



CRISIS INTERVENTION MODEL
Bismarck Public Schools

Intervention

Model emphasizes team approach

This document is a ^{protocol} model for a collaborative team approach to handling a crisis causing widespread emotional effects within the district and community. The team could be mobilized to aid in dealing with an accident, natural disaster, or death — i.e. the death of a student, parent, public figure, or staff member. But particularly, the Crisis Intervention Team would come together in response to an attempted or successful suicide within the district.

The Bismarck School District is cognizant of the needs of students and is concerned about their growth and development in academic, social, physical, and emotional areas. All adolescents are at risk for crises. The district recognizes that this is a school /community issue and is aware of the need for a collaborative, community-based crisis education/prevention/intervention program. This model refers to the specific crisis of suicide; however, the steps for intervention, post-crisis, and risk reduction could be adapted to a crisis of another nature.

The Bismarck Public School District has taken this opportunity to publicly acknowledge our leadership role and responsibility in addressing

adolescent dysfunctional or self-destructive behaviors which serve to prohibit growth and learning in our students. We recognize our part in the collective solution and invite appropriate community resources through this team approach to address what has clearly become a national priority. Those resources available both within the school district and community are vast, and together can lead to the direct intervention and prevention of self-destructive behaviors, and enhanced growth and learning on the part of all. This partnership is designed to make students, staff, parents, and community members aware of the extent of adolescent crisis, some of its causes, and effective means of intervention.

The material included in this document is meant to provide the following two services:

1. Steps to be followed during a crisis intervention.
2. Information to be used in an educational and awareness program.



Model

Team involves school district and community

The Crisis Intervention Team is a group of district/community individuals that can be called upon to assist schools at the building level in a crisis situation. The team members from the school district will primarily be counselors, social workers, psychologists, and administrative personnel. The community members will primarily be agency personnel, including representatives from medical, mental health, law enforcement, ministerial, and youth services.

A Crisis Team Coordinator is selected from the membership of the Crisis Intervention Team.

In a crisis situation, the building principal of the school in crisis, or his designate, is responsible for contacting the Crisis Team Coordinator. Together, these two determine the extent of the crisis and the role of the Crisis Team. The severity of the crisis determines the level of involvement. All of the team or any combination of team members can be called together to assist a school in crisis. Should the Crisis Team be assembled, school personnel have been identified at the secondary and elementary level to manage

the intervention.

The Crisis Team Coordinator will be responsible for the following:

1. identifies and organizes the team member each fall;
2. coordinates meetings and appropriate in service for the team throughout the school year;
3. assesses the effectiveness of the team after each crisis;
4. insures communication with Central Office administration.

This document describes the use of the crisis model by means of a district/ community concept; however, it may be more useful for very rural areas to consider a building/ community concept.



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Youth Suicide Issues

Their relationship to the educational process

In addressing the problem of youth suicide, it is helpful to clarify several issues as they relate to the educational process.

1. Schools are educational facilities.
2. Being suicidal adversely affects the educational performance and achievement of a student. The taking of his/her life forever terminates the educational process.
3. A student suicide has the potential to directly affect the educational performance of close friends, or many students.
4. Two of the greatest dangers with adolescent suicide are contagion and the "cluster phenomenon".
5. Multiple suicides can, and usually do, affect whole schools, disrupting the educational process for days, or even weeks.
6. School personnel are in a position to recognize suicidal signs if they are educated about them. These signs may not be as readily apparent to parents, who do not see their children during as many waking hours as school personnel.
7. At least six different significant adults observe a student during the school day. This provides more information than parents may have.
8. However, schools are NOT, and cannot be therapeutic facilities! It is NOT appropriate to treat a suicidal student in an educational setting. It IS appropriate to:
 - a) Increase awareness of warning signs.
 - b) Assess the level of risk in potentially suicidal students.
 - c) Notify the parents of suicidal intent.
 - d) Assist parents in obtaining help.
 - e) Arrange for supportive counseling services.
 - f) Evaluate possible academic issues on an individual basis.
 - g) Establish a follow-up procedure on a case by case basis.



