Intervention Strategies

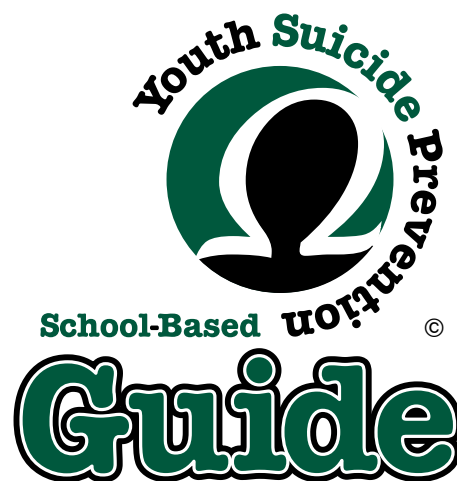## Crisis Intervention and Crisis Response Teams

When responding to a student death by suicide it is crucial that a school have a plan and policy implemented long before the death or crisis happens, including the creation and implantation of a multidisciplinary crisis response team (2, 7, 9). The team's responsibilities include anticipating the various needs and tasks of the school that occur during emergencies (7, 9). An effective suicide response plan will establish and detail the roles of a crisis intervention team (1, 4, 5-10, 14, 18). Members of the school crisis team should consist of approximately five to ten people, depending on the school's size, and include a diverse group of individuals within the school, such as the principal, guidance counselor, school psychologist, teacher, social worker, school nurse, and if available, a member of the school's information technology or computer lab staff (5, 7, 8, 20). A school may also consider including outside members or consultants, such as mental health professionals, law enforcement, and/or clergy (6, 7).

Although experiencing a suicide in school is often unexpected, sad, and confusing, schools cannot afford to risk not being able to respond in an organized and well thought out manner because of the possibility of suicide contagion (2, 7, 20). Contagion is when one suicide may contribute to another, for example through the influence of media reports or a memorial (20).

How a school proceeds with developing a crisis response team will vary based on resources, but research shows that it is critical that the team is highly valued by administration, and comprised of fully interested members (2). One person should be designated as the Team Leader or Coordinator, who will be in charge of planning trainings, calling emergency meetings when there is a crisis, and serves as the liaison to the school principal and superintendant (2, 20). A good crisis team leader will have support from the administration and should be given the authority to coordinate team member assignments, while keeping an open channel with school administrators (5).

Once this has been done, the crisis team should be trained how to effectively respond and intervene with a student potentially at risk of suicide (it may be necessary at this stage to utilize community agencies to provide such training). After training has been completed by all of the crisis team members, it is the responsibility of the team leader, to schedule regular team meetings, preferably once every two to three months (2). Team member assignments may include mobilizing the team when needed, controlling rumors, responding to the media, contacting community links, providing first aid if necessary, contacting parents of student experiencing suicidal crisis, scheduling response team meetings, and providing training to school staff and faculty (2, 5, 7).

In the event that a school experiences a crisis that overwhelm its resources or capacity to intervene, the school crisis team may consider calling on a district-level team to assist.

> **Another important responsibility of a crisis response team and one that gets overlooked frequently is defining what exactly constitutes a suicide crisis situation.**

It is not always going to be as obvious as overt suicidal threats or behaviors. Some students may passively communicate through homework or insinuate to a friend that he or she is considering suicide. Although school crises tend to be in the eye of the beholder, the school should rely on the crisis team to define exactly what constitutes a crisis and when the school's crisis plan should be initiated (2). Any crisis team member that believes a crisis may be occurring could contact other members of the team and the team as a whole would determine whether or not the situation should be considered a crisis (2). If the members do decide that a crisis is occurring the crisis response plan would be initiated. If not, the team would still need to determine what intervention to take or which community resources should be utilized in order to provide help to a student, who although not in immediate danger, may still need help.

Team Support

In order for a crisis team to be effective, it must be supported by the administration and should be acknowledged as a highly valuable resource within the school (2). Without such support, a crisis team will fall to the wayside, thereby greatly reducing the chances that the school will be able to effectively intervene with a student at risk for suicide.

