

# **CRISIS INTERVENTION: SUICIDE AND OTHER PSYCHIATRIC CONCERNS**

**LYNDHURST SCHOOL DISTRICT ONLINE TUTORIAL  
SEPTEMBER 2014**

# WHAT IS INCLUDED IN THIS TUTORIAL?

- **Review 4 kinds of crisis intervention**
- **Define Psychiatric Emergency**
- **Acting on Psychiatric Emergencies**
- **Suicide**
  - Why do we need to talk about it?
  - Important Statistics
  - Why care?
  - Risk factors
    - “FACTS”
  - Protective factors
- **Steps to take if there is a suicidal threat**
- **Case Examples**

# THERE ARE 4 KINDS OF CRISIS INTERVENTIONS

1. A Psychiatric Emergency (*suicide, aggression, etc.*)
2. An Alcohol/Drug Emergency (*when a student might be under the influence*)
3. HIB (*harrassment, intimidation and bullying*)
4. A non-emergency referral to Student Services/The Drop-In Center and/or I&RS (*When you suspect something is beginning to occur and want to best support the anticipated challenges of a student*)

***The following PowerPoint will address how to handle a PSYCHIATRIC EMERGENCY, specifically related to suicidal ideation and attempt.***

***Please see other tutorials for detailed information involving other crisis interventions, or feel free to call the LSD Drop-In Center (x4037/x4045).***

# WHAT IS CONSIDERED A PSYCHIATRIC EMERGENCY?

- **Suicidal ideation/attempt**
  - *do not leave student alone, immediately report to principal*
- **Report or signs of abuse**
  - *report to principal, call 1-877-NJabuse*
  - *Please review Lyndhurst tutorial on Child Abuse*
- **Extreme agitation/violent behavior**
  - *report to principal, remove student from classroom if possible*
- **Extreme shift from normal day-to-day behavior (i.e., mania, shift in appearance, possibly mistreatment from other students/bullying)**
  - *report to principal, remove student from classroom if possible*

# **ACTING ON PSYCHIATRIC EMERGENCIES**

Once you determine a child may be experiencing a psychiatric emergency, it is **NEVER** okay to wait until convenient to act on the situation and assist the student.

**Do NOT** leave the child alone.

**Act IMMEDIATELY.**

**REACH OUT** for help.

**KNOW** your resources.

It is **EVERYONE'S** responsibility to identify when a child may be experiencing a psychiatric emergency.

# WHY DO WE NEED TO TALK ABOUT SUICIDE?

**N.J.S.A. 18A:6-112. Instruction in suicide prevention for public school teaching staff.**

2. The State Board of Education, in consultation with the New Jersey Youth Suicide Prevention Advisory Council established in the Department of Children and Families pursuant to P.L.2003, c.214 (C.30:9A-22 et seq.), shall, as part of the professional development requirement established by the State board for public school teaching staff members, require each public school teaching staff member to complete at least two hours of instruction in suicide prevention, to be provided by a licensed health care professional with training and experience in mental health issues, in each professional development period. The instruction in suicide prevention shall include information on the relationship between the risk of suicide and incidents of harassment, intimidation, and bullying and information on reducing the risk of suicide in students who are members of communities identified as having members at high risk of suicide.

L.2005, c.310, s.2; amended 2006, c.47, s.80; 2010, c.122, s.4.

