5:00 p.m.

Immediate medical services are available after hours, weekends and Holidays (on-call accessible through GBHWC Crisis Hotline, 988).

3. The Guam Education Policy Board unanimously endorses education for children in a healthy, mentally stimulating atmosphere and feels that education is its own reward.

ADOPTED: Board of Education 04/24/73; 10/04/77

Revised: 08/06/08

APPENDIX 14-3

Descriptor Term:	Descriptor Code:	Issued Date:
COOPERATION WITH LAW ENFORCEMENT AUTHORITIES	810	08/06/08
Issued:	Rescind:	

Board Policy

Cooperation with Law Enforcement:

The Guam Public School System will cooperate to the extent permitted by law all law and assist in their legal functions and mandates. In furtherance of this policy, care should be exercised to ensure that:

- The individual pupil and employee's rights and feelings are respected.
- The pupil and employee are protected from unnecessary humiliation and damage to his reputation.
- The rights and responsibilities of parents or guardians of pupils and of employees are observed.
- GPSS is responsible to help each pupil and employee in the most constructive way possible.

When Action is initiated by Law Enforcement:

a) The school may permit law enforcement officers to interview minor students at the school provided at least one (1) parent or legal guardian is present and consents in writing to the interview. Such consent to the interview at the school is independent of, and prior to, any warnings the officers may be required to give to the minor student prior to the interview. If at all possible, the interview should be conducted away from school.

b) Law enforcement shall first report to the principal in the school's main office and should indicate to the principal the reason they are on campus and why they want to talk to a student or employee.

c) The officer is required to identify himself to the principal. If the principal is not satisfied with the identification, he should check with the agency in question.

When Action is initiated by the School:

The principal should call law enforcement when a case, in his/her judgment, warrants such assistance. If this occurs, the principal should immediately endeavor to notify the Office of the Superintendent, as well as the Public Information Officer.

When Action is initiated by Law Enforcement or by the School, the principal should provide a private room for questioning.

1. The Guam Education Policy Board wholeheartedly condemns any strategy, which would encourage the use of any student or employee as an undercover agent for law enforcement.

2. The Guam Education Policy Board is morally opposed to the concept that any other agency, department, business or organization is justified in suborning any student or employee of the Guam Public School System to bribery or promises of reward for performance of nefarious acts.

3. For more information on mandated reporting, please refer to Chapter 15 , Appendix 15 -2 (19 GCA § 13202. Any Person Permitted to Report), and Memorandum from The Superintendent (Appendix 14 -1).

APPENDIX 14-2

DEFINITIONS & LEGAL FRAMEWORK

DEFINITIONS

In order to leave no room for interpretation on matters of sexual conduct, sexual contact, and harassment, this chapter will provide definitions for terms involved in the reporting process.

Sexual conduct is defined as:

6. Sexual intercourse, including genital-genital, oral-genital, anal-genital or oral-anal, whether between persons of the same or opposite sex or between humans and animals;
7. Penetration of the vagina or rectum by any object;
8. Masturbation, for the purpose of sexual stimulation of the viewer;
9. Sadomasochistic abuse for the purpose of sexual stimulation of the viewer; or
10. Exhibition of the genitals, pubic or rectal areas of any person for the purpose of sexual stimulation to the viewer. (19 G.C.A § 13201)

Sexual contact includes, "the intentional touching of the victim's or actor's (actor defined as perpetrator) intimate parts or the intentional touching of the clothing covering the immediate area of the victim's or actor's intimate parts, if that intentional touching can reasonably be construed as being for the purpose of sexual arousal or gratification." (9 G.C.A § 25.10)

Sexual assault is defined as, "any nonconsensual sexual act proscribed by federal, tribal, or state law, including when the victim lacks capacity to consent."

Harassment and Sexual Harassment can include, "offensive remarks", and "unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature," respectively.

LEGAL FRAMEWORK

A. Consent

5. Per 8 G.C.A. § 10.25, the age of consent is defined as "the age of sixteen (16)."
6. Additionally, while the legal age of consent on Guam is 16, all sexual activity between students and/or GDOE staff is strictly prohibited, regardless of age or supposed mutual consent.
7. Because the age of consent is defined as persons aged 16 years and above, individuals aged 16 years and below cannot legally consent to sexual acts of any nature.
8. For further information, please refer to the Memorandum from The Superintendent, Appendix 1-1.

B. Mandated Reporting

1. Regarding incidents of sexual conduct, sexual assault, and sexual harassment, reporting the incident is the responsibility of the principal, designated school official, or the school personnel who was first made aware of the situation
2. Principals or designated school officials are required to manage an allegation of student sexual conduct, sexual contact, and/or harassment or report of inappropriate sexual behavior between students as well as between students and employees.

APPENDIX 14-1

DEPARTMENT OF EDUCATION
OFFICE OF THE SUPERINTENDENT

www.gdoe.net
500 Mariner Avenue
Barrigada, Guam 96913
Telephone: (671) 300-1547/1536•Fax: (671)472-5001
Email: jonfernandez@gdoe.net

JON J. P. FERNANDEZ
Superintendent of Education

March 18, 2015

MEMORANDUM

TO: Deputy Superintendent, Education Support and Community Learning
Deputy Superintendent, Curriculum and Instructional Improvement, Acting
Deputy Superintendent, Finance and Administrative Services
Legal Counsel
Administrator, Federal Programs
Assistant Superintendent, Special Education
School Principals

FROM: Superintendent of Education

SUBJECT: Reporting Requirements for Students Under The Age of Consent

Buenas! If you recall, guidance on reporting student pregnancies was provided on November 14, 2011 by Mr. Joseph Sanchez, who was the Acting Superintendent of Education at the time. This correspondence serves to confirm the guidance and to provide additional clarification.

A meeting between the Guam Police Department (GPD), the Attorney General's Office, Child Protective Services (CPS), and GDOE was held on Thursday, October 13, 2011. The purpose of the meeting was to discuss the concern that students under the age of consent engaging in sexual activity was not consistently being report. The incident at the time involved a pregnant student under the age of consent (15 years of age and younger) who was not reported by one of our high schools. Pregnancy was not the crime but a manifestation of the illegal act.