Attempts

School district's response to attempted suicide

OUT OF SCHOOL:

The major difference regarding an attempted suicide that occurs at home, is that fewer people know about it. Usually, the student is either hospitalized or at home and is out of school for a period of time. During that time the Crisis Team Members would work directly with those students who might have been directly affected by the attempt. Those students are dealt with individually and confidentially and they are encouraged to talk with staff rather than their friends (who may not know about the attempt). The district team, after securing signed releases for appropriate hospitals and mental health agencies, tries to be involved in 1) joint planning for the student while the student remains out of school, and 2) the transition when the student returns to school.

Contact is made with parents of the student to offer support and to encourage their direct participation in the therapy offered by the hospital/mental health agency. Contact is also made with the student at the hospital to provide books, materials, assignments, and tutoring as needed. This serves to help the student feel less alienated from the other students, and less embarrassed about returning to school. A goal of this process is to make the transition back into school as smooth as possible.

Information is shared with teachers on a needs basis. If the student is still suicidal, all staff members who have physical supervision of that student need to be informed and be given suggestions on how to handle the student. Remind teachers to be aware of and supportive to the returning student.

The teachers are requested to be aware of and refer any other students who may be of high risk after the attempt.

(For attempts in school, see: "Steps to Follow" — #2)

Referral Procedures

Steps To Follow When Referring An Individual In Crisis To An Agency

1. Staff member will inform the school building contact person.
2. School building contact person will ensure that contact is made with the district Crisis Team.
3. School Building contact person or their designee will inform the parent (s) and refer to appropriate outside agency.
4. Official notification or emergency conference form is signed by the parent (s) and school officials when the parent comes to school and picks up the student.
5. Parent is asked to sign a release of information form with the outside agency and the school so that information can be shared between the school and the agency. The goal here is to supplement rather than duplicate services that are being provided.



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Steps to follow

In a suicide crisis:

1. The building principal needs to obtain the "facts" regarding the incident immediately. The Superintendent must be contacted and apprised of the situation and kept informed of progress. The Crisis Intervention Team must be mobilized by the building contact person and/or building designate.
2. The police must be contacted by school personnel if the crisis occurs on school property during the school day or at a school sponsored activity; and the scene must immediately be secured.
3. Notify staff members involved with the deceased, school counselor, principals, school psychologist, school social worker, additional system counselors, and available community resource personnel. The Crisis Team should meet as soon as possible to discuss and develop an appropriate plan of action that takes into consideration both the wishes of the family and the needs of the school. Offer to assist the victim's family in any way possible and assure them that confidential information including relations with the press is being protected.
4. Refer any inquiries from parents, community leaders, or members of the media to the building principal or designee. Requests for information should be handled by a single spokesperson who has accurate information on the suicide, suicide attempt, or other crisis situation. No one else from the school should provide any formal public statements. The building principal and the school spokesperson may discuss with the suicide victim's parents which details about the death will be shared with the students and outsiders. Explain that the students should not talk to members of the media if asked. (See Appendix - p. 26 - Media)
5. Hold an emergency faculty meeting and ask that all support staff be in attendance. Present the facts as you know them at that time. Encourage staff members to deal with such feelings as shock, grief, anger, and guilt, and help to prepare them to deal effectively with their students to a level of their comfort.
6. The Team and/or the building principal should prepare a written statement of facts and information about the crisis. The teachers should read this statement to their classes at an appointed time. It is important that this statement inform the students about the situation in a manner that does not glamorize the suicide — the victim should be neither a villain nor a hero. *Note - some staff members may feel uncomfortable about discussing a suicide with students. Respect their feelings and provide alternative opportunities for students.*
7. A counseling center may be designated by the building coordinator.
8. Allow for small separate group sessions to take place on a needs basis in the counseling area for peers and staff. These meetings should be facilitated by crisis team members as appropriate.



Steps Continued from previous page

- ate. This intervention should occur immediately.
9. Provide opportunities for students to see a counselor or crisis team member on an individual basis.
10. Suggest that the funeral be held after school hours. This gives students the opportunity to attend with a parent and prevents them from going *en masse* during school day without adult support. Funeral arrangements should be announced from the principal's office after consulting with the deceased's family and a church official.
11. Representatives from the individual school building/crisis team should visit family members as soon as possible.
12. Arrangements will be made for team members to meet with the classes of the deceased to allow for an awareness of the grief process and the discussion of student feelings. This is an essential step in the process.
13. Clean out the deceased student's locker, desk, cubby hole, etc., as soon as is practical during the first day. This should be done by a building administrator and Crisis Team Member. A family member may want to be present. If a suicide note, weapon, or other indicators of suicide are found, they should be turned over to the police and the parents should be notified.
14. An evening meeting for parents may be held after the funeral with appropriate speakers and involved crisis team members. An allowance should be made for questions from the audience.
15. The Superintendent should keep the School Board apprised of progress during the process.
16. The Crisis Team should establish a cut-off time for allowing students to come down to the counseling center and meet in small groups. A return to normalcy is the primary goal at this point.
17. The team should meet as soon as possible to assess the process and bring closure to its involvement.