**Please note that the above New Jersey Statute requires a 2-hour formal suicide prevention training every 5 years. This tutorial does NOT take the place of this required formal training, but instead is meant to remind every member of the community, on an annual basis, of information that could potentially save a life without us ever even realizing it.**

**Our next scheduled formal training on suicide prevention is scheduled for 2018!**

# **SOME STATISTICS ON SUICIDE**

- **Suicide is the 3<sup>rd</sup> leading cause of death among teenagers**
- **1 out of every 53 high school students reported having made a suicide attempt that was serious enough to be treated by a doctor or a nurse**
- **For each suicide death among young people, there may be as many as 100-200 suicide attempts**
- **Approximately 1 out of every 15 high school students attempts suicide each year**

• *Statistics taken from SAMHSA's Preventing Suicide Toolkit*

# WHY CARE?

- 1. Maintaining a safe school environment is part of our district's overall mission!**
- 2. Student's mental health can affect their academic performance**
- 3. A student suicide can significantly impact other students and the entire school community**
- 4. Schools have been sued for negligence for the following reasons:**
  - 1.** Failure to notify parents if their child appears to be suicidal
  - 2.** Failure to get assistance for a student at risk of suicide
  - 3.** Failure to adequately supervise a student at risk of suicide

# WHAT IS A RISK FACTOR?

Risk factors for suicide refer to personal or environmental characteristics that are associated with suicide. People affected by one or more of these risk factors have a greater probability of suicidal behavior.

**As members of the Lyndhurst staff,  
it is our responsibility to help to**

**IDENTIFY**

**students at risk!**

# **RISK FACTORS FOR US TO IDENTIFY...**

**Think about the word “FACTS”....**

**F: Feelings**

**A: Actions**

**C: Changes**

**T: Threats**

**S: Situations**

# **RISK FACTORS:**

## **“F” IS FOR “FEELINGS”**

- Hopelessness (feelings like things are bad and won't get any better)
- Fear of losing control, going crazy, harming self or others
- Helplessness: a belief that there's nothing that can be done to make life better
- Worthlessness: feeling like an awful person and that people would be better off if they were dead
- Hating self, feeling guilty or shamed
- Being extremely sad and lonely
- Feeling anxious, worried, angry all the time

# **RISK FACTORS:**

## **“A” IS FOR “ACTIONS”**

- Drug or alcohol abuse
- Talking or writing about death or destruction
- Aggression: getting into fights or having arguments with other people
- Recklessness: doing risky or dangerous things

# **RISK FACTORS:**

## **“C” IS FOR “CHANGES”**

- Personality: behaving like a different person, becoming withdrawn, tired all the time, not caring about anything, or becoming more talkative or outgoing
- Behavior: can't concentrate on school or regular tasks
- Sleeping pattern: sleeping all the time or not being able to sleep at all, waking up in the middle of the night or early in the morning, not being able to get back to sleep
- Eating habits: loss of appetite and/or overeating and gaining weight
- Losing interest in friends, hobbies, and appearance or in activities or sports previously enjoyed
- Sudden improvement after a period of being down or withdrawn

# **RISK FACTORS:**

## **“T” IS FOR “THREATS”**

- Statements like “How long does it take to bleed to death?”
- Threats like “I won’t be around must longer” or “Don’t tell anyone else...you won’t be my friend if you tell!”
- Plans like giving away favorite things, studying about ways to die, obtaining a weapon or a stash of pills: the risk is very high if a person has a plan and the way to do it.
- Suicide attempts like overdosing, wrist cutting

# **RISK FACTORS:**

## **“S” IS FOR “SITUATIONS”**

- Getting into trouble at school, at home, or with the law
- Recent loss through death, divorce, or separation; the breakup of a relationship; losing an opportunity or a dream; losing self-esteem
- Changes in life that feel overwhelming
- Being exposed to potential harassment, intimidation, and bullying situations
- Being exposed to suicide or death of a peer under any circumstances

# WHAT ARE PROTECTIVE FACTORS?

...Personal or environmental characteristics that reduce the probability of suicide. Protective factors can buffer the effects of risk factors. The capacity to resist the effects of risk factors is known as resilience.

