

# *Offering Youth Hope*

*A Model Protocol for Dealing with Suicidal  
and Potentially Suicidal Youth*

*Developed by the Adolescent Suicide Prevention Task Force of the  
Santa Clara County Child Death Review Team  
2001-2002*

## **ADOLESCENT SUICIDE PROTOCOL TRAINING**

An Adolescent Suicide Prevention Task Force (ASPTF) of the Santa Clara County Death Review Team (CDRT) has developed a model protocol for use in schools for identifying and dealing with suicidal youth. The protocol was developed at the request of school teachers and administrators from Santa Clara County who attended a conference held by the task force in January of 2001.

An informal survey of attendees of the conference indicated that many schools and school districts had plans in place to deal with suicidal students. Those attending from schools that did not have a protocol felt the need to establish one was most urgent. Many attendees also felt the need to have additional training in identification and talking to suicidal youth.

To meet these training needs, ASPTF is in the process of preparing a short video to present the protocol and provide some very basic instruction on implementation. The video will be available in the Summer of 2002 and may be obtained by contacting Joanne Dobrzynski of Santa Clara County Mental Health at (408) 885-6489. Suicide and Crisis Service of Santa Clara County can also provide a two day training on intervention. This training can be arranged by contacting Betsy Hawkins at (408) 885-3288.

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## **Model Protocol for Dealing with Suicidal and Potentially Suicidal Youth**

### **Introduction**

Although a relatively rare event, a teenager's suicide is a tragedy for a youth, a family and a community. Because many suicides are preventable, we want to respond in a vigorous and wise way to youth at risk to prevent such behavior. We want to react to crisis situations in a way that protects the youth's well being, reduces the tendency for contagion among adolescents, and protects us professionally and legally.

This protocol spells out procedures for the identification of the youth who is at risk for suicidal behavior, potential staff responses, procedure for a crisis situation, and procedure for response if a youth has suffered self-inflicted injury or death.

### **Identification of the child at risk for suicidal behavior**

While there is no single behavior or pattern of behavior that identifies a teen at risk, some themes tend to appear frequently among such teens. We want to be alert to early warning signs and risk factors that suggest a youth's situation may be of concern. Since these factors are gathered on a statistical basis from a large population, they are not definitive for an individual youth. A youth at risk may not show them, and a youth who shows them may not be at risk.

"Many experts believe that the majority—perhaps as many as nine out of ten young people who commit suicide—give prior clues to their intentions. Such clues usually are exhibited as *patterns* rather than as isolated symptoms. Our knowledge of these patterned verbal and behavioral indicators, especially those associated with acute depression, guilt, anger, or estrangement, will help to identify students who should be referred for more careful assessment." (Preventing Youth Suicide) *Appendix One* is a list of various situational conditions that seem to be associated with a risk of suicidal behavior, and *Appendix Two* is a list various personal conditions that tend to identify risk.

To put the issue in perspective, some research estimates that about 60% of students will have suicidal thoughts at some point during their high school career. About 10% of high school students engage in some form of suicidal behavior during this period. About 11 of every 100,000 high school students actually kill themselves every year. These figures are less reliable because of the difficulty in sorting out some accidental deaths, suicides and homicides. Accidental deaths, homicide and suicide are currently the three largest causes of deaths among American youth. (Brock and Sandoval, Suicidal Ideation and Behaviors, Crisis Prevention and Response: A Collection of National Association of School Psychologist Resources)

### **Response**

Anyone who has contact with young people may develop reason to be concerned about a particular youth. It is not unusual for a youth contemplating suicide to discuss this fact with peers. We want those students who have concerns about another student to come forward with the expectation that their concerns will be responded to in a discrete and sensitive way, with a response appropriate to the urgency of the situation.

"Suicidal ideation and behaviors can be placed on a gradient of severity. Least severe are casual thoughts of suicide. Most severe are behaviors that result in death. All suicidal behaviors involve

thoughts of suicide but differ in the degree to which the individual considers and acts upon these thoughts. As severity increases, behaviors become more lethal, less prevalent, and more associated with psychopathology” (Brock and Sandoval, Suicidal Ideation and Behaviors, Crisis Prevention and Response: A Collection of National Association of School Psychologist Resources). *Appendix Three* outlines a range of suicidal behaviors.

Depending on the particular situation, this information may come to teachers, counselors, or school psychologists. The person who has received the information should either contact the student directly, or pass the information on to someone with the combination of skills and/or ongoing relationship with the youth to do a preliminary assessment.