The Attorney General's Office and the Guam Police Department (GPD) further clarified that pregnant students 15 years of age and younger are considered Child Abuse cases regardless of the circumstance. Subsequently, the student's condition must be report to **both** CPS and the GPD by the person who was first made aware of the situation. *(Note: The law only requires either GPD or CPS be notified but my guidance is to send the referral to both of them).*

The Department of Education's Student Procedural Manual is not consistent with this guidance and will require a full review and revision. In the interim, all school officials are hereby directed to ensure that students under the age of consent who engage in sexual activity are reported to both the Guam Police Department and Child Protective Services.

Should you have any questions or need clarification, please contact me or Ms. Erika Cruz, Deputy Superintendent, Educational Support and Community Learning at your convenience.

Thank you for your immediate attention and compliance.

JON J.P. FERNANDEZ

Cc: Administrator, Student Support Services Division

CHAPTER 14

APPENDIX

NOTE: Appendix information contained in SOP 1200-023 is subject to updates based on changes to laws, GEB policies, and outside agency changes.

APPENDIX	TITLE
14-1	Memorandum from the Superintendent, March 18, 2015: Reporting Requirements for Students Under the Age of Consent
14-2	Definitions & Legal Framework
14-3	GDOE Board Policy 810: Cooperating with Law Enforcement Authorities
14-4	Guam Behavioral Health and Wellness Center – Healing Hearts Crisis Center

_____

_____

_____ _____

Signature of School Administrator or Designee Date

==========

ACKNOWLEDGMENT OF RECEIPT

_____ _____

Signature of Parent/Legal Guardian Date

_____ _____

Signature of School Witness to Receipt Date

FORM 14-2

NOTICE OF ALLEGATION OF ASSAULT OR HARASSMENT

FORM TO BE COMPLETED BY: Attending School Personnel, School Administrator, Parent or Legal Guardian, and School Witness

A completed/signed copy of this document shall be provided to the parent/legal guardian and placed in the student's cumulative folder.

TO: _____
(Name of parents/legal guardians of student name below)

REGARDING:
_____
(Name of student)

FROM: _____
(Name of principal or principal's designee)

SCHOOL:
_____

This is to notify you that on the date specified below your son or daughter alleged that he or she was assaulted or harassed by the individual and in the manner described below. The school has already reported the alleged assault or harassment to the Guam Police Department or Child Protective Services. Additionally, you and your child have the right to contact either agency about this allegation.

Name of Alleged Assailant (if known):
_____

Type of Alleged Assault or Harassment:
_____

Place of Alleged Assault or Harassment:
_____

Date of Alleged Assault or Harassment:
_____

Time of Incident: _____AM/PM Injury Involved: □Yes □ No

Did you see the school health counselor? □ Yes □ No

Would you like to speak with your school counselor at a later time about the incident? □Yes □No

Attending School Personnel/Position:
_____
Print First and Last Name Position

Description of Alleged Assault or Threat:
_____

_____

_____

Follow-up interventions conducted by the School Counselor must also be entered into PowerSchool in the SGC Log, if applicable.

Follow-up interventions conducted by the School Health Counselor must also be entered into PowerSchool in the Health Profile and SNAP Health Profile, if applicable.

_____

Administrator's Name (Print) Signature and Date

STATEMENT FORM: INVOLVING ALLEGED ASSAULT OR HARASSMENT

FORM TO BE COMPLETED BY: School Administrator

A completed copy of this Statement Form shall be provided to the parent or legal guardian or school personnel for their record.

Administrators Disposition/Action:

_____

_____

_____

_____

_____

_____

_____

_____

_____

Injury Involved: ☐Yes ☐No Other persons involved: ☐Yes ☐No

Was the student referred to the School Health Counselor? ☐Yes ☐No
Time: _____ Date: _____

Was an Ambulance Involved: ☐Yes ☐No
If yes, Time: _____ Date: _____

Was GPD Involved: ☐Yes ☐No
If yes, time: _____ Date: _____

Was CPS Involved: ☐Yes ☐No
If another agency involved, specify: _____

Date and Time that Parent(s) Informed: _____

Follow-Up Meeting with Parent(s): Time: _____ Date: _____
Supportive Counseling with School Counselor: Time: _____ Date: _____

Administrators are required to enter information contained in this report into PowerSchool under the Discipline Log or the Incident Reporting Log (IR). For incidents where the student is the victim the information can be entered into IR: File Incident or IR: File Complaint.

_____

_____

_____

_____

_____

_____

_____

Reporter's Name (Print) Signature and Date

FORM 14-1

STATEMENT FORM: INVOLVING ALLEGED ASSAULT OR HARASSMENT

(Page 1-2)

FORM TO BE COMPLETED BY: Attending School Personnel

This Statement Form is to be completed by a student or school personnel who is reporting assault or harassment and is used to gather information regarding serious incidents that occur on campus or during school sponsored events. The information will be used as part of an investigation to determine the best course of action in an effort to keep students and employees safe as well as to help the school improve procedures that will foster a safe and positive learning environment. Parents may be informed that their child is providing a statement regarding the incident, the nature of the incident and the parent's right to appeal, if applicable. A completed copy of this portion of the Statement Form shall be provided to the parent or legal guardian or eligible student for their record.

Name: _____ Grade: _____

Date: _____

Type of Incident: _____

Date of Incident: _____

Time of Incident: _____AM/PM Injury Involved: ☐Yes ☐No

Were you personally victimized by the incident? ☐Yes ☐No

Did you see the school health counselor? ☐Yes ☐No

Would you like to speak with your school counselor at a later time about the incident? (For students)

☐Yes ☐No

Attending School Personnel/Position:_____

Print First and Last Name Position

Explain the incident to the best of your knowledge. Be specific and detailed to include names, locations, times, and other relevant information, and pay attention to the sequence of events. Use additional sheets of paper, if necessary.

_____

_____

_____

_____

CHAPTER 14

FORMS

NOTE: Forms contained in SOP 1200-023 are subject to updates based on changes to laws, GEB policies, and outside agency changes.

FORM	TITLE	COMPLETED BY
14-1	Statement Form: Involving Alleged Assault or Harassment	Attending School Personnel and School Administrator
14-2	Notice of Allegation of Assault or Harassment	Attending School Personnel, School Administrator, Parent or Legal Guardian, and School Witness

The school must identify a room with a closed door to ensure confidentiality. It is important to exercise caution to minimize disruption which might be caused by the process.

While in the presence of the Police Department, students in question must be guided as described in *GDOE Board Policy 810: Cooperation with Law Enforcement Authorities* (Appendix 14-3), which provides the extent of an interview between police officers and students. If at any time a student needs to be taken into custody, a parent or legal guardian must be present.