SUICIDE RISK ASSESSMENT CHECKLIST

The following checklist of questions should be used as a guide when assessing the potential for suicide in an adolescent.

YES NO UNKNOWN

I. BACKGROUND INFORMATION

A. Personal

- 1. Name _____
- 2. Phone # _____
- 3. Age _____
- * 4. Has the person attempted suicide before? ___ ___ ___

B. Family

- * 5. Any history of suicide in the family? ___ ___ ___
- * 6. Any chronic illness of a family member during childhood years? ___ ___ ___
- * 7. Does the person come from a broken home, (death or separation from one or both parents before age 16)? ___ ___ ___

II. STRESSORS

A. Losses

- * 8. Any loss of significant others within the past six months? (parents divorced, friends, break-up of relationship, death of friend or role model) ___ ___ ___
- 9. Any recent humiliating experiences? ___ ___ ___
- 10. Has the person discontinued involvement in extra-curricular activities? ___ ___ ___
- 11. Has the person dropped out of school? ___ ___ ___
- 12. Has the person lost his/her job? ___ ___ ___
- 13. Has the person moved in the past six months? ___ ___ ___



- B. Medical**
- 14. Has the person "O.D." on drugs? _____
 - 15. Has the person ever had a previous psychiatric hospitalization? _____
 - 16. Did the person have a physical illness or poor health in the last six months? _____
 - 17. Has the person often complained of physical ailments? _____
 - 18. Does the person appear to be accident prone? Been in a serious car accident involving speeding or chemical abuse? _____
Has the person exhibited self-mutilating behavior? _____

C. Legal - Does the person now have or has he/she ever had a problem with any of the following:

- * 19. Alcohol? Increased usage? _____
- * 20. Illegal drugs? Increased usage? _____
- * 21. Homosexuality? Any guilt? _____
- * 22. Involvement with the police? PYB? _____
- * 23. Indulge in any violent acts? Agression? _____
- * 24. Run-away? Truancy? Unruly charges? _____

III. BEHAVIORAL OBSERVATIONS

- 25. Does this person experience anxiety or fatigue for no apparent reason? _____
- 26. Have eating patterns changed? _____
- 27. Have sleeping patterns changed? _____
- 28. Has academic performance declined? _____
- * 29. Any giving away of prized possessions? _____
- 30. Any significant mood swings? _____
(depression)
- * 31. Has this person written a suicide note? _____
- * 32. Has the person verbalized any suicidal thoughts to anyone? _____
- * 33. Does this person admit to having a plan? _____
(specific, lethal, availability)?

* Any of these items present is cause for increased concern.

CAUTION: Ten or more of any of these items present in an adolescent requires some direct intervention. (This is not an absolute number). Be alert to the severity or combinations of indicators. Include the questions on the next page.



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Questions

Suicidal assessment involves asking the following specific questions:

1. Have you thought about hurting/killing yourself?
2. How often have you thought about it? For how long?
3. When do you usually think about it?
4. How would you kill yourself? (Establish method, lethality, availability)
What means would you use?
Where exactly are the pills? Gun? Ammunition? Knife?
If you were to go and get the _____, tell me what you would do step by step.
5. Have you written a note, or told a friend? If so, who did you give the note to, or who did you tell?
(Determine public declaration of intent)
6. If you were to write a note, who would you give it to? (Establish support of significant others)-
For those who have not as yet written a note.
7. How much do you really want to kill yourself? To live?
8. Who would be most hurt if you were to do this to yourself?
9. Have you ever attempted suicide before?
10. What has been keeping you alive so far?



BISMARCK PUBLIC SCHOOL DISTRICT

OFFICIAL NOTIFICATION OF EMERGENCY CONFERENCE

I, _____, the parent/guardian of
_____ have been involved in a

conference with school personnel at _____.