This preliminary assessment involves talking directly with the youth, determining if there is an issue, getting a sense of the urgency in the situation, and developing a follow up plan. Assessment without a sense of rapport with the youth and having the youth’s cooperation is difficult, so it is often helpful to have the assessment done by a person with whom the child already has a positive relationship. *Appendix Four* lists some general interviewing principals which are useful in such an assessment. *Appendix Five* outlines some key elements of an assessment that are often helpful in terms of assessing risk.

Since some young people may be reluctant to fully disclose their feelings in a first interview, some form of continued monitoring can be useful in some situations. Remember that there are two situations in which we cannot promise to keep a secret. We must respond and reveal information when someone’s life is in danger, or when we are told about reportable abuse.

*Appendix Six* outlines the approach used in an advanced assessment of risk. This level of evaluation is usually done by a mental health professional or a school professional cross-trained in mental health issues in order to develop a safety plan or make a dispositional decision.

If a student does have suicidal thoughts it is important to pass this information on to the parent, who would have primary responsibility to secure appropriate help and respond to the child. This help might involve discussion with the youth, and/or the use of other supports, such as respected relatives, religious guides and/or mental health professionals. The key is that the student emerge from the discussion with the feeling that something is different; that someone understands, cares and can help. This helps to restore hope

While we want to allow the parent the discretion to deal with the situation in a manner that respects parental authority, it is important that we communicate to parents the need to make some response to the situation. Mental health professionals, religious leaders, respected family members and Employee Assistance Programs are all potential resources to parents. .

Know the resources that are available in your community. Try to be sensitive to the economic, language, cultural, spiritual and social issues that may come up when a family considers accepting your recommendation. *Appendix Seven* is a list of community resources.

An urgent situation would require immediate intervention, which would involve using this Administrative protocol, contacting the person in the school designated to deal with such issues, mobilizing the in-school crisis team if one exists, and/or contacting an outside agency. *Appendix Eight* lists the typical membership of a school crisis team.

### **Crisis intervention when there is concern about imminent danger**

A staff person dealing with an urgent and serious situation needs to respond quickly and firmly.

1. The appropriate staff resource or school crisis/emergency team should be mobilized. This brings additional people to the scene to help.
2. The county Mental Health Department has a contract with Eastfield-Ming Quong to provide mobile emergency services. EMQ is prepared to supply a two therapist crisis intervention team relatively promptly in a true crisis situation. Their base is in Campbell. To secure their help it is important to identify that you have “a youth in crisis” when you call them at (408)-294-0500. They are legally able to write an official order (called a 5150) to legally have a person taken to a psychiatric facility for further evaluation and have arrangements with ambulance services for a prompt response. They also can work with a youth to develop a “safety plan” as an alternative to hospitalization.
3. The person dealing with the youth needs to determine the “likelihood to flee,” access to weapons, and/or violence potential. Knowledge about previous behavior patterns is important and helpful. Some suicidal young people may be cooperative with the intervention process; others may be unstable and uncooperative. The level and nature of response needs to reflect these differences.
4. We want to keep other students away from the problematic youth, to keep the situation from getting confused, to insure safety and to prevent contagion/anxiety problems from developing in the general student body.
5. Basic information needs to be given to other school staff, along with direction about how to proceed. Generally brief summaries are best.
6. Law enforcement should be contacted when there is significant danger/risk to the student and/or there is concern or difficulty in maintaining student and parent cooperation.
7. Do not transport a youth in your own car. If the student changes his mind about cooperating, you can be in a dangerous situation, both for yourself and the student. If a student needs to be transported immediately to a psychiatric facility for further evaluation, Eastfield Ming-Quong or the police will arrange for an ambulance to do this.
8. If a youth needs to be transported to a psychiatric facility for further evaluation, that process will be more productive if the person who has had direct contact with the youth contact the facility, either by phone or in person, to give them the information about what has been going on. This accurate information will help the personnel there do a better evaluation.
9. One person should be designated by the crisis team to contact the parents as soon as possible, and maintain contact with them after the episode
10. After the episode, the school administration should provide a brief summary of the events to staff and students.

**If a student has attempted suicide on campus**

1. Contact emergency services (911)
2. Mobilize the individual within the school who handles such issues, or assemble the school crisis team
3. Isolate direct witnesses to a designated area away from the scene and away from other students; Have a staff person stay with them for support.
4. Have a crisis counselor/crisis team member remain with the student until help arrives
5. One person should be designated by the crisis team to contact the parents as soon as possible, and maintain contact with them after the episode.
6. Provide brief summary information to staff and students if the situation impacts them.
7. Provide information to front office staff and/or local district administration
8. Once the police are on the scene they are in charge. Cooperate with them to arrange for the youth to be transported to secure appropriate medical care and then psychiatric evaluation.