B. Procedures to Question Employees or Adults by School Administrator or Guam Police Department

1. A school administrator must first determine whether the police officer desires to:
    a. Interview the employee, or
    b. Take the employee into custody or arrest the employee before any attempt is made to contact the employee. The school administrator then implements one of the following procedures that is appropriate to the determination.
2. Ask the officer to interview the employee during non-duty hours if at all possible. Please note the following steps:
    a. If the officer indicates this is not possible, inform the employee of the police request and give them the opportunity to decide whether to speak with the officer. Advise the employee that they are not required to meet with the officer during duty hours if the officer only requests to interview the employee. Arrange for the employee's duties to be handled by someone else if the employee decides to speak with the officer at the time of the request.
    b. If the employee decides not to speak with the officer during duty hours, inform the officer of this and ask the officer to contact the employee after duty hours.

C. Procedures to Take into Custody or to Arrest Employees

Police officers do not have to provide schools with any type of paperwork to take employees into custody or to arrest them.

1. Make the employee available to the police officer. Whenever possible, summon the employee to the office so that the interaction with the police officer occurs behind closed doors. Exercise prudence to minimize the disruption which might be caused by an arrest.
2. Advise staff that they are not to discuss the incident with anyone else and that the alleged perpetrator is to be considered innocent unless proven guilty. Stress to staff that preservation of the reputation of the accused is of the utmost importance. Also, explain that any change of the employee's assignment is done only as a precautionary measure to protect students; such action by the GDOE does not mean guilt has been established.

the school's District School Psychologist (DSP) for assistance regarding CISD and ensure protocols are followed in the *Procedures for Responding to a Critical Incident* section in Chapter 16: Responding to Critical Incidents in Schools.

6. If the fact-finding process produces compelling evidence that the student has made a false accusation, the school administrator is responsible to take appropriate disciplinary or corrective action. The school administrator has the responsibility to inform all individuals, including school and non-school personnel involved in the incident, that charges have been dropped and the accused should be treated as if the charges were never made.

B. Procedures Involving Alleged Perpetrators Who Are Students or Adults

- If the alleged perpetrator is a student, he or she must complete the *Statement Form* (Form 14-1). The student's parent or legal guardian must be notified of the incident involving their child and that their child has been identified as an alleged perpetrator. Use the *Notice of Allegation of Assault or Harassment* form (Form 14-2) for notification and documentation.
- If the alleged perpetrator is a school employee or any other non-custodial adult, the school administrator must complete the *Statement Form* (Form 14-1). The form then must be submitted to the Deputy Superintendent of Educational Support and Community Learning (DSESCL) the same day the incident occurred. and wait for appropriate guidance and change of work assignment.
- The school administrator will interview the alleged perpetrator and witnesses to obtain statements about their version of the alleged incident. Advise the alleged perpetrator that:
    a. The student's parent or legal guardian shall be informed of the incident or allegation.
    b. GPD or CPS shall be informed.
    c. The alleged perpetrator should not have any contact with the student until the investigation is complete.

Guidance on Working with GPD Regarding Alleged Incident

A. Procedures to Interview Students

According to *GDOE Board Policy 810: Cooperation with Law Enforcement Authorities* (Appendix 14-3), "GDOE will cooperate at the extent permitted by law and assist in their legal functions and mandates." GDOE Board Policy 810 provides further guidance on students being investigated by the police:

> *The school may permit law enforcement officers to interview minor students at the school provided at least one (1) parent or legal guardian is present and consents in writing to the interview. Such consent to the interview at the school is independent of, and prior to, any warnings the officers may be required to give to the minor student prior to the interview. If at all possible, the interview should be conducted away from school.*

1. Contact the school health counselor and school administrator immediately to determine the severity of the injury, ensure first aid is administered, and provide emotional support to the student victim.
2. Should injury warrant medical examination or treatment, immediately DIAL 911 to ensure medical services and support are provided to the student victim.
3. Should there be suspected head injury or trauma, immediately DIAL 911 and DO NOT move the student. Be sure to clear the area of any persons who are not assigned to provide support and services to the student victim.
4. Do not leave the student alone.

Once a Determination of Physical Safety is Made, Proceed with the Following:

1. Have the student provide a verbal and written explanation about the incident to a school administrator utilizing the *Statement Form: Involving Alleged Assault or Harassment* form (Form 14-1). Inform the student that his or her parent or legal guardian will be informed of the incident or allegation before the end of the school day, that the GPD will be contacted regarding the incident or allegation and that a police report will be documented and submitted. The student and parent must be informed that a fact-finding interview will be conducted by the school and that the incident will be reported to the GPD. The school administrator will then complete the *Notice of Allegation of Assault or Harassment* form (Form 14-2) and forward it to the student's parent or legal guardian, while maintaining a copy for recording purposes.
2. Should the alleged assault or harassment be sexual in nature, have the school counselor or school health counselor (preferably of the same gender of the student) assist the school administrator in the interview with the student. If the school administrators are not able to assist, identify a school official in their absence. DO NOT pressure the student to provide details if they are reluctant to do so.
3. Contact and inform the parent or legal guardian of the student of the incident or allegation on the same day the school learns of the incident. Inform the parent or legal guardian that the school has made a report to GPD. Let the parent or legal guardian and student know that they have the right to contact GPD regarding the alleged incident.
4. For incidences involving sexual assault or sexual harassment, inform the student's parent or legal guardian about the Guam Behavioral Health and Wellness Center's (GBHWC) **Healing Hearts Crisis Center** (HHCC) and provide a printed copy of the HHCC's online resource (Appendix 14-4). The HHCC is Guam's only rape crisis center and provides crisis intervention and clinical services. Parents of victims are highly encouraged to seek services for their child to help them regain feelings of safety, control, trust, autonomy, and self-esteem.
5. Ensure that the student victim is provided with supportive counseling. The school counselor must be informed and readily available regardless of if the student refuses services. The school counselor should ensure referrals for further support and services are made for the student. Any supportive counseling services provided should be documented. The school counselor shall assess if a Critical Incident Stress Debriefing (CISD) is appropriate (see Appendix 16-12). The school counselor must consult with

Sexual contact includes: "the intentional touching of the victim's or actor's (actor defined as perpetrator) intimate parts or the intentional touching of the clothing covering the immediate area of the victim's or actor's intimate parts, if that intentional touching can reasonably be construed as being for the purpose of sexual arousal or gratification." (9 G.C.A. § 25.10)

Sexual assault is defined as: "any nonconsensual sexual act proscribed by federal, tribal, or state law, including when the victim lacks capacity to consent."

