

# **Crisis Response Intervention & Management Staff In-Service Presentation**

**School Counseling, Concordia University Irvine  
EDSC 561: Crisis Response, Intervention & Management  
February 11, 2024  
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# Presentation Overview:

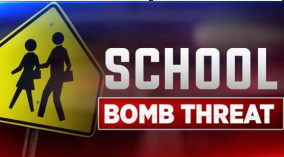
<b><u>Slides 3-4</u></b>	An overview of Suicide, a Bomb Threat, and a Faculty Member/Student Death, how it impacts behavior and academics, and the key features of a trauma-informed school.
<b><u>Slides 5-9</u></b>	Suicide: How it should be handled and the staff's role in crisis prevention, reporting procedure, and post-crisis management.
<b><u>Slides 10-14</u></b>	Bomb Threat: How it should be handled and the staff's role in crisis prevention, reporting procedure, and post-crisis management.
<b><u>Slides 15-19</u></b>	Faculty Member/Student Death: How it should be handled and the staff's role in crisis prevention, reporting procedure, and post-crisis management.
<b><u>Slides 20</u></b>	Crisis Prevention Roles
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# An Overview of:




## Suicide

Suicide is death caused by injuring oneself with the **intent to die**. A suicide attempt is when someone harms themselves with any intent to end their life, but they **do not die** as a result of their actions. When a student commits suicide or attempts, school is **impacted tremendously** and the behaviors of students need to be **actively monitored**. Although interestingly research has shown that it's not the students' closest to the victim that fall in the **contagion realm**, but those with **concomitant negative life events** that will need special attention.



## Bomb Threat

The occurrence of bomb incidents or threats can have a major impact on the targeted victims depending on how the school responds. The potential for serious injury and damage makes even an empty threat a very serious incident. Thus, even though some 90 percent of bomb threats in schools may turn out to be pranks, each threat must be taken seriously and acted upon immediately.



## Faculty Member/ Student Death

On average 12,175 children die each year from unintentional injuries 2018–2019, child unintentional injury death rates were highest among:

- Male children
- Babies under 1 year old and teens age 15–19 years
- American Indian and Alaska Native children and Black children

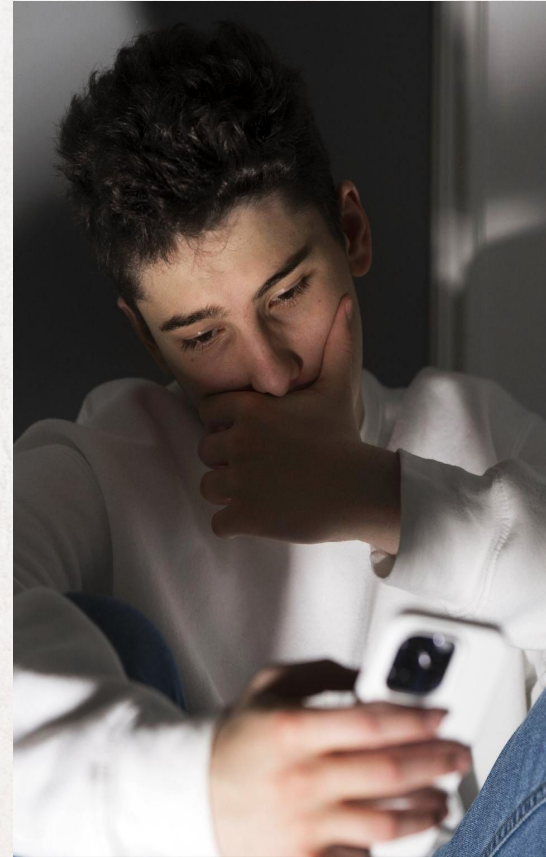
Major Causes: Motor vehicle crashes, suffocation, poisoning, drowning