9. Once the youth has been transported, attend to the ongoing needs of witnesses and involved staff members. Critical incident stress debriefing is helpful to allow people to start to work through the emotional aspects of the experience. Some students and staff may want additional mental health type services.
10. Anticipate a brief window of intense and varied reactions among the students. Some students will want to talk about the episode for a brief period, and then want to re-focus back on other events in their daily life. A few students may have a prolonged preoccupation with the events. Some students will not see themselves as being affected by the event. Accept what they say, but tell them that this might change over time.

**If a student has completed suicide on campus**

1. Contact emergency services (911).
2. Mobilize the individual within the school who handles such issues or the school crisis team.
3. Isolate direct witnesses to a designated area away from the scene and from the other students. Have a staff person stay with them for support.
4. Keep staff and students away from the area around the student who has died. This area is considered a crime scene and should be left undisturbed for the subsequent police investigation..
5. One person should be designated by the crisis team to contact the parents as soon as possible and maintain contact with them after the episode
6. Provide brief summary information to staff and students. One way to do this is to send a memo to classes with brief information about the event and have the teacher provide an opportunity for immediate discussion. This allows the teacher to identify students potentially vulnerable to contagion risk and pass this information on to the crisis team so that arrangements can be made for personalized follow-up.
7. Provide information to front office staff and/or local district administration.
8. Establish a press/media center at the school site, and have one member of the crisis team be the person designated to speak with the press. Restrict the press and media to the media center area. Do not allow press and media people to wander around the school.
9. Send a letter home with the students and follow this up with a similar mailed letter to the parents.
10. The letter should contain the name of a crisis team member who is available for special response to parents/families who seek it.
11. Generally large on-site memorial services are not a good idea. They tend to add to the emotional intensity of the episode and potentially promote contagion.
12. Santa Clara County Suicide and Crisis Service is prepared to provide on-campus mental health support services if those services are requested. The Center for Living with Dying is also available to provide on-campus grief counseling and support.

This protocol draws heavily on an excellent resource book, Preventing Youth Suicide, by McEvoy ML and McEvoy, AW, second edition, Learning Publications Inc. 5351 Gulf Drive, P.O. Box 1338m Holmes Beach FL 34218-1338, phone 1-800-222-1525 or [www.learningpublications.com](http://www.learningpublications.com)

**Additional resources**

Youth Suicide, A Comprehensive Manual for Prevention and Intervention, Hicks, Barbara B.,  
National Educational Service, Bloomington Indiana, 1990

Suicide Intervention in the Schools, Poland, Scott, Guilford Press, New York, 1989

**Appendix One**  
**Situational Conditions that are associated with increased risk of suicide**

- The death of a family member or close friend.
- Anniversary dates of painful life events such as the death of a parent or loved one.
- Tough transition times (e.g., parental divorce, breakup of a romantic relationship, anxiety over graduation, rejection by valued friend or social group, school transfer).
- Being socially isolated and lonely—lack of close personal relationships
- Being the target of bullying or harassment
- Problems with blended family relationships (stepparents or siblings).
- Chronic and intensifying conflict with parents, teachers, employers, peers.
- Severely dysfunctional family situations (substance abuse, sexual abuse, violence)
- Onset of serious illness in youth or family member with little hope for improvement.
- Experience or anticipation of significant failure or embarrassment
- Loss of job or valued role.
- Incarceration or pending incarceration, trouble with the law.
- Serious alcohol or drug abuse, with either primary or secondary depression
- Confirmation of an unwanted pregnancy
- Being forced to take on what seem like overwhelming responsibilities
- Intense pressure for achievement coupled with fear of disapproval or failure
- Conflicts over one's emerging sexual identity or preference.

