

# SCHOOL-BASED CRISIS MANAGEMENT RECOMMENDATIONS ON SUICIDE©

Suicide Awareness Voices of Education  
(SAVE)

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# Background

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- Statistics and Need (2003)
  - 15-19 age group has highest attempt rates
  - 5-19 year olds in Florida ave. cost per suicide approx. \$11,282
  - Ave. cost of hospitalized attempts \$13,981
- Federal support: *Call to Action, President's New Freedom Commission Report, Healthy People 2010*
- Court-related support: Standard of "reasonableness" in the actions taken (parental notification). Also, expertise (training and education) of school personnel is being considered as applicable in today's cases.



# Florida school crisis efforts

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- Florida-Strategy Paper (James McDonough), The Dept. of Health works with schools to provide education, its School Health Program has helped districts develop intervention plans and screening protocols.
- Student Assistance Program Manual (SAP), produced by the Florida Dept. of Education, mid '90s (behavioral indicators of depression and suicide, recognizing possible signs of suicide in and out of the classroom, procedures to follow a threat, attempt, or completion)
- Florida Safe and Drug-Free Schools Program, SDFS Notes, Vol. 2, Issue #3, February 1999: Crisis Management



## Florida Office of Program Policy Analysis and Government Accountability School Safety and Security Best Practices

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- Best Practices, Safety and Security, 2001
  - The district has developed a checklist for each educational facility that provides step-by-step emergency procedures, *readily available in every classroom*
  - The district's Master Plan for In-Service Training identifies district and school personnel who need safety training and provides an appropriate level of safety training for all personnel.



Given that...

- Adolescents are a high-risk group for suicide
- Schools can play a positive role in the lives of teens, and
- Schools face multiple and competing demands

The Youth Suicide Prevention School-Based Guide will help school districts and individual schools meet their need for accurate, user-friendly information to create hope and help for adolescents.



# A Comprehensive School Crisis Management Plan

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- Prevention
- Intervention
- Postvention



# Prevention

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- Develop and disseminate official policies and procedures
- Identify and train a District and School Crisis Team
- Educate faculty and students (do not be afraid to talk to the child, know the risk factors and warning signs of youth suicide, take immediate action, supervise student/notify crisis team, pay attention to suicidal writings)
- High Risk Groups: White males African American males White females Hispanic youth Gay and lesbian youth Native American youth
- Develop partnerships/teams (peer support, school-family, community)
  - Roles of Team Members



# Warning Signs of Suicide

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- Prevention includes knowing what to look for...

# Warning Signs for Suicide

## IS PATH WARM?

- **I**deation (Expressed ideation, threats)
- **S**ubstance Abuse (increased)
- **P**urposelessness (No reason for living)
- **A**nxiety (Agitation)
- **T**rapped (There's no way out)
- **H**opelessness
- **W**ithdrawal (From family, friends, society)
- **A**nger (Rage, revenge)
- **R**ecklessness (High risk activities)
- **M**ood (Dramatic mood changes)

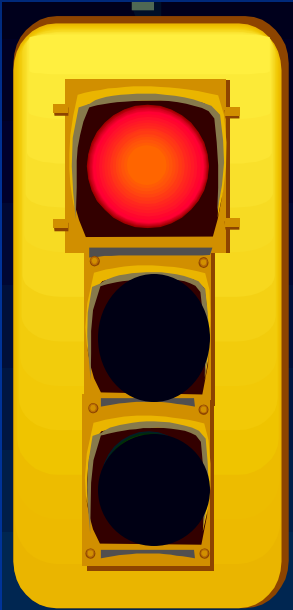
■ These warning signs were derived as a consensus from a meeting of internationally renowned researchers held under the auspices of the AAS, 2003.

# Key Warning Signs

- Anxiety
- Agitation
- Global insomnia

(all are highest predictors of suicide)

# Warning Signs of Suicide



- Writing a will, making funeral plans
- Giving things away, returning borrowed items; saying goodbye
- Cleaning house/room/locker/desk when out of character
- Suicidal threats, direct or indirect
- Acquiring guns; stockpiling pills; obsession with guns and knives



# Intervention/Assessment

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- When a student displays warning signs for suicide
- Threatens suicide
- Attempts suicide



# Intervention- Level I Risk

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- Generally: a student has verbalized wanting to die, but has no plan or means.
- 1. The school staff member who has observed the suicide warning signs should discuss their observations with the student asking them if they have had thoughts of suicide.
- 2. The staff member should persuade the student to accompany the staff member to meet with the Director of Counseling Services.

# Intervention- Level I Risk (cont.)



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- 3. The Director of Counseling Services should assess the student's suicidal risk. Appropriate assessment of risk is critical to determination of the specific health services needed. If it is determined that the student *is not at imminent risk, the Director of Counseling Services should schedule periodic follow-ups with the student after informing the parents or guardians of the event*. Limited information should also be given to the student's teachers for ongoing monitoring and assistance.

# Intervention- Level I Risk (cont.)



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- 4. The staff should document the event as soon as possible including the rationales for the decisions made.
- 5. If available and appropriate, involvement of a student or peer support system can be initiated for ongoing support, contact, and assistance to the student.