As members of the Lyndhurst staff,  
it is our responsibility to help to

**CREATE**

environmental protective factors within the classroom and  
larger school community setting

# **PROTECTIVE FACTORS: IN THE SCHOOL SETTING**

- **Positive school experiences**
- **Part of a close school community**
- **Safe environment at school (especially for lesbian, gay, bisexual and transgender students!)**
- **Adequate or better academic achievement**
- **A sense of connectedness to the school**
- **A respect for the cultures of all students**

**We can help all of our students to feel each of the above in our daily classroom activities and curriculum, through our student code of conduct and carrying out appropriate consequences, by providing strong counseling and academic support, and in the planning of special events throughout each year!**

# PROTECTIVE FACTORS: OTHER AREAS

- Individual characteristics and behaviors
  - Psychological/emotional well-being
  - Strong problem-solving skills
  - Internal locus of control
  - Coping skills
  - Self-esteem
  - Frustration tolerance/emotional regulation
  - Body image, care, and protection
- Family and other social support
  - Family support and connectedness
  - Close friends/family members, a caring adult, and social support
  - Parental pro-social norms, that is, youth know that parents disapprove of antisocial behavior such as beating someone up or drinking alcohol
  - Family support for school
- Mental health
  - Access to effective care for mental, physical, and substance abuse disorders
  - Easy access to care and support through ongoing medical and mental health relationships
- Access to Means
  - Restricted access to firearms (guns and ammunition locked)
  - Safety barriers for bridges, buildings, and other jumping sites
  - Restricted access to medications
  - Restricted access to alcohol

# WHAT ARE THE STEPS TO TAKE IF A STUDENT IS SUICIDAL???

- ① **Child discloses they are suicidal, admits to past attempt, or displays risk factors that lead you to believe the child might be suicidal**
- ② **Do NOT leave the child alone.**
- ③ **Act immediately. Seek out your school counselor, or phone the LSD Drop-In Center (x4037/x4045) IMMEDIATELY**
  - a. If you are unable to locate your school counselor or reach anyone in the Drop-In Center, contact the school main office and have the principal or administrative designee contacted
  - b. Remain with the student until the counselor, principal, or designee arrives
  - c. Provide details about your concerns to the counselor, principal, or designee
  - d. Tell the child you are proud of them for sharing some difficult feelings with you and that this is the start to helping them heal
  - e. Leave the child in the hands of the counselor and/or principal and feel confident that you did the right thing! These situations can be emotionally draining and make us question if we are doing the right thing...YOU ARE AND YOU DID!

# ACTING ON SUICIDAL CONCERNS, CONTINUED...

- ① **What if the concerns arise at a school sponsored event at night or on the weekend?**
  - a. Phone 9-1-1 to relay your concerns
  - b. Wait with the child until the police/first responders arrive
  - c. Provide details to the police/first responders about your concern
  - d. Assist in contacting/locating parent/guardians if you are able to acquire this information from Realtime
  - e. Contact the administrator of your school building to let them know the actions you took
  - f. On the following school day, follow up with the school counselor and/or the LSD Drop-In Center

**THE WORST THING YOU CAN  
DO IN A PSYCHIATRIC  
EMERGENCY IS TO DO  
NOTHING AT ALL.**

# **IN ANY PSYCHIATRIC EMERGENCY:**

**ALWAYS ACT.**

**ALWAYS ERR ON THE SIDE OF CAUTION.**

**WHEN IN DOUBT, STILL TREAT THE SITUATION AS AN  
EMERGENCY AND CONSULT WITH YOUR SCHOOL  
COUNSELOR AND/OR THE LSD DROP-IN CENTER  
(X4037/X4045) IMMEDIATELY!**

# A PSYCHIATRIC VIGNETTE....

You have given your group of 20 first graders free time to draw until lunchtime. As you monitor the classroom, you notice that Jayden, a 6-yr old boy, is drawing a picture of a gun. In the picture, you see that the person holding the gun is clearly shooting something. Jayden is a well-behaved child, who rarely has any discipline issues and has no aggression or peer relation issues. You are aware that his two dads are going through a divorce. You don't know much else about the family. When you ask Jayden what he is drawing, he says "people shooting things!" in an excited manner, but doesn't disclose much else and you are feeling worried about what to do next.

