At the beginning of my tenure as superintendent, I had a clear vision of the way forward for our district. But it wasn’t long before I realized that the road ahead required a nuanced and specific skill set. AASA has offered me the information, professional development tools and support to succeed. It’s empowering to know I’m not alone.

WANDA SHELTON
Superintendent | Lincoln County School District, Fayetteville, TN

Confronting Suicide
The Palo Alto superintendent’s story of rebounding from a cluster of student deaths

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My cell phone startled me awake around 2:15 a.m. “This cannot be good,” I thought as I fumbled for it bedside. It was not. But I never fathomed how bad it could be.

The police chief related that a 16-year-old high school student had died by suicide within the hour. This death followed the suicide of a 19-year-old recent graduate just two weeks earlier. Being new to the Palo Alto, Calif., Unified School District, I had not met either student, yet I was devastated.

In schools I’d previously led, we had lost children to cancer and fatal accidents, but somehow this felt worse. The specter of death by suicide was beyond comprehension. But there it was, in our own school community. Research indicates that one suicide often triggers another. Our deepest fears and worst nightmares came true over the next few months as this death was followed by another. And another. The suicides of four teenagers in this high-achieving community shook us all to the core.

I had been a superintendent since 1988, serving in three local school districts and as state superintendent in Illinois, president of the Illinois Mathematics and Science Academy and founding head of the Princeton International School of Mathematics and Science, and I had seen my share of crises. But nothing was as tragic or intense as the suicide cluster I experienced during my first months as Palo Alto’s superintendent in fall 2014.

In the Aftermath

Applying lessons learned from an earlier suicide cluster in the district in 2009, we immediately applied our preven-
We also informed our PTA Council president and the district’s director of student services, who in turn worked with the principal to deploy the crisis team. I approved the messages that were sent simultaneously to staff and families. Each message included resources for mental health supports.

The crisis team met at the school to plan for the coming days. Additional counseling services were obtained from other schools and the community. Experts in grief counseling gave the faculty insights into what to expect from students and how to respond. We scripted a common message for all faculty members to read during first period and encouraged them to provide space for discussion, grief and coping. We asked them to hold off on homework and tests for a day or two and then ease back into the routine.

The biggest challenge of postvention was the depth and breadth of emotions and subsequent time needed to transition from shock to a normal routine. Although most students and staff needed just a day or two of grieving, some teachers and counselors were affected to the extent that they needed personal leaves or left the district entirely.

**Unexpected Targeting**

We had learned a lot from the earlier cluster, but it was not enough. We had not anticipated how intense the finger-pointing would be. The immediate reaction of many terrified parents was to blame the schools: too much homework, too much competition, uncareful teachers, lack of leadership, depressing books in literature classes, dreary wall colors. The list went on and on.

Some educators and parents pointed fingers at other parents: too many “tiger parents,” too much emphasis on GPAs and APs, too much competitive intensity about getting into top universities, too much overprotectiveness.

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We were all quick to point fingers at the community as well: too much affluence, too much competition, too much financial stress, too few hospital beds, too many fast trains, too much media attention.

And then there was the cyberbullying of teachers, parents, education leaders and even students in the anonymous blogs and comments on published articles. While finger-pointing was to be expected, the vitriol was not. Any school that experiences a student suicide should brace for a tsunami of blame that can feel like a wave of destruction. However, advanced preparation can mitigate the deleterious impact.

Lessons Learned

Eventually, cooler heads prevailed. We knew much about suicide prevention, but we learned much more over the course of the cluster and in its immediate aftermath.

We learned first-hand from national experts on adolescent suicide, such as Columbia University’s Madelyn Gould and Morton Silverman of the JED Foundation, Stanford professors Shashank Joshi and Rebecca Bernert, and community partners, including pediatricians and psychiatrists at the Palo Alto Medical Foundation, Lucille Packard Children’s Hospital and the Health Care Alliance for Response to Adolescent Depression. We learned from sleep research compiled by the American Academy of Pediatrics and from popular literature, including Francis E. Jensen’s The Teenage Brain: A Neuroscientist’s Survival Guide to Raising Adolescents and Young Adults. Thanks to our county health director, we obtained the services of the Centers for Disease Control and Prevention in conducting an Epi-Aid investigation of risk factors within the community and across the county.

We also learned from our students and their parents. We conducted numerous student focus groups and parent forums and surveyed both groups extensively. From all of these sources our key learnings about suicide prevention were:

The crucial role of partnerships. One should never go it alone. Engage the help of experts in the field of mental health broadly and suicide prevention specifically.