Harassment is defined as: "knowing and willful course of conduct directed at a specific person which alarms or distresses the person which serves no purpose" (9 G.C.A. 19.69). Sexual harassment can include: "offensive remarks" and "unwelcome sexual advances, requests for sexual favors, and other verbal or physical harassment of a sexual nature."

Legal Framework

A. Consent

1. Per 8 G.C.A. § 10.25, the age of consent is defined as "the age of sixteen (16)."
2. Because the age of consent is defined as persons aged 16 years and above, individuals below 15 years cannot legally consent to sexual acts of any nature.
3. While the legal age of consent on Guam is 16, all sexual activity between students and GDOE staff is strictly prohibited, regardless of age or supposed mutual consent.
4. For further information, refer to Appendix 14-1.

Alleged Assault or Harassment Upon Students by Non-Custodial Individuals and Other Students

The following procedures provide steps in handling an alleged contact or harassment incident between a student victim and an alleged perpetrator. In cases of assault and harassment, a perpetrator is categorized as a person who is *not* primarily responsible for the child's welfare (i.e., non-custodial adult or student). This includes teachers, school aides, school administrators, bus drivers, and students, who allegedly caused harm to a student. Harm is defined in the following ways: 1) physical harm (hitting, punching, slapping, kicking, etc.); 2) sexual harm (sexual assault, sexual abuse, inappropriate touching, etc.); and 3) sexual harassment (inappropriate name calling, unwelcome sexual advances, etc.). Because all alleged incidents must be reported to the Guam Police Department or Child Protective Services, these procedures have been formulated to provide guidance in handling the incident. Best practices indicate a Child Abuse and Neglect (CAN) referral to CPS, paralleling a report to GPD.

A. Procedures to be Conducted Involving Student Victims at the Time of the Incident:

CHAPTER 14
ALLEGED ASSAULT AND HARASSMENT

INTRODUCTION

This chapter details the procedures of the Guam Department of Education for responding to allegations of assault or harassment by non-custodial caretakers and other students or inappropriate sexual behavior which occur where the school has primary care of the student. School administrators or designated school officials are required to manage allegations of student assault and harassment and the reporting of such allegations.

While school administrators have the primary responsibility for managing the school response to allegations of student assault or harassment, it is important that a collaborative partnership with the school health counselor, GPD, and CPS is established. In addition to the procedures outlined in this chapter, all allegations involving students with any adult (i.e., adult students, teachers, school employees, volunteers, contractors or vendors, etc.) must be immediately reported to the Deputy Superintendent of Educational Support and Community Learning.

GDOE is committed to providing a safe and respectful learning environment for all students, faculty, and staff. As required by Title IX of the Education Amendments of 1972, the school district does not discriminate on the basis of gender, gender identity, sexual orientation, or sex in its educational programs and activities. Schools shall contact the Student Support Services Division for further information and guidance. The division oversees the process and compliance with Title IX for students.

Definitions

In order to leave no room for interpretation on matters of assault and harassment, this chapter will provide definitions for terms involved in the reporting process.

Assault occurs if a person: (1) either recklessly causes or attempts to cause bodily injury to another; (2) recklessly uses a deadly weapon in such a manner as to place another in danger of bodily injury; or (3) by physical menace intentionally puts or attempts to put another in fear of imminent bodily injury (9 G.C.A. § 19.30).

Sexual conduct is defined as:

1. Sexual intercourse, including genital-genital, oral-genital, anal-genital or oral-anal, whether between persons of the same or opposite sex or between humans and animals;
2. Penetration of the vagina or rectum by any object;
3. Masturbation, for the purpose of sexual stimulation of the viewer;
4. Sadomasochistic abuse for the purpose of sexual stimulation of the viewer; or
5. Exhibition of the genitals, pubic or rectal areas of any person for the purpose of sexual stimulation to the viewer. (19 G.C.A. § 13201)

Student Procedural Assistance Manual

CHAPTER 14

Alleged Assault and Harassment

Guam Department of Education

APPENDIX 13-5

INFORMATION-GATHERING TOOL: SUICIDE CONCERN & INFORMATION CONVERSATION GUIDE

AMERICAN SCHOOL COUNSELOR ASSOCIATION

Information-Gathering Tool: Suicide Concern

Rationale:

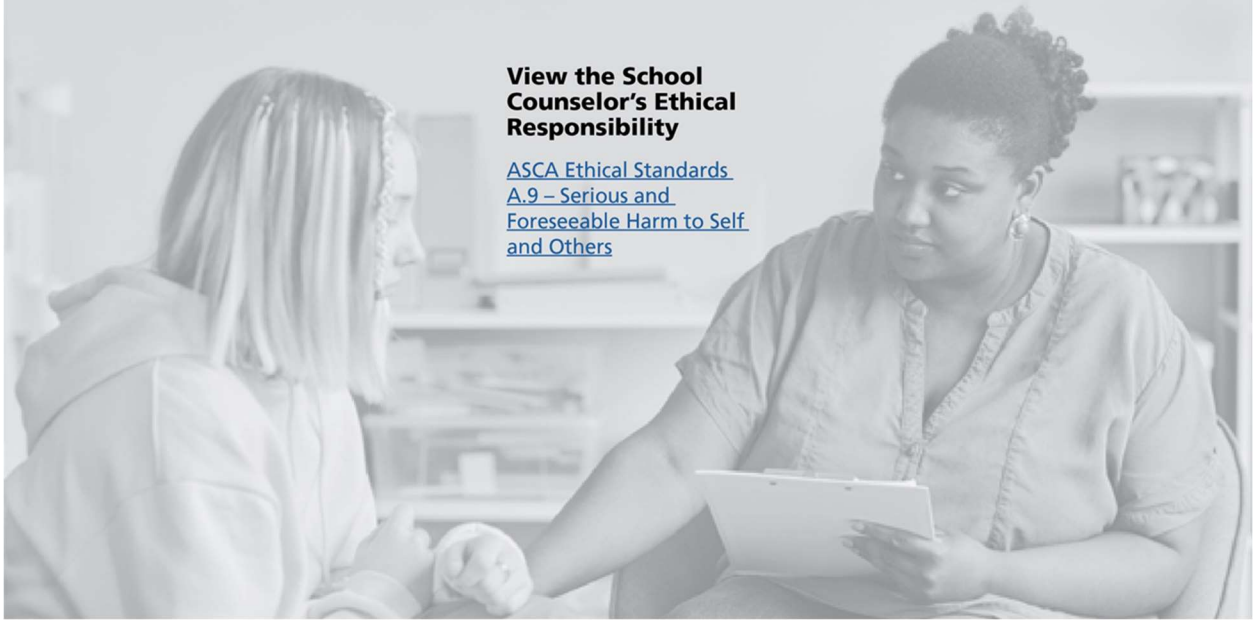
School counselors report multiple challenges when implementing district-required suicide risk assessments or screenings, including:

- Requirements are paperwork-centered vs. student-centered.
- Extensive protocols are nearly impossible to implement with fidelity in a school setting.
- Students may have:
  - denial
  - rationalization
  - intellectualization
- Students may employ conscious defenses that lead to inaccurate information, including:
  - the student not wanting to be stopped
  - the student not wanting to go to a hospital
  - personal beliefs that suicide is wrong, immoral or a sign of weakness
  - the student not wanting to be perceived as "crazy"
  - the student not believing anyone can help
- Additionally, because suicide attempts can be impulsive, suicidal ideation may not be present (Shea, 2009).

Research:

Research shows risk assessment screening and protocol cannot accurately predict suicide outcomes.

- In a press release for 2016 meta-analysis of 365 studies spanning 50 years, lead researcher Joseph Franklin, Ph.D., of Harvard University stated that "science could only predict future suicidal thoughts and behaviors about as well as random guessing. In other words, a suicide expert who conducted an in-depth assessment of risk factors would predict a patient's future suicidal thoughts and behaviors with the same degree of accuracy as someone with no knowledge of the patient who predicted based on a coin flip" (American Psychological Association, 2016).
- In a 2017 study examining 40 years of suicide risk-assessment research, 95% of patients assessed as high risk did not die by suicide; however, 50% of patients assessed in lower-risk categories did die by suicide (Large, M., et al., 2017).
- In a study of 157 patients who died by suicide, 67% of the deceased had denied suicidal ideation during an assessment given within two days of their death (Berman, 2018).
- A 2018 study found that 13 individuals, nearly 20% of those studied, who attempted or died by suicide were assessed as low risk (Mamrol, 2018).



View the School Counselor's Ethical Responsibility

ASCA Ethical Standards A.9 – Serious and Foreseeable Harm to Self and Others

APPENDIX 13-4

MEMORANDUM FROM THE SUPERINTENDENT, OCTOBER 19, 2015: SUPPORT AND PROTOCOLS FOR STUDENTS WITH SUICIDAL BEHAVIORS

DEPARTMENT OF EDUCATION
OFFICE OF THE SUPERINTENDENT
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JON J. P. FERNANDEZ
Superintendent of Education

October 19, 2015

MEMORANDUM

TO: School Administrators

FROM: Superintendent

SUBJECT: Support and Protocols for Students with Suicidal Behaviors

Buenas! As you are all are aware suicidal behaviors (ideation, attempts and death) are a serious issues on Guam. According to statics from the Guam Behavioral Health and Wellness Center (GBHWC), there is one death by suicide every two (2) weeks on our island. As leaders of your school community, I am encouraging you to continue taking these behaviors seriously and to be vigilant and sensitive to the issue.

All administrators, school counselors, school health counselors and as many faculty and staff possible, should be trained in suicide prevention, intervention and postvention. The GBHWC-PEACE office offers free training for DOE personnel and is coordinated through the Student Support Services Division. Attached, is the current list of DOE personnel who have been trained in Applied Suicide Intervention Skills (ASIST), SafeTalk, Connect, and the Lifelines Curriculum. Please review the list to determine who has been trained to better support your school community. You can also use the list to update your school level Emergency Response Plan as required by BP 500.

The Student Procedural Assistance Manual (SPAM) contains protocols for managing suicidal behaviors (2011-001-SPAM). An excerpt from the section on suicide states, *"Regardless of whether arrangements have been made for the student to meet with a professional psychotherapist, have a guidance counselor meet with the student a couple of times a week for several weeks to provide support and mentoring to the student. Have the counselor during these follow-up meetings whether he/she has seen a professional therapist or whether arrangements have been made to do so. If this is not the case, have the guidance counselor attempt to contact the parents/guardians again to impress upon them the importance of professional therapy."*

Although the SPAM does not specifically provide guidance on whether schools can exclude students from returning to school until cleared by medical professionals, my position is that students are safer in school. The objective is to keep students in school and to provide support for those experiencing difficulty with social and emotional issues. When it becomes necessary to make a referral to an outside agency, it is ultimately the family's prerogative to seek or accept professional help. However, schools should work collaboratively with the student and family upon return to implement a safe plan.

REMEMBER: THE STUDENT SAFETY PLAN IS A TOOL TO ENGAGE THE STUDENT AND IS ONLY ONE PART OF A COMPREHENSIVE SUICIDE CARE PLAN

- Ask student to list several people and social settings, in case the first option is unavailable.
- Remember, in this step, the goal is distraction from suicidal thoughts and feelings.
- Assess likelihood that student will engage in this step; ID potential obstacles, and problem solve, as appropriate.

Step 4: People Whom I May Ask for Help

- Instruct students to use Step 4 if Step 3 does not resolve crisis or lower risk.
- Ask, ***"Among your family or friends, who do you think you could contact for help during a crisis?"*** or ***"Who is supportive of you and who do you feel that you can talk with when you're under stress?"***
- Ask students to list several people, in case one contact is unreachable. Prioritize the list. In this step, unlike the previous step, patients reveal they are in crisis to others.
- Assess likelihood student will engage in this step; ID potential obstacles, and problem solve.
- Role play and rehearsal can be very useful in this step.

Step 5: Professionals or Agencies I Can Contact During a Crisis

- Instruct the students to use Step 5 if Step 4 does not resolve the crisis or lower risk
- Ask, ***"Who are the mental health professionals that we should identify to be on your safety plan?"*** and ***"Are there other health care providers?"***
- List names, numbers and/or locations of clinicians, local urgent care services, Suicide and Crisis Hotline (Call or text **988** or chat **988lifeline.org** free, 24/7, or **1-800-273-TALK [8255]**).
- Assess likelihood student will engage in this step; ID potential obstacles, and problem solve.