In order for the crisis teams to run effectively, they must be alerted that a suicide crisis is occurring. Given the amount of contact with students that teachers and faculty have, the alarm is likely to be sounded by a teacher or other faculty member, such as a coach. Teachers are in ideal positions for identifying and intervening with a student expressing suicidal threats or gestures (21). Despite this situation, most educators do not receive training on how to identify or how to intervene with a student potentially at risk for suicidal threats or behaviors.

This could be, in part, the reason that in a survey of teachers' confidence level for identifying an at risk student, only 9% of those surveyed stated that they felt confident about being able to recognize a student at risk for suicidal threats or behaviors (22). If educators do not feel confident recognizing at risk students, that they certainly will be at a loss for how to effectively intervene with a potentially suicidal student. Further, a different study showed that 40% of surveyed high school teachers were unaware of any suicide prevention or intervention resources available at their school, and almost 70% of respondents reported doing "nothing" when they wondered about the suicidality of a student (23). In order to maintain and implement an effective school-based prevention program, schools must train staff on how to identify a student potentially at risk for suicidal threats or gestures and staff must have some training on how to intervene once a student at risk has been recognized (1, 17, 23, 24). Training faculty, staff, and administrators to be able to identify students who are at risk for suicide, determine the level of risk, know where to refer a potentially at-risk student, how to contact these referral sources, and what school policies are in place that relate to suicidal crisis situations is a universally advocated method for preventing suicide in schools (1, 3, 4, 8 10-13, 15-17, 19, 23-25). It is widely recognized that training staff about the warning signs, risk factors, protective factors, and where to refer a student at risk is critical to prevent adolescent suicide. For more on risk factors and warning signs refer to *Issue Brief 3: Risk Factors.* For more on community partnerships refer to *Issue Brief 8, Family Partnerships*, and *Issue Brief 6a: Establishing a Community Response.*

Creating and implementing a multidisciplinary crisis response team increases a school's capacity to provide a comprehensive and strategic response at the critical time of need (1, 2, 7, 20). When established well before a crisis occurs, crisis team members can be properly trained on how to appropriately respond, and information can be disseminated to all school faculty and staff regarding suicide intervention (1, 2, 7, 20). With an organized and well-implemented crisis team in place, the traumatic effects of a suicide crisis in a school can be mitigated and the school can, ideally, return to normalcy.

References

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1. The Maine Youth Suicide Prevention Program. (2009). *Youth suicide prevention intervention and postvention guidelines: A resource for school personnel.* Retrieved from http://www.maine.gov/suicide/docs/Guidelines%2010-2009--w%20discl.pdf

2. Center for Mental Health in Schools at UCLA. (2008). *Responding to a crisis at a school.* Los Angeles, CA: Author. Retrieved from http://smhp.psych.ucla.edu/pdfdocs/crisis/crisis.pdf

3. Mazza, J.J. (1997). School-based suicide prevention programs: Are they effective? *The School Psychology Review, 26*(3), 382–96.

4. King, K. (1999). High school suicide postvention: Recommendations for an effective program. *American Journal of Health Studies, 15*(4), 217–222.

5. Underwood, M.M., & Dunne-Maxim, K. (1997). *Managing sudden traumatic loss in the schools: New Jersey adolescent suicide prevention project (revised edition).* Piscataway, New Jersey: University of Medicine and Dentistry of New Jersey-University Behavioral Healthcare.

6. James, R.K., Logan, J., & Davis, S.A. (2011). Including school resource officers in school-based crisis intervention: Strengthening student support. *School Psychology International, 32*(2), 210-224.

7. Klicker, R.L. (2000). *A Student Dies, A School Mourns.* Philadelphia, PA: Taylor and Francis.

8. King, K. (2001). Developing a comprehensive school suicide prevention program. *The Journal of School Health, 71*(4), 132–137.