# Intervention-Level II Risk

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- Generally: A student has a plan for suicide and potential access to means.
- 1. The school staff member who encounters a student who has expressed suicidal thoughts should always remain with the student. During this time the student may engage the staff member in a discussion about his/her crisis situation.

# Intervention-Level II Risk (cont.)



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- 2. The Director of Counseling Services should be notified of the student's suicide threat by the staff member through a prearranged signal that protects the student's confidentiality and does not create anxiety among other students. This alerts the Director of Counseling services to go to the designated location to meet the staff member and student. An example of a signaling system is "The Principal's Office is paging Dr. Green. Would Dr. Green please return to the Main Office for a message."

# Intervention-Level II Risk (cont.)



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- 3. The Director of Counseling Services should inform the Crisis Team Leader of the intervention.
- 4. The school staff member should escort the student to the designated location *away from other students*, such as a counselor's office.
- 5. The Director of Counseling Services should assess the student's suicide risk and plan.
  - If the risk is determined to be low or minimal, continue on to #6.
  - If the risk is determined to be moderate, continue on to #6 with the understanding and communication to the student that referral and/or transportation to the hospital for a more in-depth assessment will be necessary.
  - If the risk is determined to be high, continue to #6 and Level III Risk.

# Intervention-Level II Risk (cont.)



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- 6. The Director of Counseling Services should inform the student that his or her parents will be contacted and discuss with the students what will be shared during the parent meeting.
- 7. The Crisis Team Leader should contact the parents or guardians. A phone call followed by a face-to-face meeting is recommended. During the phone call, the parents should be assured that the situation is being addressed by staff. The details about the suicide threat should be shared as well as the steps already taken with the student. The parents will be asked to meet with the Crisis Team Leader and the Director of Counseling Services to discuss the level of risk and appropriate referrals. Also, the importance of restricting access to means of suicide must be stressed. A helpful source for the parents to address these immediate concerns can be found at [www.sprc.org](http://www.sprc.org) and/or <http://www.ombudmhm.state.mn.us/reports/suicidepreventionbrochure8x11updated.htm>



# Intervention-Level II Risk (cont.)

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- 8. The Crisis Team Leader should document the intervention and the steps taken to ensure the students safety. A lack of detailed documentation could result in legal proceedings.
- 9. The Director of Counseling Services should outline and be responsible for maintaining a regular communications schedule between the student, parents and the community mental health provider (if involved) to facilitate appropriate support until the student is deemed no longer at risk. Reintegration plans can then be developed.



# Intervention-Level II Risk (cont.)

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- 10. The Crisis Team Leader should communicate the intervention to all Crisis Team members.
- 11. Any school staff involved in the intervention and members of the Crisis Team should participate in a debriefing to accomplish two objectives: (1) allow staff to process their own feelings, and (2) assess the effectiveness of the intervention. If a peer alerted the staff to the situation a debriefing for this individual should take place.
- 12. Based on the outcome of the debriefing evaluation, the Crisis Team should meet separately to modify the intervention plan as necessary.



# Intervention-Level III Risk

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- Generally: A student has a plan, possess the means to carry out the plan, or has already taken steps to carry out the plan.
- 1. The staff member who has encountered the student who has attempted suicide should move other students to a place of safety away from the at-risk student.
- 2. The Crisis Team Leader should be responsible for the removal of any dangerous instrument. This should be accomplished by talking with the student, allowing them to express feelings. During the conversation the Crisis Team Leader should ask the student to relinquish the dangerous instrument. School districts should consider what procedures will be used if the student does not cooperate in relinquishing the dangerous instrument or attempts to leave the area. In this scenario, staff members should be clear about the use of force policies within their school.

# Intervention-Level III Risk (cont.)



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- 3. The local police department should be notified immediately and upon arrival given authority over the situation in consultation with the Crisis Team Leader.
- 4. Clinician or school debriefings should take place for all students directly involved and/or affected by the situation as well as all school faculty.



# Postvention

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- Goals: minimize trauma to students, reduce the likelihood of copycat suicides
- The day of the suicide: sensitivity and accuracy/validation of information
  - Once suicide has been validated, notify members of Crisis Team and School/District Officials
  - Contact with family, gather information
  - Notify community resources (debriefers, clinicians)
  - Prepare letter to parents



# Postvention

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- The first day back to school following a suicide: preparation and response
  - Meeting with faculty before school begins
  - Share what information is known, caution against other information
  - Plan for day, where and how to access resources
  - Determine announcements
  - Work with media
  - Determine school response (flag, memorial, moment of silence, etc.)



# Risk Assessment and Response plan (can be considered prevention)

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- Risk Assessment and Response plan
  - Educational debriefings: led by trained clinicians, small groups, voluntary, educational and informative, identify high risk students
  - Individual Screening/Referrals
  - Crisis Evaluation



# Additional Issues

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- 3<sup>rd</sup> party statements (e.g. friend tells staff member about a friend's comments)
- Use of restraints (i.e. prior to police intervention)
- Documentation in the student's file