We have been advised by school officials that our son/daughter appears to be in a state of psychological emergency, (_____). We have further been advised that we should seek some psychological/psychiatric(_____) consultation immediately. We have been provided with a list of available community professional mental health resources. We understand that the Bismarck Public School District is not responsible for the provision of these services, but is alerting us to this emergency just as they would inform us of any health problem out of concern for the student.

Parent or Legal Guardian

Date

Parent or Legal Guardian

Date

School Official

Date

School Official

Date



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Post-Crisis

Planning post-crisis team activities

- Write thank-you's or make out certificates of appreciation to all who helped.
- Make lists of comments from the half sheet classroom activity.
- Contact individuals who signed their names to the half sheets.
- Hold a parents' night at school.
- Make a procedural update presentation to the School Board and recognize the people who helped.
- Reevaluate what was done. Make appropriate changes for next time.
- Offer support/ counseling to team members to deal with their own feelings about the intervention.
- Continue to review the crisis intervention team model.



Appendix



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SAMPLE ANNOUNCEMENTS

FOR FACULTY:

For those faculty who have not heard the unfortunate news, (STUDENT NAME), a senior at (SCHOOL), died yesterday of self-inflicted wounds. There are several people here to help us get through this crisis. If any student or staff member needs to talk with a counselor, please send them to the attendance office and we will see to it that someone is available.

We need to let our students know about this tragedy, but in no way glorify the act of suicide. As we receive details about the funeral arrangements, we will pass it on to you and our students. If you have any questions, please see (ADMINISTRATOR).

We have prepared a statement which should be read to our students both periods 1 + 2. If you have difficulty reading this statement, please call the office or one of the counselors and we will arrange to have it read for you.

FOR STUDENTS:

PLEASE READ THIS STATEMENT TO OUR STUDENTS AT THE BEGINNING OF FIRST AND SECOND PERIODS. IF YOU FEEL YOU CANNOT DO IT, COME TO THE OFFICE AND WE WILL FIND SOMEONE TO DO IT FOR YOU.

By this time we are certain many of you have heard about the death of (STUDENT NAME), a senior at (SCHOOL NAME). There are many details in tragedies such as this for which we will probably never have answers. As we receive more information we will make it available to you.

The funeral is at (TIME) on (DAY OF WEEK) at the (CHURCH), (ADDRESS) and students will be released by parents through the attendance office. The memorial service on Tuesday evening at the funeral home is only for immediate family; however if you wish to grieve with the family, (PARENTS' NAMES) have indicated that they will be available to her friends after (TIME) on (DAY) evening at their home..

Many people will need to help each other through the next few weeks and months. Please be available to your friends and parents, and listen and communicate with all of those who care for you.

Warning Signals

A crisis may be coming:

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1. Direct threat of suicide or self-abuse behavior. Statements about "wanting to die," "not wanting to go on," "not wanting to live anymore," "I may not be around much longer," or talk of life after death.
2. A suicide plan. Time, place, method, availability of means.
3. Past attempts.
4. Loss of energy
5. Neglect of appearance.
6. A history of suicide in the family.
7. Any changes in behavior, peer group, grades, sleeping, eating, temper or mood.
8. Depression and/or agitation.
9. Isolation/withdrawal.
- 10 Making a will.
11. Giving away prized possessions, especially in older adolescents.
12. Chemical or alcohol abuse.
13. Experience of a recent loss or change in lifestyles (move, job change, parental divorce, parental remarriage, death of a loved one, recent breakup with a boyfriend or girlfriend).
14. Feelings of failure, alienation, being trapped, hopelessness, loneliness, worthlessness, overwhelmed, deep despair.
15. Low self-esteem.
16. History of physical, emotional, or sexual abuse.
17. Frequent non-explainable injuries.
18. A student has a preoccupation with death or suicide through readings, poems, or classroom reports.
19. Giving up involvement in athletics, hobbies, and other activities.
20. A sudden calm after a period of turmoil.
21. Inability to concentrate.

CAUTION: This list is not meant to include every possible warning sign. Our purpose is to list the most easily recognizable and frequently occurring indicators that school officials could use as a guide in recognizing students who may be at risk. These factors may apply more to secondary students.