The importance of sleep. Sleep deprivation had been a common element in some of the deaths.

The prevalence of depression. Our community pediatricians provided evidence that approximately 25 percent of students had significant mental health concerns.

The importance of vigilant students. The students are essential experts in identifying behavior changes or worrisome social media posts among their peers and letting adults know of potential devastating problems. Provide them with evidence-based depression education.

The role of the “suicide hotspot.” Palo Alto has what the experts call a hotspot — in our case, a speeding train that runs right through town 90 times per day. The train track is our hotspot equivalent of the Golden Gate Bridge. Eliminating, or at least restricting, the hotspot as a means of suicide is an effective prevention measure. Three of the four students in the recent cluster — and all of those in an earlier cluster — died at or near main train crossings in town.

We learned this about intervention:

The need to destigmatize counseling. This stigma needs to be addressed, especially among those parents who became successful on their own and who believe it is weak or shameful for a young person to seek help for a mental health concern.

The need for community mental health services. Students must have access to hospital beds when the critical need arises and to proper outpatient services for ongoing care.

The need to break down health insurance obstacles. These barriers keep students from much-needed medication, counseling and services by medical professionals.

Managing My Own Emotions

*Put the oxygen mask on yourself first before helping those in need of assistance*’ advises Madelyn Gould of the Jed Foundation. I should have asked our faculty to do the same, and I deeply regret that in those first few hours and days we did not attend to the emotional needs of our teachers, some of whom had experienced a cluster of suicides in the community five years earlier.

Following one of the death school district leadership, the high school principal, crisis team and community support services held an early-morning meeting with about 500 of the school’s faculty members to communicate the plan for working with students that day. While the crisis team had met previously to draw up the process, the faculty had not, and the emotions were palpable and raw. As I looked around the room, I knew that much more than a script and tactical plan were needed for our teachers.

The student’s death by suicide was traumatic for many, and they needed care that we were not prepared to offer and sadly had not considered that first morning after. Audible weeping, sobbing but suppressed anger, stoic masks and silent cries for help were manifest. So was the compassionate support for one another and the courage to carry on to support the students.

Instead of recognizing and honoring their grief, I urged them to suppress their pain and to support the students.

Personal Impact

On a personal note, managing my own emotions had its own challenges. Each phone call from the police was crushing and left me breathless and suffocating just thinking about the child’s parents and siblings, not to mention my own children and grandchil- dren. There were times of what novelist Kurt Vonnegut called “Jupiter gravity” when I could barely shuffle through the day, yet I always had to keep an upbeat presence.

We learned this about intervention:

The need to destigmatize counseling. This stigma needs to be addressed, especially among those parents who became successful on their own and who believe it is weak or shameful for a young person to seek help for a mental health concern.

The need for community mental health services. Students must have access to hospital beds when the critical need arises and to proper outpatient services for ongoing care.

The need to break down health insurance obstacles. These barriers keep students from much-needed medication, counseling and services by medical professionals.

As for postvention, we learned:

The news media is ubiquitous and relentless-ness. The competition to break the latest story can be fierce. We insist the media outlets follow our guidelines about reporting responsibly.

The need for broad and deep supports. These are not just for students and parents, but also for teachers, counselors and principals.

The need for parent education. Education to promote understanding of mental health issues must be available to all parents in their language.

Knowledge into Action

These are some of the actions the school district took based on our experiences.

Immediate intervention. The district took deci- sive action to hire a mental health specialist for each high school and to increase funding for the culturally focused and community-based organizations, such as Asian Americans for Com- munity Involvement and Adolescent Counseling Services. We also worked with the city and county to ensure that students had access to emergency support and mental health beds.

Postvention. The school and community responded with numerous parent and community
that adults are unaware, unconcerned or others. So they often say and do nothing. But how to continue or end, or identify issues they worse, start a conversation they won’t know one in 20 the death of a parent.

testimony of my shattered back to me,” the student edly avoiding my gaze as they read, and seven blank, uncomfortable stares seven teachers — seven the loss of a friend.”

a friend to suicide over the summer and she can make in the life of a grieving student by student illustrate the difference an educator modest training, they can initiate conversa- offer support to grieving students. After only difference.

“I had one teacher, my algebra teacher, make a difference that day. He held out my mother’s note to me and, as I tugged it back, he held fast, catching my eye, and said, ‘I am truly sorry.’ With just a solid, unwavering back, he held fast, catching my eye, and said, ‘I am truly sorry.’ With just a solid, unwavering glance and a sincere apology … someone had shown that he cared, and that meant all the difference. “Things like that — being stopped in the hallway and reminded you’re in someone’s thoughts, or a genuine smile, or especially a sincere condolences — make the distinction between a teacher and a mentor, an adult and a friend. Showing or reminding someone that you care has a profound effect at any time. But the same display of care or concern during grief can mean so much.”