- Students of color are at higher risk for all causes

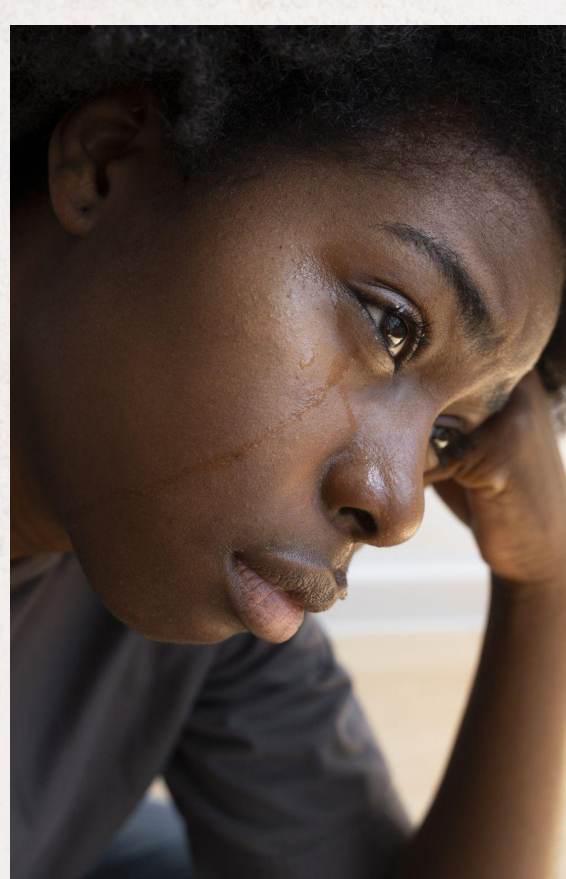


# Key Features of a Trauma Informed School

- Teachers and staff maintain a predictable schedule and classroom structure. They also offer choices for participation that empower students to feel a sense of control over their lives. They provide emotional safety by foreshadowing course content that might negatively impact those who have experienced various types of trauma, and use a strengths-based approach to help students affected by trauma recognize their progress within a course.
- Schools should have a well defined, thought out Crisis Response Plan which accurately describes what each team member does in the event of a crisis and how to mobilize the Crisis Response Team. This protocol outlines provisions for supportive and appropriate classroom interventions, designated rooms within the school that are staffed by counseling personnel who can provide short-term support services to students individually and in groups for support during and after the crisis. This is crucial, especially “post crisis”, when adrenaline and being in the moment have subsided.
- Training for trauma informed schools provides school professionals with practical strategies to manage the behavioral and emotional impact of trauma experienced by children. This could include instruction on emotional resilience, providing psychological support, recognizing and managing triggers. Strategies include relaxation techniques, establishing and maintaining routines, reassurance and self-regulation techniques. Students exposed to trauma may also exhibit truancy, repeated tardiness, decreased attention to personal hygiene and grooming, and behaviors they have not demonstrated before, such as unreasonable fears or repetitive speech and behavior patterns.







**Teachers/Counselors Role:** Teachers/counselors are well positioned to promote a feeling of connectedness and belonging in the school community. School connectedness is the belief by students, that adults and peers in the school care about them as individuals, as well as about their learning. Factors that facilitate teacher/counselor participation in suicide prevention programs are well-defined crisis policies and procedures, the communication of these procedures, collaboration across staff, and the presence of on-campus mental health resources. There is a need for direct teacher/counselor training on risk factors for suicide, crisis response, and classroom management. Other strategies for improving suicide prevention efforts include in-school trainings on mental health resources and procedures, regular updates to these trainings, and greater visibility of mental health staff.

**Staff Role:** Their goals are to support those grieving the loss, assist the school in returning to normal, identify and support the most at risk, and postvention to prevent contagion. This doesn't happen in a vacuum, but with the collaboration of all.

**Reporting Procedures:** Announcements to students should be made in person if possible. Also the school/district should prepare an announcement for teachers to follow so that the message is consistent. Finally, having a counselor or other member of a crisis team follow the schedule of the deceased to provide support in the deceased classes is critical to maintaining support to all students.

# Suicide Risk Assessments

**Instructions:** Interview the patient about his/her most recent suicide attempt to enable a reliable coding of the objective circumstances of the attempt, and the patient's perceptions of the attempt. The total score is computed by summing items 1-15. If an item is "Not applicable" code it "-8." Do not include "-8's" when calculating the total score.

