

SENECA VALLEY SCHOOL DISTRICT

SECTION: OPERATIONS

TITLE: CRISIS INTERVENTION

ADOPTED:

REVISED: NOVEMBER 8, 1993

<p>1. Purpose</p> <p>2. Guidelines</p>	<p style="text-align: center;">819. CRISIS INTERVENTION</p> <p>Any staff member who becomes aware of a potentially life-threatening situation or a traumatic event involving a member of the school community must follow the guidelines outlined below. Examples of these situations include: disasters, potential or completed suicide, death of a member of the school community, etc. All threats are to be considered as being serious and not just attention-getting mechanisms. These threats may be verbal, written, or observed physical behaviors.</p> <p>The following guidelines shall be implemented.</p> <p><u>Contact Immediately</u></p> <p>During school hours, one of the following:</p> <ol style="list-style-type: none">1. Building Principal.2. Assistant Principal.3. Guidance Counselor and/or S.O.S. Coordinator.4. School Psychologist. <p>After school hours, one of the following:</p> <ol style="list-style-type: none">1. Building Principal, if not available.2. Assistant Principal, if not available.3. Guidance Counselor, if not available.4. The parent/guardian of the student or family member of staff; if not available.5. Crisis Hotline.
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4. Refer people "at risk" to the appropriate agencies.

a. Immediate Referrals –

Those people who are obviously in need of immediate help should be referred directly. These people should not be allowed to leave the premises without parental contact. If no parent contact can be made, the mental health agency must be contacted to provide interim supervision.

b. Students who have had suicidal ideation or have attempted suicide must be addressed.

1. Contact and inform parents of symptoms and referral agencies.
2. Follow-up conferences in school to assess risk.
3. Referral to appropriate agency if necessary.

Suicide Prevention

In order to address the reality of the adolescent suicide epidemic in this country, the district must take an active role in enacting preventative measures. These measures should include: periodic in-servicing of staff members in suicide prevention, appraisal of all staff members in regards to this policy, inclusion of this policy in the orientation of new staff members, soliciting experts in the field of adolescent suicide to conduct workshops as a part of faculty in-service programs, and providing the opportunity for those staff members most closely involved with students "at risk" (counselors, psychologists, administrators) the opportunity to attend professional growth workshops dealing with adolescent suicide.

In addition to these measures, it is the duty of the district to make available to parents such agencies and telephone numbers that would provide help in dealing with a crisis that occurs out of school. This information should be updated and made available to the parents of all students on a yearly basis.

Prevention must also include the dissemination of information to students. Carefully selected units dealing with suicide and coping with stress should be integrated into the curriculum at appropriate places.

While the reasons for suicide threat are varied, the majority of cases can be attributed to two (2) basic types of predisposing circumstances:

1. Acute Reaction to Situational Stress

Normally, individuals learn from stressful situations and will develop coping skills that will be effective in dealing with most situations. Occasionally, however, a unique set of circumstances may produce situational stress of such intensity that an individual's ability to cope is greatly diminished. Actions become impulsive and unplanned, and irrational behavior may occur. The individual may not have exhibited suicidal behavior in recent days or weeks.

2. Long Term Depression

Depression which has developed over a long period of time can result in a suicide threat when the individual feels that the future holds little hope or promise. The person experiencing long-term depression may be triggered by a situational crisis more easily than a person experiencing a situational crisis alone.

Drugs and alcohol can accelerate an individual's inclination to threaten or attempt suicide. While suicide is the ultimate withdrawal from one's life situation, individuals predisposed to suicide often use drugs and alcohol as a means for temporary relief from stress. Drugs and alcohol can intensify an individual's feelings of helplessness or hopelessness. When an individual has a history of substance abuse, the crisis situation is more serious.

The following list of symptoms may be helpful to staff members in identifying potential suicide intent:

1. Verbal Signs

- a. Direct suicidal statements.
- b. Indirect suicidal statements that indicate a desire to die.
- c. Excessive talk about death, dying, and suicide.
- d. Talking about what life would be like if the individual did not exist.

2. Behavioral Signals

- a. Mood shifts.
- b. Excessive sadness and crying.
- c. Changes in sleep patterns.
- d. Changes in eating patterns.
- e. Withdrawal from peers.
- f. Low self-esteem.
- g. Drop in academic performance.
- h. Difficulty concentrating and making decisions.
- i. Getting end-of-life plans in order.
- j. Giving away prized possessions.
- k. Excessive risk-taking.
- l. Previous suicide attempt.

Specific Plan Of Action

1. As soon as any staff member becomes aware of the tragic death of a student, faculty member, or anyone closely associated with the school, s/he must immediately report the situation to the principal.
2. The principal will gather as many facts regarding the death as soon as possible. The principal will then contact the chief school administrator.
3. The designated school-based coordinator will contact the representatives from Western Psychiatric Institute and Clinic's STAR Team; inform them of the situation and ask them to be at the school as soon as possible.

4. A general staff meeting will be held as soon as possible after the confirmation of a tragic death. Homeroom teachers will be given a brief statement to read to their homeroom. This statement will summarize the facts which are known and inform the students that further facts, including funeral arrangements, will be announced as soon as possible. This statement will also inform the students that members of the STAR Team will be available to talk with any student who feels the need to do so.
5. A member of the guidance staff will follow the schedule of the deceased student throughout the school day to assist teachers in the identification of the other students who are in need of supportive counseling as a result of the death.
6. The Crisis Intervention Team will determine the appropriateness of memorials. The erection of memorials by students should be prohibited.
7. The principal will contact the family to offer support, verify the facts, and discuss the school's role. The principal will then relay all information to the schoolbased coordinator.
8. The Crisis Intervention Team will meet at the end of each day for a two (2) week period to discuss postvention activities.
9. After funeral arrangements have been made, the principal will call another staff meeting. The staff will receive a written statement concerning any new facts which are now known including funeral or other arrangements which have been made and a statement to read to students in homeroom. The statement for students will include instructions on procedures for being excused from school to attend the viewing or funeral. All students must have written permission from their parents/guardian to attend.
10. The counselor designated to follow the deceased student's schedule and the classroom teacher will make plans on how to deal with the empty chair. Removal of the chair from the room is one option, but under no circumstances should the chair become a memorial to the deceased.