

Intervention Strategies

Crisis Intervention and Crisis Response Teams

An effective plan will establish and detail the roles of a crisis intervention team (1,4,5-8,10,14,18). Members of the school crisis team should include a diverse group of individuals within the school, such as the principal, guidance counselor, school psychologist, teacher, and school nurse (5,8).

Although some schools may feel that they do not have the time nor the resources to develop and maintain a crisis team, most cannot afford to risk not being able to respond (2). Schools may wish to co-ordinate with other schools, as well as community members (social workers, psychologists, spiritual leaders, or crisis service providers), when developing the crisis response team (2,6,10). In this way, schools will ensure that at least some of the team members will have had supplemental and specialized training in the area of suicidal assessment and intervention.

How a school proceeds with developing a crisis response team will vary based on resources, but some suggest that school administrators identify two staff members that are interested and motivated in taking part in a crisis response team and having these two recruit a core team of about 4-8 others (2). 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).

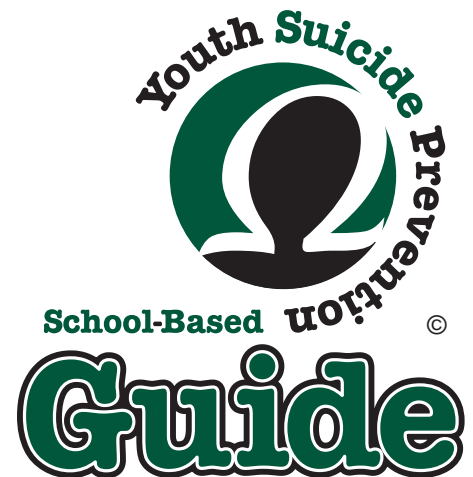
After training has been completed by all of the crisis team members, it is the responsibility of the team leader, to schedule team meetings, preferably once every two to three months (2). Every crisis response team should have a designated leader as well as a backup leader just in case the leader is unavailable during a suicidal crisis (2,5,6,19,20). 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 (5,6).

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Issue Brief



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Crisis Intervention and Crisis Response Teams continued

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).

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. 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 vote on 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. 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. For more information on the structure of a crisis response team and for more specific information on the roles for each member of a crisis response team, please refer to the Community Action For Youth Survival Project or SAVE, which is just one source of information regarding crisis response teams (6).

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 (22,23). 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.

As mentioned in other sections of The Guide (Issue Brief 3: Risk Factors, and Issue Brief 5: Prevention Guidelines), research has found that more than 25% of all teachers sampled in a study reported that they had been approached by suicidal teens (24). 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.

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 (1,4,8,10,17,25-33). 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.

References

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1. The Maine Youth Suicide Prevention Program (2002). Youth suicide prevention intervention and postvention guidelines: A resource for school personnel. A program of Governor Angus S. King Jr. and the Maine Children's Cabinet.
2. Center for Mental Health in Schools at UCLA (2000). A resource aid packet on responding to a crisis at a school. Los Angeles, CA: Author.
3. Goldman, S. & Beardslee, W.R. (1999). Suicide in children and adolescents. In, D.G. Jacobs (Eds.). *The Harvard medical school guide to suicide assessment and intervention* (1st ed.). San Francisco, CA: Jossey-Bass Publishers.
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. Community Action For Youth Survival Project (SAVE). Retrieved May, 18, 2003, from the University of Illinois at Chicago: Institute for Juvenile Research, Department of Psychiatry. Funded by the Ronald McDonald House Charities.
7. Hicks, B.B. (1990). *Youth suicide: A comprehensive manual for prevention and intervention*. Bloomington, IN: National Education Service.
8. King, K. (2001). Developing a comprehensive school suicide prevention program. *The Journal of School Health*, 71(4), 132–137.
9. McKee, P.W., Jones, R.W., & Barbe, R.H. (1993). *Suicide and the school: A practical guide to suicide prevention*. Horsham, PA: LRP Publications.
10. The Oregon Plan for Youth Suicide Prevention (2000). Oregon Department of Human Services. Data retrieved August 22, 2003, from www.ohd.hr.state.or.us/ipe/2000plan/intro.cfm
11. Institute of Medicine (2002). *Reducing suicide: A national imperative*. Committee on Pathophysiology and prevention of adolescent and adult suicide, Board of Neuroscience and Behavioral Health: Washington, DC: The National Academies Press.
12. The Alaska Suicide Prevention Plan (2003). Statewide Suicide Prevention Council. Data retrieved August, 2003 from www.hss.state.ak.us/suicideprevention
13. Wenckstern, S. & Leenaars, A.A. (1991). Suicide postvention: a case illustration in a secondary school. In: A.A. Leenaars & S.Wenckstern (Eds.) *Suicide prevention in schools*. New York, NY: Hemisphere Publishing Corp.
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 March, 2003 from <http://aepo-xdv-www.epo.cdc.gov/wonder/prevguide>
15. Leenaars, A.A. & Wenckstern, S. (1990). *Suicide prevention in the schools*. New York, N.Y.: Hemisphere Publishing Corporation.
16. Roberts, R.L., Lepkowski, W.J., & Davidson, K.K. (1998). Dealing with the aftermath of a student suicide: A T.E.A.M approach. *National Association of Secondary School Principals Bulletin*, 82 (597), 53–59.