Total Score:

## I. Objective Circumstances Related to Suicide Attempt

### 1. Isolation

- 0. Somebody present
- 1. Somebody nearby, or in visual or vocal contact
- 2. No one nearby or in visual or vocal contact

### 2. Timing

- 0. Intervention is probable
- 1. Intervention is not likely
- 2. Intervention in highly unlikely

### 3. Precautions against Discovery/Intervention

- 0. No precautions
- 1. Passive precautions (avoiding others but doing nothing to prevent intervention; alone in room with unlocked door)
- 2. Active precautions (locked door)

### 4. Acting to Get Help During/After Attempt

- 0. Notified potential helper regarding attempt
- 1. Contacted but did not specifically notify potential helper regarding attempt
- 2. Did not contact or notify potential helper

### 5. Final Acts in Anticipation of Death (e.g., will, gifts, insurance)

- 0. None
- 1. Thought about or made come arrangements
- 2. Made definite plans or completed arrangements

### 6. Active Preparation for Attempt

- 0. None
- 1. Minimal to moderate
- 2. Extensive

## The Patient Health Questionnaire (PHQ-9)

Patient Name \_\_\_\_\_ Date of Visit \_\_\_\_\_

Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite - being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Column Totals \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

Add Totals Together \_\_\_\_\_

## COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screening Version - Since Last Contact - for Schools

SUICIDE IDEATION DEFINITIONS AND PROMPTS		Since Last Contact	
Ask questions that are bold and underlined	YES	NO	
Ask Questions 1 and 2			
1) <b><u>Have you wished you were dead or wished you could go to sleep and not wake up?</u></b>			
2) <b><u>Have you actually had any thoughts of killing yourself?</u></b>			
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6			
3) <b><u>Have you been thinking about how you might do this?</u></b>  E.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it."			
4) <b><u>Have you had these thoughts and had some intention of acting on them?</u></b>  As opposed to "I have the thoughts but I definitely will not do anything about them."			
5) <b><u>Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?</u></b>			
6) <b><u>Have you done anything, started to do anything, or prepared to do anything to end your life?</u></b>  Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.			



# Suicide Pamphlets

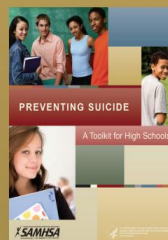
## Preventing Suicide: A Toolkit for High Schools

This FREE toolkit provides:

- Screening tools
- Information about warning signs and risk factors
- Parent education materials
- Research-based guidelines
- Resources to assist the whole community in its suicide prevention efforts that respond to the needs and cultures of high school students
- Practices to help identify students at risk of suicide
- Protocols to respond to suicide death
- Educational programs to engage youth in suicide prevention programs
- Recommended actions to increase parent and school community support for screening programs

Positive changes to the school climate and a student's increased sense of connectedness to the school can result in **improved academic achievement** and healthy behaviors that foster a **positive learning environment**.

Download Now  
[store.samhsa.gov/  
product/SMA12-4669](https://store.samhsa.gov/product/SMA12-4669)



### WARNING SIGNS OF SUICIDE:

The behaviors listed below may be some of the signs that someone is thinking about suicide.

#### TALKING ABOUT:



- > Wanting to die
- > Great guilt or shame
- > Being a burden to others

#### FEELING:



- > Empty, hopeless, trapped, or having no reason to live
- > Extremely sad, more anxious, agitated, or full of rage
- > Unbearable emotional or physical pain

#### CHANGING BEHAVIOR, SUCH AS:



- > Making a plan or researching ways to die
- > Withdrawing from friends, saying goodbye, giving away important items, or making a will
- > Taking dangerous risks such as driving extremely fast
- > Displaying extreme mood swings
- > Eating or sleeping more or less
- > Using drugs or alcohol more often

If these warning signs apply to you or someone you know, get help as soon as possible, particularly if the behavior is new or has increased recently.

988 Suicide & Crisis Lifeline  
Call or text 988  
Chat at 988lifeline.org

Crisis Text Line  
Text "HELLO" to 741741



National Institute  
of Mental Health

[nimh.nih.gov/suicideprevention](https://nimh.nih.gov/suicideprevention)

### My Mental Health: Do I Need Help?

First, determine how much your symptoms interfere with your daily life.