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WHAT TO DO

Things to remember for successful crisis intervention

Utilize available resources.

Work together as a team.

Emphasize that suicide is not an alternative when solving problems. Help is available, and there are people who do care.

Emphasize that no one is to blame, not friends, teachers, or parents. The person chose to die, and chose not to include anyone else in making that decision.

Provide small group opportunities to discuss the student suicide.

Encourage students to tell their parents how they are feeling.

Explain that suicide is a permanent solution to a temporary problem.

Emphasize the importance of a smooth and expedient return to normalcy within the school.

Have a closure meeting of the Crisis Team Members upon resolution of the crisis to assess process and offer support.

Visit the family in their home as soon as possible. Keep in contact with them even after the funeral.

Share a positive memory with survivors without glorifying the fact.

Emphasize that this is a tragedy!!



WHAT NOT TO DO

Things to avoid in crisis intervention and postvention

School:

1. Do not dismiss school. The students need to follow as normal a pattern as possible.
2. Do not encourage a general student body attendance at the funeral if it is held during school hours. Excuse only those students who have a signed parental request for an excused absence for the funeral. Students attending the funeral are to return to school after the funeral so that they are not left by themselves to grieve alone without available support or counseling services available.
3. Do not dedicate a classroom or a street to the student's memory.
4. Do not fly the flag at half mast. This is properly done for presidents or heroes, not for those who have chosen to take their own life.
5. Do not take up a memorial at the school. Individuals wishing to contribute to a memorial may do so with the family or the family's church. If students or staff feel like they must do something, encourage them to plan a suicide prevention effort in the community.
6. Do not schedule a large assembly. This does not allow for the asking of personal questions or the processing of strong feelings that may be present.
7. Do not create a plaque, honorary degree, or dedicate your school annual.

Classroom:

8. Do not lecture, preach, deny, degrade.
9. Do not say, "Oh, you're just kidding," or "Come on, don't be silly," or "Suicide is dumb."
10. Do not ignore it. It is not a phase and it will not go away until it is addressed.
11. Do not pretend that this kind of thing just can't happen to someone you know.
12. Do not assume feelings or rationalize reasons.
13. Do not agree or disagree, but rather affirm their right to feel as they do.
14. Do not say to survivors, "You have other children," "You must forget him/her," or "it was God's will."
15. Do not say "committed suicide" as you may infer the commission of a crime — say "died or suicide" or "took his or her own life."
16. Do not tell him/her how much better they have it compared to most people.
17. Do not tell the person that they should be thankful for how lucky they really are.
18. Do not sound shocked by anything said.
19. Do not offer false assurances like "I'm sure that you and your boyfriend/girlfriend will get back together again."



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GRIEF PROCESS

Helping students to grieve

Grief is a natural and necessary reaction to a significant change or loss.

Grief is a healthy, human response to many situations.

Grief is the best way to accept our loss and help us put it in perspective. It can help you face the reality of your loss, and recover and grow through your experience.

Because everyone will experience a severe loss or change, it is important to understand the "process" of grief.

Shock and Denial: Your first reaction may be to deny your loss. "This really isn't happening." You may also experience shock, or emotional numbness. It is important to realize that these are normal human responses. Soon these feelings will pass and you will be able to deal with your loss.

Anger: When you lose something precious it hurts and may seem to be unfair. You may feel angry at family members, yourself, or others for not preventing the loss. You may also feel anger directed at the deceased for taking his/her life and denying you the opportunity to enjoy life together.

Guilt: It is not unusual to blame yourself for something you did or didn't do prior to your significant loss. You must remember that you are human, and there are many events that are beyond your direct control.

Depression: You may feel physically and mentally drained and unable to perform even simple and routine tasks. "Why bother, things will never be the same." Small steps with high success will serve as the foundation toward becoming involved in life again.

Loneliness: You may feel lonely and afraid due to increased responsibilities and changes in your social life. "I just can't make it on my own." As you create new coping skills for each new challenge and develop new friendships, you will learn to handle these feelings.

Hope: There will come a time when you will be able to accept your loss. You will remember the shared experiences with less pain and focus on a future filled with hope. You will recover.

Self-help hints

- Verbalize your feelings. Write them down.
- Ask for help.
- Accept help.
- Do something special for yourself. For someone else.
- Get plenty of rest.
- Keep yourself in shape, both mentally and physically. See your doctor.
- Establish short-term goals.
- Develop long-range goals.
- See a counselor.