Step 6: Making the Environment Safe

- Ask students which means they would consider using during a suicidal crisis.
- Ask, ***"Do you own a firearm, such as a gun or rifle?"*** and ***"What other means do you have access to and may use to attempt to kill yourself?"***
- Collaboratively identify ways to secure or limit access to lethal means: Ask, ***"How can we go about developing a plan to limit your access to these means?"***
- For methods with low lethality, clinicians may ask students to remove or restrict their access to these methods themselves.
- Restricting the student's access to a highly lethal method, such as a firearm, should be done by a designated, responsible person-usually a family member or close friend, or the police.

WHAT ARE THE STEPS AFTER THE PLAN IS DEVELOPED?

- **Assess** the likelihood that the overall safety plan will be used and problem-solve with the student to identify barriers or obstacles to using the plan.
- **Discuss** where the student will keep the safety plan and how it will be located during a crisis.
- **Evaluate** if the format is appropriate for the students' capacity and circumstances.
- **Review** the plan periodically when student's circumstances or needs change.

APPENDIX 13-3

STUDENT SAFETY PLAN QUICK GUIDE – Modified for School Setting

- **What is a student safety plan?**
  A safety plan is a prioritized written list of coping strategies and sources of support students can use who have been deemed to be at high risk for suicide. Students can use these strategies before or during a suicidal crisis. The plan is **brief**, is **in the student's own words**, and is **easy to read**.

- **Who should have a student safety plan?**
  Any student who has a suicidal crisis should have a comprehensive suicide risk screening. Clinicians should then collaborate with the student on developing a safety plan.

- **How should a student safety plan be done?**
  Safety planning is a clinical process. Listening to, empathizing with, and engaging the student in the process can promote the development of the safety plan and the likelihood of its use.

- **Implementing a student safety plan.**
  There are 6 Steps involved in the development of a safety plan.

IMPLEMENTING THE STUDENT SAFETY PLAN: 6 STEP PROCESS

Step 1: Warning Signs

- Ask, ***"How will you know when the student safety plan should be used?"***
- Ask, ***"What do you experience when you start to think about suicide or feel extremely distressed?"***
- List warning signs (thoughts, images, thinking processes, mood, and/or behaviors) using the student's own words.

Step 2: Internal Coping Strategies

- Ask, ***"What can you do, on your own, if you become suicidal again, to help yourself not to act on your thoughts or urges?"***
- Assess likelihood of use: Ask, ***"How likely do you think you would be able to do this step during a time of crisis?"***
- If doubt about use is expressed, ask, ***"What might stand in the way of you thinking of these activities or doing them if you think of them?"***
- Use a collaborative, problem solving approach to address potential roadblocks and ID alternative coping strategies.

Step 3: Social Contacts Who May Distract from the Crisis

- Instruct students to use Step 3 if Step 2 does not resolve the crisis or lower risk.
- Ask, ***"Who or what social settings help you take your mind off your problems at least for a little while?"*** or ***"Who helps you feel better when you socialize with them?"***
- Ask for safe places they can go to be around people (i.e., shopping centers).

suicide can be a factor in vulnerable individuals imitating the act. Clinicians believe the danger is even greater if there is a detailed description of the method.

might be. Emphasize that suicides are preventable and should be prevented to the extent possible.

3. **Do list the warning signs, as well as risk and protective factors of suicide.** Teach people how to tell if they or someone they know may be thinking of harming themselves. Include lists of warning signs, such as those developed through a consensus process led by the American Association of Suicidology (AAS). Messages should also identify protective factors that reduce the likelihood of suicide and risk factors that heighten risk of suicide.
4. **Do highlight effective treatments for underlying mental health problems.** Over 90 percent of those who die by suicide suffer from a significant psychiatric illness, substance abuse disorder, or both at the time of their death. The impact of mental illness and substance abuse as risk factors for suicide can be reduced by access to effective treatments and strengthened social support in an understanding community.

The Don'ts—Practices That May be Problematic in Public Awareness Campaigns:

1. **Don't glorify or romanticize suicide or people who have died by suicide.** Vulnerable people, especially young people, may identify with the attention and sympathy garnered by someone who has died by suicide. They should not be held up as role models.
2. **Don't normalize suicide by presenting it as a common event.** Although significant numbers of people attempt suicide, it is important not to present the data in a way that makes suicide seem common, normal or acceptable. Most people do not seriously consider suicide an option; therefore, suicidal ideation is not normal. Most individuals, and most youth, who seriously consider suicide do not overtly act on those thoughts, but find more constructive ways to resolve them. Presenting suicide as common may unintentionally remove a protective bias against suicide in a community.
3. **Don't present suicide as an inexplicable act or explain it as a result of stress only.** Presenting suicide as the inexplicable act of an otherwise healthy or high-achieving person may encourage identification with the victim. Additionally, it misses the opportunity to inform audiences of both the complexity and preventability of suicide. The same applies to any explanation of suicide as the understandable response to an individual's stressful situation or to an individual's membership in a group encountering discrimination. Oversimplification of suicide in any of these ways can mislead people to believe that it is a normal response to fairly common life circumstances.
4. **Don't focus on personal details of people who have died by suicide.** Vulnerable individuals may identify with the personal details of someone who died by suicide, leading them to consider ending their lives in the same way.
5. **Don't present overly detailed descriptions of suicide victims or methods of suicide.** Research shows that pictures or detailed descriptions of how or where a person died by

Schools that have not been open about the death being a suicide are typically faced with two very unhealthy scenarios. One is that most students know it is a suicide death but school personnel won't acknowledge it or deal with it directly, so students deal with it amongst themselves. The second is that rumors (such as drugs, murder, conspiracy etc.) and innuendo replace facts and can spread emotional distress and chaos through the school community. These rumors may be far more impacting and unsettling for the entire student body and much more difficult for school staff to contain than truthfully disclosing that the death is a suicide. As a school administrator your role is to do what is best for the entire school community.

There will be some situations where a sudden death occurs and while suicide may be suspected, an official cause of death may not be made for weeks pending results of toxicology reports. School officials should rely exclusively on official determination of death and not speculate as to cause of death when providing information to students or the extended school community. Even without an official cause of death, the school can openly disclose the death, and if given the go ahead from law enforcement, assure the school community that foul play is not suspected. It will still be important to take active steps to reduce risk and promote healing which can and should be done without mentioning the (suspected) cause of death.