9. Horenstien, J. (2002). Provision of trauma services to school populations and faculty. In M.B. Williams & J.F. Sommer (Eds.), *Simple and complex post-traumatic stress disorder: Strategies for comprehensive treatment in clinical practice* (pp. 241-259). Binghamton, NY: The Haworth Press.

10. Oregon Department of Human Services. (2000). *The Oregon Plan for Youth Suicide Prevention.* Retrieved from http://public.health.oregon.gov/PreventionWellness/SafeLiving/SuicidePrevention/Documents/YSuicide.pdf

11. Berman, A.L., & Jobes, D.A. (1995). Suicide prevention in adolescents (ages 12–18). *Suicide and Life-Threatening Behavior, 25,* 143–154.

12. Gould, M., Greenberg, T., Velting, D., & Shaffer, D. (2003). Youth suicide risk and preventive interventions: A review of the past 10 years. *Journal of the American Academy of Child and Adolescent Psychiatry, 42*(4), 386–405.

13. Garland, A.F., & Zigler, E. (1993). Adolescent suicide prevention: Current research and social policy implications. *American Psychologist, 48*(2), 169–182.

14. U.S. Department of Health and Human Services, Public Health Service, Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (1992). *Youth suicide prevention programs: A resource guide.* Retrieved from http://aepo-xdvwww. epo.cdc.gov/wonder/prevguide

15. Parental Division of the American Association of Suicidology. (1999). *Guidelines for school-based suicide prevention programs.* Retrieved from http://www.suicidology.org/associations/ 1045/files/School%20guidelines.pdf

16. O'Carroll, P.W., Potter, L.B., & Mercy, J.A. (1994). Programs for the prevention of suicide among adolescents and young adults. *Morbidity and Mortality Weekly Report, 43*(9) (RR-6); 1–7. Atlanta: US Department of Health and Human Services, Public Health Service, CDC.

17. Zenere, F.J., & Lazarus, P. J. (1997). The decline of youth suicidal behavior in an urban, multicultural public school system following the introduction of a suicide prevention and intervention program. *Suicide and Life-Threatening Behavior, 27*(4), 387–403.

18. Goldenberg, D., Grossman, J., Pokorny, S., & Mazur, C. (1996). *Creating a safe environment: Training gatekeepers.* Presentation at the 29th annual conference of the American Association of Suicidology, St. Louis, MO.

19. Kalafat, J., & Brown, C.H. (2001). *Suicide prevention and intervention: Summary of a workshop.* The National Academy of Sciences. Retrieved from www.nap.edu/openbook/0309076242/html/4.html

20. American Foundation for Suicide Prevention, & Suicide Prevention Resource Center. (2011). *After a Suicide: A Toolkit for Schools.* Newton, MA: Education Development Center, Inc. Retrieved from http://www.sprc.org/library/AfterASuicideToolkitforSchools.pdf

21. Malley, P.B., Kush, F., & Bogo, R.J. (1994). School-based adolescent suicide prevention and intervention programs: A survey. *School Counselor, 42,* 130–136.

References

Crisis Intervention and Crisis Response Teams

22. Mackesy-Amiti, M.E., Fendrich, M., Libby, S., Goldenberg, D., & Grossman, J. (1996). Assessment of knowledge gains in proactive training for postvention. *Suicide and Life- Threatening Behavior, 26,* 161–174.

23. Westefeld, D.W., Kettmann, J.D., Kenks, L., Lovmo, C., & Hey, C. (2007). High school suicide: Knowledge and opinions of teachers. *Journal of Loss and Trauma, 12*(1), 31-42.

24. Zenere, F.J., & Lazarus, P. J. (2009). The Sustained Reduction of Youth Suicidal Behavior in an Urban, Multicultural School District. *School Psychology Review, 38*(2), 189-199.

25. Kalafat, J. (2003). School approaches to youth suicide prevention. *American Behavioral Scientist, 46*(9), 1211–1223.
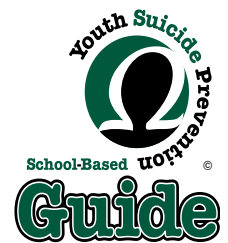
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