CLASSROOM

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Information students need after a suicide

It is important to make classroom presentations in pairs. Much material will be covered and it is difficult to present the information and monitor the students at the same time.

Provide as much factual information as possible.

Dispel any rumors that may be going around school: What have you heard? How does that compare with what really happened?

Process Feelings:

It is normal to think about suicide?

How did you first hear about it?

How did you feel at that time:

Have the students fill out half sheets of paper. They need to write down either a feeling, a comment that they have heard, or a question that they have. They do not put their name on the sheet unless they would like to be contacted later on individually. This process allows for the discussion of concerns they have without having them risk in front of the group. At the completion of the crisis a list of recurring student concerns should be made. Note: Every student must write down something on their paper.

Everyone will experience a loss. It is how we deal with it that is important.

Warning signs-(See Appendix - p. 17)

Grief Process-(See Appendix - p. 20)

Loss of a friend, classmate, acquaintance. (If previ-

ous loss, how handled. If present loss, how to handle the empty desk, or current social situation.)

Suicide is a permanent solution to a temporary problem:

What alternatives are available to us when we are feeling down?

Establish a support system of phoning or contacts that you will make to involve others in your decision-making process.

Support each other.

Support the family of the deceased.

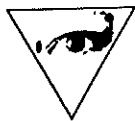
Talk about this in your youth groups at church. Many questions asked by the students have a religious basis.

What should you do if you are concerned about a friend? (See Appendix - p. 24).

Tell mom and dad that you are doing okay. They are hearing things in the neighborhood, car pool, etc., but may not know exactly where you are at with the whole process.

Talk about the viewing at the funeral home, funeral service, wake, or memorial service.

Talk about the funeral-when, where, etc. Who should go, not go. For many students this may be their first experience with death, and they may not know how to act appropriately or what they "should" be feeling. Note: Students are encouraged to attend the funeral with a parent or other significant adult for necessary emotional support.



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DISCUSSION QUESTIONS

Understanding suicide — the tragedy

1. How did you first find out about the suicide?
2. Do you remember what was going through your mind at the time?
3. Were you able to get a clear, honest representation of the facts?
4. Did your parents hear about what had happened?
5. Do you feel that you or anyone else should have been able to prevent the suicide?
6. What would you say to someone in your school who told you, "The whole thing was my fault. I had an argument with (the person who committed suicide) just the other day, and I know it was all my fault!:"
7. Was there any particular moment when the loss, the fact that this student will no longer be around, really hit you in a strong way? Where were you at that moment? Why do you think that it hit you then?
8. There exists in our culture a lot of social pressures not to express grief, not to cry, or not to be sad in public. So what do you do, where do you go, how do you handle it when the loss of a friend really hits you and you are feeling very sad?
9. Would you be embarrassed to show that you are feeling down, sad, or maybe even cry in front of a good friend or friends?
10. Why do you feel that a suicide often makes people angry in a way that a "natural death" may not?
11. Have you felt angry with the person who committed suicide? What exactly was it that you felt angry about?
12. It has been said that "acceptance is not forgetting." Can you accept something without forgetting about it?



DISCUSSION QUESTIONS

13. Sometimes it happens that the close friends of someone who committed suicide will feel guilty — a while after the death — when they find themselves getting back into their normal life routine, such as sharing a good joke, going to a movie, or even going to a party. Why do you suppose this happens?
14. Sometimes the friends of a surviving sibling find that they are ignored for a while after the death occurs. Why does this happen? How do you think it makes the person feel? What could the friends do differently?
15. Do you think that talking about suicide seems to cause suicide?
16. What are some of the warning signs of suicide? (See Appendix - p. 17)
17. What would you do if you recognized some of these signs in one of your friends?
18. Who would you contact if your friend was very depressed?
19. Why is it important to take threats of suicide seriously?
20. What would you do if a friend said he was thinking about killing himself but asked you to promise not to tell anyone?
21. Problems are temporary, but death is not. Explain why suicide is not a solution to solving problems and pain.
22. It is important to talk about how you feel. By talking about difficult things, you begin to assume control instead of allowing them to control you.
23. Why do you think a person might want to take his/her own life?
24. If you are feeling depressed, who are three people you could talk to?