(Taken from Preventing Youth Suicide)

**Appendix Two**  
**Personal conditions that may be associated with suicidal thinking**

- Marked changes in behavior. These may include changes in sleeping patterns, onset of eating disorders, extreme promiscuity, dramatic emotional outbursts, uncharacteristic acts of rebellion, dramatic decline in school performance
- Voluntary isolation from friends and withdrawal from normally sociable activities
- Significant increase in the use of alcohol and/or drugs
- Neglect of personal appearance
- Senseless risk taking or clear lack of concern for personal welfare
- Exaggeration of health complaints or the emergence of psychosomatic illnesses
- Pronounced difficulty in being able to concentrate on tasks (often coupled with dramatic mood changes).
- Preoccupation with death, with morbid thoughts or themes of destruction
- Expressions of pervasive and enduring sadness, or expressions of emotion that seem not at all to fit in with the social context.
- Inability to make even the most minor decisions.
- Low self esteem
- Preoccupation with escape fantasies
- Intense anger or desire for revenge against real or imagined enemies.
- Behavior that is characterized as putting one's life in order (giving away possessions, settling accounts)
- Constant seeking of attention through inappropriate behaviors
- Suicide threats or attempts to commit suicide

(Taken from Preventing Youth Suicide)

**Appendix Three**  
**Range of Suicidal Behaviors**

- **Suicidal ideation** refers to conscious thoughts of suicide. These cognitions may range from fleeting thoughts to a chronic preoccupation. Although some consideration may have been given to means of suicide, no overtly self-destructive behaviors are displayed.
- **Suicidal gestures** are mild self-destructive behaviors displayed by individuals with thoughts of suicide. However, these behaviors do not cause physical harm (e.g. pointing an unloaded gun at one's head). Gestures range in purpose from a way to express distress to a rehearsal for a suicide attempt. They may or may not be a part of a suicide plan.
- **Parasuicide** is more severe planned self-destructive behavior that has resulted in significant, nonfatal physical harm. Parasuicide is often referred to as attempted suicide, but sometimes the term is used when the intent to die is low. Obviously there is a fine line between low-intent-to-die parasuicide and high-intent-to-die attempted suicide. Parasuicide can be lethal and may result in "accidental suicides." For example, sometimes if you walk along the edge of a cliff, the ground gives way out from under you.
- **Attempted suicide** refers to serious, planned, self-destructive acts that result in significant but nonfatal physical harm. Unlike parasuicidal behavior, the individual's intent to die is high. The means employed in attempted suicide are typically more lethal than those in parasuicide. The use of lethal means is highly correlated with high intent to die.

Taken from Brock and Sandoval, Suicidal Ideation and Behaviors, in Crisis Intervention and Response: A Collection of National Association of School Psychologists Resources, in the Sunnyvale School District Pupil Personnel Crisis Intervention Manual

## Appendix Four General Interviewing Principles

### **Establish Rapport**

- Talk with the youth in a quiet, private space away from distractions. Speak calmly and slowly. The more confident and in control you appear, the more security the youth will feel.
- Use basic terms about feelings, such as “sad, unhappy, hurt, angry, discouraged.” Avoid using technical or therapeutic jargon.
- Label and reflect the student’s feelings by using phrases that reflect interactive listening, such as “It sounds as if you are feeling..., I’m hearing you say that you are...I wonder if you...” Feeling “heard and understood” is a very important part of connection.
- Don’t minimize or maximize a student’s problems or don’t dismiss a student’s thoughts as ridiculous or exaggerated. Try to encourage an honest expression of feelings.
- Try not to act judgmental. Expressions of anger, irritation, disapproval or moralizing about the student’s deficiencies only make the youth feel more isolated and vulnerable.
- Resist the urge to begin problem solving during the initial part of the interview. Sometimes the first problem you hear is not the full issue. Also, people need time to feel emotionally connected before they can switch from a process of disclosure to a process of problem solving.

### **If you don’t know the student:**

- In a straightforward way, identify that someone has indicated that the youth does not seem to be him/herself, appeared unhappy, seemed to not look well, or whatever. Try to cite facts and not inferences.
- Indicate that people are concerned and have asked that you speak with the youth. Approach the student from a viewpoint of caring and concern.
- Ask whether there is something bothering the student that the youth could talk about. Ask what has been going on recently in the student’s life.
- Listen carefully to the answer.

### **If you know the student:**

- Indicate your observations that the student seems to be having some difficulty, not doing well, appears unhappy or seems to be getting into trouble often. Try to cite facts and not inferences.
- Indicate your concern for the student. Approach the youth from a viewpoint of caring and concern.
- Ask whether there is something bothering the student that the youth could talk about. Ask what has been going on recently in the student’s life.
- Listen carefully to the answer.