Safe and Effective Messaging for Suicide Prevention

This document offers evidence-based recommendations for creating safe and effective messages to raise public awareness that suicide is a serious and preventable public health problem. The following list of "Do's" and "Don'ts" should be used to assess the appropriateness and safety of message content in suicide awareness campaigns. Recommendations are based upon the best available knowledge about messaging. They apply not only to awareness campaigns, such as those conducted through Public Service Announcements (PSAs), but to most types of educational and training efforts intended for the general public. These recommendations address message content, but not the equally important aspects of planning, developing, testing, and disseminating messages. While engaged in these processes, one should seek to tailor messages to address the specific needs and help-seeking patterns of the target audience. For example, since you are likely to seek help for emotional problems from the internet, a public awareness campaign for youth might include Internet based resources. References for resources that address planning and disseminating messages can be found in SPRC's Online Library (https://sprc.org/online-library/).

The Do's—Practices That May Be Helpful in Public Awareness Campaigns:

1. **Do emphasize help-seeking and provide information on finding help.** When recommending mental health treatment, provide concrete steps for finding help. Inform people that help is available through the National Suicide Prevention Lifeline (Call or text **988** or chat **988lifeline.org** free, 24/7, or **1-800-273-TALK [8255]**) and through established local service providers and crisis centers.
2. **Do emphasize prevention.** Reinforce the fact that there are preventative actions individuals can take if they are having thoughts of suicide or know others who are or

APPENDIX 13-2

SURVIVOR SUPPORT: PREVENTING CONTAGION RISK FOLLOWING SUICIDE

Suicide deaths within a school community require special considerations due to their complexity. It's crucial to anticipate the unique nature of grief, watch for suicide pacts, reduce contagion risk, and report responsibly. After a suicide, provide information on warning signs and the Suicide and Crisis Hotline (Call or text **988** or chat **988lifeline.org** free, 24/7 or **1-800-273-TALK [8255]**).

- **Complicated Bereavement**: Due to the nature of suicide death, friends and family will often be left feeling a range of emotions including guilt, anger, self-blame, regret, and rejection as well as intense grief and shock. They will often replay over and over again in their mind their last interaction with the person and wonder what they could have or should have done differently. Since having known someone who dies by suicide is itself an increased risk factor for suicide, it is important to provide support to these individuals.
- **Suicide Pacts**: Suicide pacts occur when two or more individuals have an agreement to die by suicide. Following a suicide death or serious attempt it is important to ask close friends if they have any knowledge of a suicide pact. Locating and monitoring social networking sites can be an important tool in identifying potential suicide pacts as well as who is at increased risk for suicide. While it is not unusual for posts to be heartfelt and emotional, posts such as "I miss you and will see you soon" or "I will follow in your path" should be cause for concern and follow up with the individual.
- **Memorials**: Permanent plaques or memorials or dedications such as in the high school yearbook may inadvertently increase the risk of contagion. For further guidance, refer to the section on school memorials in Chapter 12 of the Student Procedural Assistance Manual: Responding to Critical Incidents.
- **Media Reports**: Research has demonstrated that sensational media reports may contribute to suicide contagion. Therefore, it is essential that educators become familiar with safe messaging guidelines as well as the media recommendations for reporting on suicide. Safe messaging guidelines should be followed when crafting any message to faculty, students, community or the media following a suicide death. If the media are involved, they should be provided with a copy of the media recommendations and encouraged to follow them. Media recommendations are available through **ReportingOnSuicide.org**.
- **Transparency**: Schools sometimes come under great pressure from the family to not publicly disclose that the death was a suicide however, it is important to recognize that this wish conflicts with the fact that suicide is a public health issue (as identified by the U.S. Surgeon General) which needs to be addressed in a forthright manner. One of the biggest risk factors for suicide is having known someone who dies by suicide. Schools can help mitigate this risk by being truthful about the suicide death and actively taking steps to reduce risk and promote healing after a suicide death.

Warning Signs

These are observable behaviors, emotions, or situations that may indicate someone is at immediate risk of attempting suicide and require intervention.

- Talking about suicide, wanting to die, or kill oneself
- Expressing thoughts of suicide or a desire to die
- Looking for a way to kill oneself, such as searching online or buying a gun
- Feeling worthless, hopeless, or having no reason to live
- Suddenly happier and calmer, especially after a period of depression or sadness
- Preoccupation with death
- Inability to deal effectively with the present, and preoccupation with the past
- Morbid or unusual interest in music, art, poetry, prose, etc.
- Changes in appearance, such as shaving head, wearing black unrelated to fashion
- Loss of interest in personal hygiene and appearance
- Withdrawal from family or peers
- Clinginess or dependence on others
- Showing rage, talking about seeking revenge, or displaying extreme mood swings
- Experiencing irritability or anger that seems out of character or out of context
- Changes in sleep patterns, including insomnia or oversleeping
- Difficulty making decisions or concentrating
- Decline in academic or work performance
- Engaging in risky or thrill-seeking behavior, such as driving at high speeds, provoking fights
- Increased alcohol or drug use
- Giving away prized possessions or making arrangements for after death
- Loss of interest in previously enjoyed activities or hobbies
- Expressing feelings of being a burden to others

APPENDIX 13-1

SUICIDE RISK FACTORS AND WARNING SIGNS

Demographic Factors

- Age: Approximately 15 out of every 100,000 for ages 15-24, with significant increases in the last 30 years.
- Sex: Males more likely to attempt or complete suicide, but both genders exhibit suicidal behavior
- Location: Rural areas due to increased firearm accessibility, limited emergency and treatment access.

Risk Factors

These are characteristics or circumstances that increase the likelihood of someone experiencing suicidal thoughts or behaviors. The presence of multiple life stressors, such as these listed below, can significantly increase the risk of suicidal behavior.