Do I have mild symptoms that have lasted for less than 2 weeks?

- Feeling a little down
- Feeling down, but still able to do jobs, schoolwork, or housework
- Some trouble sleeping
- Feeling down, but still able to take care of yourself or take care of others



If so, here are some self-care activities that can help:

- Exercising (e.g., walking, yoga)
- Engaging in social contact (virtual or in person)
- Getting adequate sleep on a regular schedule
- Practicing meditation, relaxation, and mindfulness
- Talking to a trusted friend or family member
- Seeking professional help



Do I have severe symptoms that have lasted 2 weeks or more?

- Difficulty sleeping
- Appetite changes that result in unwanted weight changes
- Struggling to get out of bed in the morning because of mood
- Difficulty concentrating
- Loss of interest in things you usually find enjoyable
- Unable to perform usual daily functions and responsibilities
- Thoughts of death or self-harm



Seek professional help:

- Psychotherapy (talk therapy)—virtual or in person
- Individual, group, or family
- Medications
- Brain stimulation therapies

For help finding treatment, visit [nimh.nih.gov/findhelp](https://nimh.nih.gov/findhelp).



If you are in crisis, call or text the 988 Suicide & Crisis Lifeline at 988 or chat at 988lifeline.org, or text the Crisis Text Line (text HELLO to 741741).

[nimh.nih.gov/findhelp](https://nimh.nih.gov/findhelp)

# SUICIDE PREVENTION

NATIONAL SUICIDE PREVENTION LIFELINE  
**1-800-SUICIDE (784-2433)**

## KNOW THE WARNING SIGNS

 <b>Negative View of Self</b>	 <b>A sense of Hopelessness or No Hope for the future</b>	 <b>ISOLATION or FEELING Alone</b>	 <b>Aggressive and Irritability</b>	 <b>Possessing LETHAL MEANS</b>
 <b>Feeling like a BURDEN to others</b>	 <b>Drastic change in MOOD and BEHAVIOR</b>	 <b>Frequently Talking about DEATH</b>	 <b>SELF HARM like CUTTING BEHAVIORS</b>	 <b>Engaging in "RISKY" BEHAVIORS</b>
 <b>Making FUNERAL ARRANGEMENTS</b>	 <b>GIVING THINGS AWAY</b>	 <b>SUBSTANCE ABUSE</b>	 <b>Making Suicide Threats</b>	 <b>Sleeping too MUCH</b>

### STAY ALERT:

 MESSAGE <b>TEXT US AT 206.406.6485</b> Anytime, Day or Night.	 PHONE CONVERSATION <b>Call our 24/7/365 monitored line at 206.406.6485 to make a report.</b>	 WEB <b>Make a report right from this site <a href="https://www.stayalert.info">www.stayalert.info</a></b>	 E-MAIL <b>Email us your School Safety Reports at <a href="mailto:report@stayalert.info">report@stayalert.info</a></b>
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# Suicide Aftermath

**Suicide Contagion** - refers to the process whereby one suicide or suicidal act within a school, community or geographic area, increases the likelihood that others will attempt or die by suicide. Findings suggest that it's not necessarily the students or friends closest to the victim that may fall into the contagion category. Peers who have been experiencing major life events themselves may see suicide as a way out. After a suicide attempt or suicide, it's vitally important that counselors, mental health professionals, and others look out for, and use their best judgement on, finding those students who may be impacted the most. Postvention strategies include all students (MTSS - Tier 1) as well as a focus on students who have had major life events and could be friends of the victim.

**Individual screenings** of at-risk students in the days and weeks following the suicide are important because heightened emotions, feelings of loss and guilt, unanswered questions can increase suicidal contagion risk. There is also the need to have things return to normal and get back in to a routine as soon as possible. This is where counselors are needed the most in helping students navigate their emotions and offer tips and tools to empower students to express themselves but also know that they are not alone and we are always here for them.