## **What do you do???**

# 1<sup>ST</sup> GRADER AND DRAWING A GUN....

- Remember that it is not your job to assess the severity of a concern you have for a child
- If you have a concern about a child that is not in your realm of expertise, then you need to act on it and reach out to the appropriate resources
- Phone the school counselor and/or the LSD Drop-In Center to share the concern
- Allow the school counselor/Drop-In Center to complete an assessment of the child and don't worry about the outcome...**YOU DID THE RIGHT THING**

If you are interested in the possible **OUTCOME** of this type of vignette....

- **Upon the counselor completing an assessment, most likely...**
  - This child is NOT in the midst of a psychiatric emergency
  - This child expresses that he plays video games with gun violence
  - Has fathers that like to hunt or own guns
  - This child does not have access to guns
  - His parents will be contacted to let them know that he was drawing a gun and that there is no safety concern at this time
  - OR, it's possible that the child does express that he wants to kill people, knows where his fathers store guns and has a plan to go home tonight and obtain one....then the counselor takes action!

**NO MATTER THE OUTCOME, YOU DID THE RIGHT THING BY REACHING OUT!**

# A PSYCHIATRIC VIGNETTE...

You are a 7<sup>th</sup> grade language arts teacher. In the evening, you are reading through and grading a writing assignment that was given to the students earlier that week. Claudia is a girl in the class who is often absent, and when present, is generally quiet, so you don't know a lot about her. You are reading her paper. In one corner, in scribble, it has written, "I want to die." You get nervous because it is 8:30pm. You know that Claudia was absent today and the day before. You have been meaning to talk with the school counselor about her because you are worried, but just didn't get the time...things are too busy recently!

## What do you do???

# 7<sup>TH</sup> GRADER AND “I WANT TO DIE”

- Remember that it is not your job to assess the severity of a concern you have for a child
- If you have a concern about a child that is not in your realm of expertise, then you need to act on it and reach out to the appropriate resources
- It is natural to feel anxiety because you are not in school
- It is important that you reach out to your principal immediately
- If your principal cannot be reached, then attempt to reach out to the school counselor
- If you are unable to connect with someone from the school that you can consult with, **DO NOT WAIT** until the following day
- Phone the Lyndhurst Police Department and explain the situation and your concerns
  - Have the students full name, address, and parent/guardian information on hand

## **If you are interested in the OUTCOME of this type of vignette...**

- If you get in touch with the principal, he/she shares that they have knowledge of your concerns already and shares that the counselor was in contact with the family yesterday based on similar concerns...you can rest easy tonight!
- If you phone the Lyndhurst Police Department, they go to the house to complete a safety check on the student...the next day in a follow up meeting you learn that Claudia has been absent the last few days because she was already hospitalized earlier this week due to suicidal ideation
  - Or, Claudia is at the house and denies any suicidal ideation, parents are notified of the details that led to police involvement and you can rest easy tonight!

**NO MATTER THE OUTCOME, YOU DID THE RIGHT THING BY REACHING OUT!**

# **NATIONAL SUICIDE PREVENTION HOTLINE**

*If you or someone you know is struggling,  
call:*

**1-800-273-TALK (8255)**

*You will be connected to a skilled, trained  
counselor at a crisis center in your area,  
anytime 24/7*

# RESOURCES

**Information for this training was taken from the following sources:**

- Preventing Suicide: A Toolkit for High Schools, SAMHSA
- Society for the Prevention of Teen Suicide, [www.sptsusa.org](http://www.sptsusa.org)

**Questions regarding this topic and/or the PowerPoint?**

**Please contact:**

**Maryann Mulé**

**Student Assistance Counselor/LSD Drop-In Center**

**x4037**

**QUIZ TIME**

**GOOD LUCK!**

**Remember that your knowledge  
on this topic WILL SAVE LIVES!!!**