- Loss of family member or peer to suicide.
- History of suicidal behavior in family or peers.
- Previous suicide attempts, particularly among males.
- Emotional distress or expressions of pain are dismissed or not taken seriously by others.
- Mental health care is stigmatized.
- Serious mental illnesses like Bipolar Disorder, Schizophrenia, Schizoaffective Disorder, and Major Depression, especially in females.
- Long period of depression
- Experience of separation or loss (including relationship problems and breakups)
- Shame or guilt after a major event, such as rejection of romantic or sexual invitation.
- Feelings of loneliness or isolation.
- Physical, psychological, sexual abuse.
- Physical or sexual assault.
- Neglect.
- Substance abuse.
- Major conflicts with family or friends.
- Rejection by peer group or bullying.
- Peer group engages in self-destructive behavior.
- Actual or anticipated exam failure.
- Legal problems.
- Feelings of guilt regarding criminal offense or custody.
- Sexual orientation or gender identity crisis.
- Difficulty adjusting to new environments.
- Long-term parental unemployment.
- Firearms and access to means.
- Community violence

Predisposing Personality/Cognitive Styles

- Thoughts or feelings associated with a sense of hopelessness.
- Poor social skills.
- Hostile or impulsive behavioral style.
- Poor emotional regulation.
- Poor problem-solving skills, tendency to "catastrophize," think in absolute terms and not see other options.
- Perfectionism or inhibition (self-absorbed)
- Poor emotional regulation

CHAPTER 13

APPENDIX

NOTE: Appendices contained in SOP 1200-023 are subject to updates based on changes to laws, GEB policies, and outside agency changes.

APPENDIX	TITLE
13-1	Suicide Risk Factors and Warning Signs
13-2	Survivor Support: Preventing Contagion Risk Following Suicide
13-3	Student Safety Plan Quick Guide
13-4	Memorandum from the Superintendent, October 19, 2015: Support and Protocols for Students with Suicidal Behaviors
13-5	Information-Gathering Tool: Suicide Concern & Suicide Information Conversation Guide

FORM 13-3

STUDENT SAFETY PLAN TEMPLATE

FORM TO BE COMPLETED BY: School Counselor

SAFETY PLANS WORK

There is Hope.

1. **Write 3 warning signs that a crisis may be developing.**

_____

_____

_____

2. **Write 3 internal coping strategies that can take your mind off your problems.**

_____

_____

_____

3. **Who/What are 3 people or places that provide distraction?**
(Write name/place and phone numbers)

_____ Phone _____

_____ Phone _____

_____ Phone _____

4. **Who can you ask for help?** (Write name/place and phone numbers)

_____ Phone _____

_____ Phone _____

_____ Phone _____

5. **Professionals or agencies you can contact during a crisis:**

Clinician _____ Phone _____

Local Urgent Care or Emergency Department:

Address _____ Phone _____

Text or call 988 or chat 988lifeline.org

6. **Write out a plan to make your environment safer.**
(Write 2 things)

_____

_____

_____

988 SUICIDE & CRISIS LIFELINE

Modified from Stanley & Brown (2021)

PEP24-08-03-007

Suicide Intent (without specific plan)	Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.	**5. <u>Have you started to work or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>**		
Suicide Behavior Questions	**6. <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u>** E.g., collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.			

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)
SCHOOL SUICIDE IDEATION DEFINITIONS AND PROMPTS
SCREENING VERSION: SINCE LAST VISIT

FORM TO BE COMPLETED BY: School Counselor

INSTRUCTIONS: Ask questions that are **BOLDED** and **UNDERLINED**.			**SINCE LAST VISIT**	
IDEATION	**DEFINITION**	**QUESTION**	**YES**	**NO**
Wish to be dead	Person endorses a thought about a wish to be dead or not alive anymore or wish to fall asleep and not wake up.	**1. Have you wished you were dead or wished you could go to sleep and not wake up?**		
Suicidal thoughts	General non-specific thoughts of wanting to end one's life or commit suicide. E.g., "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent or plan.	**2. Have you actually had any thoughts of killing yourself?**		
IF YES TO QUESTION 2, ask Questions 3, 4, 5, and 6. **IF NO TO QUESTION 2,** go directly to Question 6.				
Suicidal thoughts with method (without specific plan or intent to act)	Person endorses thoughts of suicide and has thought of a least one method during the screening period ***without*** having a fully developed specific plan with time, place, or method details. E.g., "I thought about taking an overdose but I never made a specific plan as to when, where, or how I would actually do it…. And I would never go through with it."	**3. Have you been thinking about how you might kill yourself?**		
Suicidal intent (without specific plan)	Active suicidal thoughts of killing oneself and patient reports having ***some intent*** to act on such thoughts. E.g., "I've been struggling a lot lately, and I can't stop thinking about ending it all. It's gotten so bad that I've actually thought about how I might do it, and I've even considered taking some pills."	**4. Have you had these thoughts and had some intention of acting on them?**		

	all. It's gotten so bad that I've actually thought about how I might do it, and I've even considered taking some pills."			
Suicide Intent (without specific plan)	Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out.	**5. <u>Have you started to work or worked out the details of how to kill yourself? Do you intend to carry out this plan?</u>**		
Suicide Behavior Questions	**6. <u>Have you ever done anything, started to do anything, or prepared to do anything to end your life?</u>** E.g., collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.			
	IF YES, ask, **<u>How long ago did you do these?</u>**			
	<u>Over a year ago?</u>			
	<u>Between three months and a year ago?</u>			
	<u>Within the last three months?</u>			

FORM 13-2

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)
SCHOOL SUICIDE IDEATION DEFINITIONS AND PROMPTS

FORM TO BE COMPLETED BY: School Counselor

SCREENING VERSION: PAST MONTH

INSTRUCTIONS: Ask questions that are **BOLDED** and **UNDERLINED** in the order presented.			**PAST MONTH**	
IDEATION	**DEFINITION**	**QUESTION**	**YES**	**NO**
Wish to be dead	Person endorses a thought about a wish to be dead or not alive anymore or wish to fall asleep and not wake up.	**1. Have you wished you were dead or wished you could go to sleep and not wake up?**		
Suicidal thoughts	General non-specific thoughts of wanting to end one's life or commit suicide. E.g., "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent or plan.	**2. Have you actually had any thoughts of killing yourself?**		
IF YES TO QUESTION 2, ask Questions 3, 4, 5, and 6. **IF NO TO QUESTION 2,** go directly to Question 6.				
Suicidal thoughts with method (without specific plan or intent to act)	Person endorses thoughts of suicide and has thought of a least one method during the screening period ***without*** having a fully developed specific plan with time, place, or method details. E.g., "I thought about taking an overdose but I never made a specific plan as to when, where, or how I would actually do it…. And I would never go through with it."	**3. Have you been thinking about how you might kill yourself?**		
Suicidal intent (without specific plan)	Active suicidal thoughts of killing oneself and patient reports having ***some intent*** to act on such thoughts. E.g., "I've been struggling a lot lately, and I can't stop thinking about ending it	**4. Have you had these thoughts and had some intention of acting on them?**		