References continued

Intervention Strategies: Crisis Intervention and Crisis Response Teams

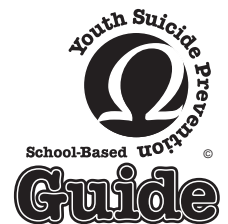
17. Zenere, F.J. & Lazarus, P. J. (1997). The decline of youth suicidal behavior in an urban, multi-cultural public school system following the introduction of a suicide prevention and intervention program. *Suicide and Life-Threatening Behavior*, 27(4), 387–403.
18. Goldenberg, D., Grossman, J., Pokorny, 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. Glover, J. (1989). Establishing a suicide prevention program for secondary schools. *Student Assistance Journal*, 2(2), 15–20.
20. Kirk, W.G. (1993). *Adolescent suicide. A school based approach to assessment and intervention.* Champaign, IL: Research Press.
21. Malley, P.B., Kush, F., & Bogo, R.J. (1994). School-based adolescent suicide prevention and intervention programs: a survey. *School Counselor*, 42, 30–136.
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. Shaffer, D., Garland, A., & Whittle, R. (1988). An evaluation of three youth suicide prevention programs in New Jersey. Adolescent Suicide Prevention Project. Final Project Report, Trenton, NJ: New Jersey Department of Human Services: Governor's Advisory Council on Youth Suicide Prevention.
24. Leane, W. & Shute, R. (1998). Youth suicide: The knowledge and attitudes of Australian teachers and clergy. *Suicide and Life-Threatening Behavior*, 28, 165–173.
25. Kalafat, J. (2003). School approaches to youth suicide prevention. *American Behavioral Scientist*, 46 (9), 1211–1223.
26. Mazza, J.J. (1997). School-based suicide prevention programs: Are they effective? *The School Psychology Review*, 26(3), 382–96.
27. Berman, A.L. & Jobes, D.A. (1995). Suicide prevention in adolescents (ages 12–18). *Suicide and Life-Threatening Behavior*, 25, 143–154.
28. 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.
29. Garland, A.F. & Zigler, E. (1993). Adolescent suicide prevention: Current research and social policy implications. *American Psychologist*, 48 (2), 169–182.
30. Parental Division of the American Association of Suicidology. (1999). Guidelines for school-based suicide prevention programs. Retrieved March 18, 2003, from www.suicidology.org/associations/1045/files/School%20guidelines.pdf
31. 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.
32. Kalafat, J. & Brown, C.H. (2001). Suicide prevention and intervention: Summary of a workshop. The National Academy of Sciences, Retrieved April 22, 2003 from www.nap.edu/openbook/0309076242/html/4.html
33. Tierney, R.J. (1994). Suicide intervention training evaluation: A preliminary report. *Crisis*, 15 (2), 69–76.

References continued

Intervention Strategies: Crisis Intervention and Crisis Response Teams

34. Capuzzi, D. & Golden, L. (1988). Preventing adolescent suicide. Muncie, IN: Accelerated Development, Inc.
35. Thompson, R.A. (1988). In: D. Capuzzi & L. Golden (Eds.), Preventing adolescent suicide. Muncie, IN: Accelerated Development, Inc.
36. Kalafat, J. (2003). School approaches to youth suicide prevention. *American Behavioral Scientist*, 46 (9), 1211–1223.
37. Kalafat, J. & Underwood, M. (1989). Lifelines: A school-based adolescent suicide response program. Dubuque, Iowa: Kendall & Hunt Publishing.
38. Broward County Suicide Prevention Manual. Data retrieved from Blair Middle School June 5, 2003.
39. Center for Mental Health in Schools at UCLA (2003). A technical assistance sampler on school interventions to prevent youth suicide. Los Angeles, CA: Author.

Notes



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