# Suicide Takeaways

**Evaluations and Follow-ups:** As counselors we always strive to put the students first. Sometimes that involves having time to document all services and events to provide a factual representation of the events surrounding the death and the school's response (confidentiality is key). Also, as necessary, the crisis coordinator and the counselor or mental health specialist should conduct a debriefing meeting. At this meeting the team members evaluate the delivery of services, review student screenings, make recommendations for other interventions, and determined the need for further efforts. Within six weeks everyone should meet to review student screenings and come up with a game plan based on the results. Close friends of the deceased should also be monitored not necessarily for suicide themselves, (as we saw in the contagion slide) but because they are fragile and vulnerable. Memorials for the student should not be glamorized or make the victim a martyr, instead they should promote understanding that we all need to express our sadness in a constructive and compassionate way. To this degree, school boards/districts may make a policy in advance on memorials (or the schools themselves) so that there is uniformity within the tragedy. As counselors, we can also encourage students to express themselves with a card or note that we can then give to the family of the victim.

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## Crisis Topic: Bomb Threats

School bomb threats disrupt schools and create significant anxiety in a school-community, especially if they are re-occurring over a shorter period of time.

School administrators, safety officials, crisis teams and staff should be trained and schools should have guidelines for handling bomb threats and suspicious devices on campus.





## SCHOOLS CLOSED DUE TO BOMB THREAT

ISP: DOZENS OF SCHOOLS ACROSS INDIANA SHUT DOWN

- ❑ FAIRFIELD, MIDDLEBURY COMMUNITY SCHOOLS CLOSED
- ❑ BOMB THREAT RECEIVED AT 11 THURSDAY NIGHT
- ❑ THREATS UNDER INVESTIGATION

**BREAKING: Bomb threat at Mosinee School District prompted evacuation**

**Beech High School placed on lockdown after bomb threat**

### SCHOOL BOMB THREAT

CALLLED IN AT 8:30AM  
THURSDAY

E-MAILED THREAT  
CLEARED AT 10:30AM



BREAKING NEWS

SCHOOL SENDS STUDENTS HOME AFTER EMAIL BOMB THREAT

EYEWITNESS NEWS



ALPINE HIGH SCHOOL  
BOMB THREAT THIS MORNING  
STUDENTS & STAFF EVACUATED  
K9 BOMB DETECTION  
CHARGES WILL BE FILED

## Bomb Threat at Alberton School

BREAKING NEWS

Mineral County Sheriff's Office

- Bomb threat via email
- Students and staff evacuated to Alberton Community Church
- Parents can pick up kids at Alberton Community Church
- Please stay away from area

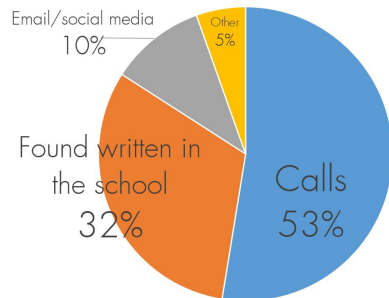


# Bomb Threat Information:

The FBI reports that close to 5 percent of bombing incidents in the United States in 1999 (the most recent year for which FBI data are available) were targeted at schools. It is unknown what portion of these incidents involved threats.

For the period January 1990 to February 28, 2002 the U.S. Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) recorded 1,055 incidents of bombs being placed in school premises.

Method of bomb threat delivery  
2015-2016 school year



One major issue facing most school districts is whether to evacuate schools on bomb threats. Many school bomb threats have been made by students seeking to disrupt the school day and to get out of school. Still, all threats must be treated seriously and thoroughly investigated and managed.



# Bomb Threats

**Teachers Role:** When an emergency threat occurs it is critical for staff members to take immediate steps to protect themselves, their students and others on campus. Teachers can refer to the schools crisis plan to follow specific directions. Staff members must be familiar with action response for a bomb threat. Students must be prepared on what to do as well from drills and emergency response practice opportunities.

**Staff Role:** Have a crisis intervention team, communicate regularly with public safety officials, evaluate each incident on a case-by-case basis and determine whether to evacuate accordingly, conduct visual searches of their area for suspicious items when a bomb threat is received by the school, provide training to school personnel, including support personnel such as bus drivers, custodians, and secretaries, who are likely to encounter bomb threats and homemade bombs.