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PEER SUPPORT

What you can do to help — students helping students

Remind students that it is not their job to be a counselor, but rather to be a friend who will listen and show that they care.

Get professional help starting with notification of parents. Then, contact one of the following: school counselor, social worker, Mental Health Association, West Central Human Services Center, Police Youth Bureau, Youthworks, minister/priest, family physician, state toll-free emergency hotline or the psych ward or emergency room at either St. Alexius or Med-Center One. Offer to go with the person as a show of support.

You Can:

1. Be a friend. Let them know you care.
2. Give support.
3. Listen to the person's pain without judgement.
4. Encourage the person to try and identify why he feels bad.
5. Encourage the person to talk about his feelings.
6. Encourage the person to give him/herself a treat, something special.
7. Encourage the person to do something special for someone else.
8. Accept their feelings, but not their plan of suicide.
9. If the person admits to suicidal thoughts but asks you to swear secrecy, do not remain silent. Get adult help. You may have break a confidence to save a friend's life.
10. Help make positive changes.
11. Do not leave the troubled person alone if high risk.

Remember: The great times in life don't last forever and it is important to remember that the bad times don't last forever either. Give yourself some time. Things will get better.

Winter-is always followed-by spring.



POLICE YOUTH BUREAU

Involvement with Crisis Team

I. Training and Education - Adult Unit

Police Youth Bureau (PYB) would be available to assist in training teachers, other school staff, and parents in suicide prevention issues, understanding the grief process and use of the crisis intervention team.

II. Prevention - Youth Unit

Police Youth Bureau will continue to present suicide prevention information in their ninth grade units and are willing to discuss presenting to other grades on a needs basis.

III. Crisis Intervention

- A. Police Youth Bureau will act as a link between law enforcement and the individual schools in the event of a suicide or tragic death of a school member. The basic role will be to provide relevant information to school staff in order to better deal with the grief process.
- B. Police Youth Bureau will be available upon request from the school to deal with individual and group counseling needs. This would be primarily a supportive role to the work of the school counselor and school social worker in the initial days following a death.
- C. Police Youth Bureau will also be available to provide assistance in class presentations on suicide and the grief process following a death.

IV. Crisis Team

Police Youth Bureau will be available to the Bismarck Crisis Response Team monitoring high risk students within the school system. This would include determining referral needs, assessing risk factors, and planning intervention strategies. This would also include making appropriate agencies aware of suicide attempts that come to the Police Youth Bureau's attention through police reports.



MEDIA RELATIONS

The school district and news media are important to each other in times of crisis. In most instances, when a tragedy occurs, the principal will notify the superintendent, who will in turn notify the school board and the community relations coordinator. The community relations coordinator will notify the crisis team. A member of the crisis team will contact the principal to offer assistance in the areas of counseling and media relations.

In most cases, the principal will serve as the only news media contact. The superintendent and members of the crisis team may also be interviewed, so it's important to keep the lines of communication open. In times of crisis, school representatives and news media should realize:

The school has a duty to:

- present factual, non-speculative information about what has occurred; dispel rumors
- tell the community what the school district is doing about the crisis
- use the opportunity to create educational awareness on the topic (ie. suicide)
- protect teaching/learning time during the school day
- ensure that students and staff are not exploited by the media in their time of grief
- respect and be sensitive to the needs and wishes of the family(s) of the deceased

The media has a duty to:

- provide accurate, non-speculative information to a concerned community; dispel rumors
- realize sensationalism can heighten a crisis (contagion or cluster effect/copycat suicides)
- educate the public on ways to prevent future crises of a similar nature (not necessarily in response/relation to the particular crisis at that time)
- notify the principal when they are in the building or on school property
- respect and be sensitive to the needs and wishes of the family(s) of the deceased



HOTLINE PHONE NUMBERS

Emergency	911
Bismarck Police Department (ask for youth worker on call)	223-1212
Mandan Police Department (ask for youth worker on call)	667-3200
West Central Human Services Center	255-3090
State-wide 24 hour toll-free hotline	1-800-472-2911
Medcenter One Emergency Room	224-6150
St. Alexius Emergency Room	224-7001
Mandan Hospital Emergency Room	663-6471

NOTE: A list of additional regional resources is available from the Superintendent's Office.