Suicide’s Stigma

School staff members are affected by the death of a member of the school community — often even more so than the students — and should be reminded about the employee assistance program and resources within the school and community. When the death involves suicide, often a great deal of stigma exists, which makes it more difficult to engage in open discussion. Guilt can be particularly profound. Staff (and students) may search for clues they missed and wonder if the death could have been prevented. Many staff will have had personal experiences with suicide of family members and friends, considered or attempted suicide themselves, or struggled with depression. This makes it particularly difficult for them to support students after a death by suicide.

Free Assistance

Education leaders have several available resources for addressing these issues. AASA is a founding member of the Coalition to Support Grieving Students, a collabo- ration of the leading professional education organizations, including the groups repre- senting counselors, nurses, psychologists and social workers. The coalition maintains a practitioner-oriented website, www.grieving- students.org, with more than 20 video training modules on topics such as how to talk with grieving students and responding to a school crisis event. Handouts and reference materials offer practical advice.

From the National Center for School Crisis and Bereavement (www.schoolcrisiscenter. org or 877-53-NCSCB), educators can access practical information, such as guidance on responding to a death of a member of the school community. Another resource deals with a death by suicide. The step-by-step advice includes templated notification letters and scripts on how to discuss suicide with stu- dents of different developmental levels. Technical assistance and consultation is available from the center.

DAVID SCHONFELD, a pediatrician, is director of the National Center for School Crisis and Bereavement at University of Southern Cali- fornia in Los Angeles. E-mail: schonf@usc.edu

We immediately increased counseling supports for mental health and wellness promotion and began messaging to remind parents and students of the importance of sleep and the dangers of the performance arms race — the relentless drive for the highest GPA and most resume-building activities. We provided release time for high school teachers to engage in professional learning about self-care and wellness and to direct students in mindfulness activities. The high

Schools sponsored a series of awareness events and students themselves led themed activities known as “Challenging the Narrative” and “Flint Strong” that gave students a forum in print and social media for sharing positive stories of hope and resilience. The students’ self-initiated actions, including chalk art and youth forums, made a tangible difference, as did their vigilance in look- ing out for one another.

Parent education workshops sponsored by our PTA Council and Asian Parent Association played a positive role in both understanding the issues and dialing back the academic pressure of the performance arms race.

Our community leaders, school board mem- bers and city and school staff revitalized Project Safety Net (www.projectpalofolio.com), an organi- zational network of city, school and community leaders and doers dedicated to fostering youth well-being and suicide prevention.

PSN engaged community leaders in conversa- tions, using the Collective Impact Model that led to actionable outcomes around data collection and to discussions with Caltrain, the regional commuter rail, about ways to restrict access. If we could delay an impulsive action, we might save lives. Thanks to the city of Palo Alto, track guards now physically monitor the five track intersec- tions 24/7. The city and Caltrain also provided significant funding for effective fencing and veg- etation removal (where an individual could hide before stepping to his or her death) and electronic trip wires and an intruder detection system to alert train conductors.

Prevention. Because suicide is such a complex problem, we launched systemswide preventive actions.

Physicians at the Stanford Center for Sleep Sciences and Medicine were especially helpful, as were pediatrics from the Palo Alto Medi- cal Foundation, and others from the Health Care Alliance for Response to Adolescent Depression, who made available public cases about the need for our high school kids to get more sleep.

Leaders of the school board and district fol- lowed through by working with student sleep depre- ssion and stress. While Gunn High School officially started at 8:25 a.m. at the time of the cluster, more than 1000 students were enrolled in “zero period” — an optional early-morning opportunity for students to take additional classes or ensure a break later in their seven-period day. Despite an outpouring of objections from students and some parents, we eliminated zero period beginning the following year.

We took decisive action to better communicate homework guidelines and passed policy language to cap it at 10 hours per week. The school devel- oped a time management form that parents and students had to sign acknowledging that taking three or more AP classes could be a significant health hazard and committing to ensuring students got the necessary sleep or dropped an AP class.

Arguably, the holdest prevention initiative was the move from a traditional seven-period day to a block schedule. That February, we tasked school leadership to design and institute a block schedule within three months for implementation the following year. This arduous task was made possible by Denise Herrmann, Gunn’s courageous principal; Ken Yale, a skilled facilitator; and a thoughtful, dedicated committee of students, parents, faculty and staff who sacrificed countless hours of work, study and family time.