School counselors are familiar with the school community and knowledgeable about the roles of community mental health providers and first responders such as law enforcement officials and emergency medical responders (Cowan, Vaillancourt, Rossen & Pollitt, 2013). Counselors assist students with mental health needs that occur from fear during and after a bomb threat.



# Reporting Procedures:

Place caller ID on school phones to help identify bomb threat callers. Consider blocking incoming calls made from phones using caller ID block. Some schools have put messages on their school phone voice mail directories indicating that calls may be recorded for security purposes.

It is extremely important to record the exact language of a threat received by telephone, or to preserve the original packaging, envelopes and contents of a threat delivered by mail and not to disturb it in any way. A simple, easy to-use recording device should be available close to the telephone through which all calls come into the school. There are many forms available that include detailed checklists for recording bomb threats.

## Takeaways:

- Plan and prepare
- Develop a Bomb Threat Response Plan
- Provide Bomb Threat Response Plan training to all personnel

All threats should be taken seriously. Notify proper authorities. An existing crisis intervention plan will need to address the topic of bomb threats for precautionary and emergency action plans. Every bomb threat requires professional judgment and should be handled in accordance with the facility's needs. Site Decision Maker(s) and administrators should periodically review Federal guidance and work with local first responders to establish a Bomb Threat Response Plan that addresses each risk level appropriately and is optimal for their building(s) and personnel.

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## **Faculty Member/Student Death**





# Faculty Member/Student Death

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**Teachers Role:** It is essential that teachers are flexible with academic expectations after the death of a student or fellow teacher. Temporary adjustments may include loosening attendance policies, extended time to complete assignments, offering alternate assessments. Communication with families to offer support and condolences goes a long way to create a positive school climate, (Sanchez, M. 10/7/23).

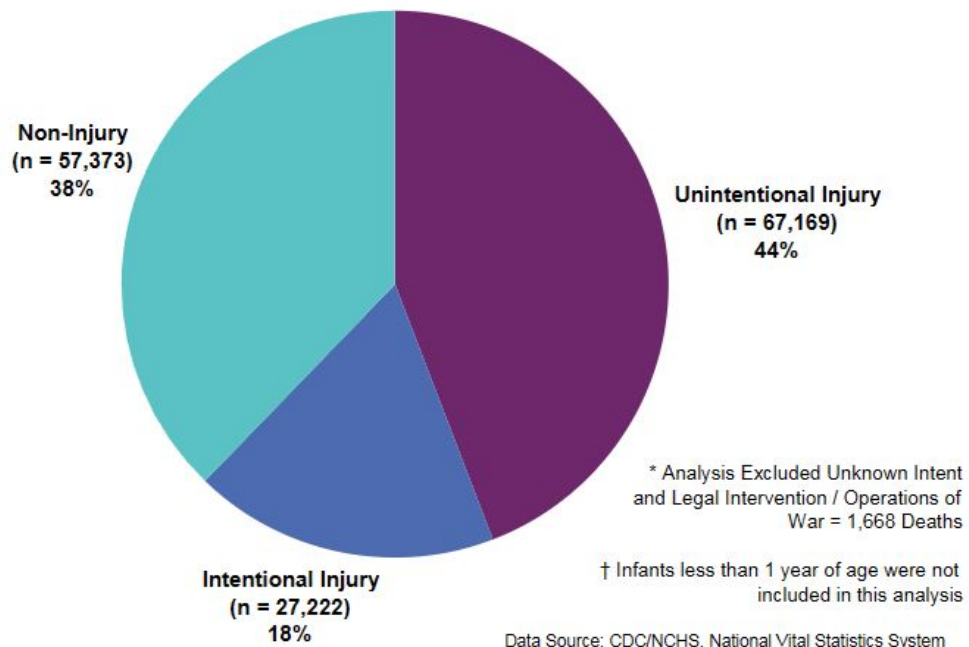
**Staff Role:** Each staff member plays a different role to support the grief process. The crisis response team can provide a safe space to express personal feelings within the first 24 hours and up to a full week after an event. Counselor's should monitor the social emotional needs of students by encouraging teacher referrals for at risk students. Attendance staff are often the first to know about a death in the family and can offer compassionate understanding and referrals to counselors.