Now, one year later, it has proven an exor- dinary success. Longer class periods give teachers more time for meaningful interaction with stu- dents and longer classes enable students to have extended breaks during the day to catch up with friends and get some work done. Having fewer classes means less homework each night; longer passing periods give students more time to engage with teachers and to transition between classes and adding a tutorial period assures more help for students in need. Students report they have less
Dialing Down Pressure in College Admissions

BY RICHARD WEISSBOURD

H ow can we reshape a college admissions process that so dangerously elevates achievement pressure in many school communities, inflating students’ anxieties while stifling their intellectual interests and exploration? Rates of depression, delinquency, substance abuse and anxiety appear to be as high in affluent communities as in low-income communities, according to psychologist Suniya Luthar, who has conducted extensive research on this subject. These problems have many sources, achievement pressure appears to be a prime culprit.

Quality Engagement

About five months ago, Making Caring Common, a project that I co-direct at the Harvard Graduate School of Education, released Turning the Tide: www.mcc.gse.harvard.edu/files/gse-mcc/-

file/20160120_mcc_tr_report_interactive.pdf, in collaboration with the Education Conservancy, that seeks to reshape the college admission process. The report has now been endorsed by almost 150 key stakeholders in college admissions, including the admissions deans of all the Ivy League colleges.

In addition to promoting meaningful ethi-
cal engagement and increasing equity and access for economically diverse students, the report seeks to reduce excessive achievement pressure. For the first time in history, a broad range of colleges has banded together to send a powerful, collective message that what’s important in college admissions is not high numbers of impressive accomplishments or long “brag sheets,” but meaningful ethical and academic engagement.

What, specifically, does the report recom-
mend in terms of dialing down achievement pressure? And how might high schools play their part in de-escalating the infamous “arms race” while promoting meaningful, spirited learning?

Perhaps most important, the report empha-
sizes that a student’s quality of engagement is far more important than the quantity of her or his achievements. Far too many stu-
dents think that piling on extracurricular activi-
ties and Advanced Placement courses is a big plus in the admissions process; the report indicates that 2-3 activities are plenty and urges stu-
dents to avoid overloading on APs.

The report encourages school staff, parents and students to focus on a wider range of colleges. Several high schools have developed a “healthy school” compact – a set of agreements signed by parents and/or principals that are designed to reduce excessive achievement pressure.

In these compacts, schools could commit, for example, to eliminating practices that not only subvert the importance of elite col-
eges, such as publishing average SAT scores or the percent of students accepted to highly ranked colleges. Schools could do away with school test prep except when it increases study on the effectiveness of restricting accessible means of suicide. She further developed a com-
pelling presentation for Caltrach, which combined my messaging and unwavering support of city leadership, made the case for reducing accessibility to the train tracks a priority prevention measure.

Remainng Improvements

We continue to learn from the tragedies as well as our own mistakes, and openly identify those areas where we can and must do better.

Supporting faculty. What I most regret is not recognizing the immediate need to support faculty members, counselors and administrators who were grieving so deeply (see related story, page "Managing My Own Emotions" on page 22). It had not occurred to me to acknowledge their distress or to be more attentive to their needs. The faculty carried on heroically, but many were reeling, and we should have given their mental wellness our fullest attention.

Supporting families. Our administrators and teachers were not prepared or trained to handle the raw emotions. When a parental barrier breaks into a meeting, reminding that school should be cancelled, when a child breaks down in our office, when a parent blames herself or a teacher feels intense guilt, we do not have the capacity as school leaders to provide immediate support.

Understanding the turmoil that churned within some individuals was so far beyond my experience that I could only listen and offer a few comforting words. In the future, we must incor-
porate professional training to build our skills to support others.

Our District’s Toolkit for Others

The staff in the Palo Alto, Calif., district developed the Palo Alto Comprehensive Suicide Prevention Toolkit for Schools, a free resource available to other school systems.

The toolkit, produced in conjunction with local and national experts, describes in step-by-step detail what needs to be done in both the immediate and long-
term aftermath of a suicide. It contains sample forms, communication templates and sequential timelines detailing who should do what and when. The toolkit also has numerous suicide prevention resources.

Download this resource at www.paulo.org/sites/default/files/pdf/files/attachments/ComprehensiveSuicidePreventionToolkitforSchools.pdf.

Other resources include:

- American Foundation for Suicide Prevention, www.afsp.org

- National Suicide Prevention Lifeline, 1-800-273-TALK

- ReachOut.com, online services for youth who need support

- Suicide Prevention Resource Center, www.sprc.org

- Trevor Project Lifeline, specializing in crisis help for GLBTQ youth, 866-488-7385

Rick Weissbourd

rweissbourd@phs.berkeley.edu

Richard Weissbourd is senior lecturer in education at the Harvard Graduate School of Education in Cambridge, Mass. E-mail richard.weissbourd@harvard.edu
Managing the Media After a Suicide

The news media are well aware that suicide sells, so managing the print, broadcast and social media in the aftermath of a death by suicide is a daunting challenge. Adding to the challenge are the school community members who are eager to share their opinions through all means possible.

To deal with the crush of local, national and international attention, we shared well-established media guidelines with reporters and editors. The primary prescriptions were:

- Avoid sensationalistic headlines or prominent placement;
- Avoid photos/videos of the location or method of suicide and stick to school or family photos;
- Do not use terms such as “committed suicide” or “successful” suicide attempt. Use “died by suicide;”
- Do not report on suicide notes or victims’ social media posts; and
- Mention resources in every story, such as the national suicide prevention lifeline and local resources.

A comprehensive resource, developed by a collaboration with several international suicide prevention and public health organizations, schools of journalism and media organizations (and available at ReportingonSuicide.org), offers recommendations for reporting suicides.

Our Missteps

While the local print and online media generally used proper terminology, refrained from making the student’s death heroic and did not conduct interviews on school grounds, the broadcast and national media were far less cooperative. We saw magazine covers depicting depressed students and featuring gouging headers, such as “Why are Palo Alto kids killing themselves?” full-page photos of the train tracks and glaring, sensationalized lead-ins on television.

In retrospect, we committed several missteps with the media by being too accommodating in granting interviews and hoping their work would show the healing more than the hurt. Although we emphasized hope, recovery and active mental health and wellness supports, the national and international media preferred the blame game. Even the publisher of our local newspaper continued to print op-ed pieces that fed the paper’s practice of publishing anonymous comments at the end of articles and columns, many of which were vitriolic in blaming the schools. To this day, the national news coverage and anonymous blogging cast a tangible pall of negativity.

As for the school community, a few individuals did not follow our requested protocol of having the board president and superintendent act as spokespersons and granted radio and print interviews. Moreover, as expected, many social media posts reflected ignorance of media guidelines.

One bright spot, however, was that many students’ posts were positive, healing and hopeful. Our students were the most exemplary ambassadors for support and well-being.

We have since reviewed and reinforced our protocols and directed all requests for access and information through our communications coordinator, a direct-line report to the superintendent. While all media cannot be managed, clear protocols and advance planning can lead to media coverage that identifies helpful resources that might prevent further suicides rather than unwittingly fostering suicidal ideation.

— MAX MCGEE

Managing the national media

While we expected and received an onslaught of coverage, we underestimated the global focus on Palo Alto. In retrospect, we should have been more vocal and direct in not affording them unfettered access to our plight. While we worked hard to communicate the positive steps we had taken for both prevention and intervention, the national media largely focused on the tragedy, which in turn turned depressed morale for both school-based and broader communities.

Hope for the Future

Our district’s goals around differentiated instruction, consistency in grading and homework, and innovative academic program development were relegated to the back burner as mental health and wellness and social-emotional learning assumed paramount importance. Today, our district goals reflect a more intentional balance: high-quality teaching and learning, equity and access, and student wellness.

The problem of suicide thus far has proven too complex to be solved. The many changes we’ve implemented have made a positive difference, but no way exists to measure the return on the substantial investment by the district, city and community.

Is it a good sign that more families are seeking counseling? Do more students seeking counseling signal even more stress on their lives or is it a positive outcome of destigmatizing counseling and funding more mental health clinicians?

Which is the more positive metric: increased or decreased numbers of hospitalized students? Are fewer kids hospitalized because they are seeking and finding effective supports sooner or have they found better ways to mask their symptoms?

Does preventing students from taking too many AP courses reduce academic pressure or deprive them of classes they want to take because they like the academic challenge?

The metric that matters most is that we don’t lose another young person to suicide. It is public enemy No. 1 in Palo Alto, and it eludes capture. However, we hope by continuing to work together, truly together, to recognize and combat mental illness, to curb impulsive responses to suicidal ideation, to restrict the access to means and to instill hope, belonging, purpose, joy and meaningful connections with a caring adult in every school, we can keep this menace at bay. ■

MAX MCGEE is superintendent of Palo Alto Unified School District in Palo Alto, Calif. E-mail: mmcgee@pausd.org