**Reporting Procedures:** Announcements to students should be made in person if possible. Standardized announcements for teachers to follow should be prepared so that the message is consistent. Also, having a counselor or other member of a crisis team follow the schedule of the deceased to provide support in the deceased classes.





**Figure 1: Cause of Death by Injury Status and Intent \* among Children 1 to 19 Years, United States, 2000 - 2005 †**



Data Source: CDC/NCHS, National Vital Statistics System



## Unintentional Injury Deaths in Children and Youth, 2010-2019

Injuries are a leading cause of death for children and teens in the U.S. The types of injury vary by age.



**Suffocation** deaths are most common among infants <1 year old.



**Drowning** deaths are most common among 1-4 year olds.



**Motor vehicle crash** deaths are most common among 5-19 year olds.

Child injury death rates decreased 11% from 2010 to 2019. However, rates increased among some groups.

↑ 50%

Poisoning and drug overdose death rates among Hispanic children

↑ 37%

Poisoning and drug overdose death rates among Black children

↑ 21%

Suffocation death rates among Black children

↑ 9%

Motor vehicle death rates among Black children

Focused prevention strategies can help prevent injuries and deaths.



Family engagement and support, parental monitoring, and school connectedness can reduce substance use.



Safe sleep strategies can reduce suffocation deaths among infants.



Proper use of car seats, booster seats, and seat belts can reduce motor vehicle crash injuries and deaths.



## Psychological trauma play a significant role in unintentional deaths.

Psychological Trauma and Health Outcomes:

- **Exposure to trauma**, especially during childhood, can have long-lasting effects on mental and physical health. Here are some consequences:
  - **Mental Illness and Suicide Risk:** Trauma increases the risk of mental health disorders and suicidal tendencies.
  - **Substance Abuse:** Individuals exposed to trauma may turn to smoking, alcohol, or substance abuse as coping mechanisms.
  - **Chronic Diseases:** Trauma can contribute to conditions like heart disease, diabetes, and cancer.
  - **Social Problems:** Poverty, crime, and violence can be linked to trauma

Adverse Childhood Experiences (ACEs) increase the risks of injuries and illness. School counselors should provide assessments and referrals to reduce risks of injury.

# Crisis Prevention Roles

## **Teacher**

Review safety rules with students on a regular basis with a focus on high risk factors.

## **Staff**

Encourages responsibility through positive reinforcement

## **Reporting**

1st to know reports to principal, attendance clerk, counselor.  
Principal or Counselor informs teachers



# How to Build a Positive School Culture

- One of the easiest ways to build a positive school culture is to model positive behavior; positivity is contagious! Everything you do on a campus expands outward via students, staff, admin, and so starting with yourself and showing people how to act, is very powerful, especially with students who come to you with a myriad of problems. With your level of influence, it is a responsibility to model positive and motivating behavior and thoughts. Disengage with negative mindsets and seek to find the good in people and situations. People, even subconsciously, will start to respond in-kind.
- Foster a supportive environment where diversity is celebrated.
- Prioritize open communication between students, teachers and staff

# Student Engagement

- Even though these topics are heavy, one of the best ways to get students involved is to make them feel a sense of ownership and agency at school. This means asking them how they feel about current levels of awareness around suicide, death, threats, etc. and what they would do differently. Giving students a voice in what is going on at their school makes them feel valued and respected. It engages them in the process that we all go through, and it also give us an eye into what they are thinking, feeling, and learning while exploring ideas and options that we, ourselves, may not have thought of. This can be in the form of small groups, a school-wide survey, a Q&A session, or even one-on-one meetings with the leaders of the school. Just a way for the students to feel like they are being heard.
  - Engage students in critical thinking topics surrounding crisis prevention. Students are familiar with unsafe areas around a school campus. Students can share valuable information in preparing for a crisis. Students can also provide feedback anonymously through surveys.
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