## Appendix Five Screening for Suicide

### **Red flag questions**

During the course of the assessment, a positive response to any of these three questions would usually be an indication the youth should be referred for a more detailed assessment. They are:

- **Are you thinking seriously about killing yourself?**
- **Do you have a plan for killing yourself?**
- **If you have been considering suicide, do you have the means to take your life?**

### **Additional indicator questions**

These questions are often useful in a preliminary assessment of risk. The McEvoy's consider three or more positives grounds for further referral, but they acknowledge the arbitrary nature of this count. The evaluator's judgment and sense of the youth are important. These questions serve to get a sense of risk by discussing serious issues.

- Have you made a previous suicide attempt?
- Do any adults who can help you know about this?
- Did you receive any help following your attempt?
- Do you still want to die? (See red flag questions above.)
- Have any of your family or close friends attempted suicide or taken their own lives?
- Are you having serious trouble at school, at home, or with the law?
- Can you see any way to solve the problems other than suicide?
- Do you have anyone to turn to for help or support right now?
- Do you get drunk or "high" at least twice a week?
- Do you feel deeply guilty or extremely angry about things that have happened?
- Do you have any hope that the future will be better?

(Adapted from Preventing Youth Suicide)

## **Appendix Six** **Advanced Risk Assessment**

The goal of conducting a more comprehensive assessment of suicide risk is to answer three basic questions:

- Accuracy—is the youth truly at risk?
- Magnitude—How great is the risk? Is the student in imminent danger?
- Source—What is the cause of the crisis?

All of this information the goal is to formulate an appropriate intervention.

### **Assess suicidal thoughts**

It is critical to assess the frequency, duration and intensity of a person's thoughts about suicide as a way of dealing with whatever the youth faces. The more time and energy spent thinking about death, the likely the higher the risk. Questions can be asked very directly about suicidal thoughts—do they occur, how often do they occur, how long do they last, how close the student has come to acting on the thoughts—as a means of getting a sense of risk.

### **Assess suicidal plans**

Generally, the more specific the suicide plan, the higher the risk. A detailed, specific and thought out suicide plan is of great concern and indicates immediate danger. However, since adolescents tend to be more impulsive than adults, the limited capability of some impulsive youths needs to be factored into the assessment of risk. Also, the use of alcohol is associated with much higher risk since it tends to reduce inhibitions.

Most suicide-prone youths will respond honestly if asked straightforward questions. If a student says nothing about having suicidal thoughts or seems deliberately evasive, it may be necessary to either have another interviewer reevaluate the child, or proceed as if there is risk.

### **Examine behavioral history**

Previous episodes of suicidal behavior are of concern, particularly if they were serious attempts, or if the child shows a pattern of increasing seriousness of attempts. A person with a history of a suicide attempt in the last year or a completed suicide within the family has a forty times higher risk than the general population. Multiple poorly defined physical complaints (which are likely indicators of stress) are also of concern. Family members or friends who have committed suicide are a serious indicator, both because of the modeling behavior and because of the desire to be reunited with the dead person.

### **Assess social relationships**

States of depression, anger, guilt and estrangement in the context of hopelessness are consistently associated with suicidal students. We know that if students who face serious problems feel isolated, rejected, or cut-off from significant others, they are at high risk of risk of developing a depressed condition that could provoke suicide. Some are also likely to feel a deep anger which they may direct towards others or which they turn inward. This is particularly true in cases where there is serious family dysfunction. It is important to get a sense of how the student characterizes

the dysfunction, and whether the student sees other means of support as being available and usable.

### **Assess suicide motivations**

Assessing motive for thinking about suicide can be useful in defining an alternative strategy to meet needs. Motives may include wanting to gain attention, wanting to receive help or get needs met, wanting to control others, escape from an intolerable situation or intolerable pain, or securing punishment or revenge against others.

Students who are in serious trouble at school, at home, or with the law can become suicidal in anticipation of expected punishment. Suicide can serve as a way to avoid the punishment, embarrassment, or humiliation they feel certain is forthcoming.

Perfectionistic, high-achieving and driven students can be at risk because of their fear of failure. They may believe that failure to meet impossibly high standards represents an intolerable loss of love or parental approval.

Some students who are struggling with sexual identity confusion may feel suicidal because of their guilt and self-hatred for their feelings, or because they have engaged in behavior which they find extremely embarrassing and distressing.

### **Assess perceptions of death**

Seriously depressed, guilty, angry or estranged students who hold immature or unrealistic views of death are at high risk. Possibly they fail to see death as final, or they may envision death as a mystical state from which they can magically return. Asking if the youth see themselves at their own funeral is often a good way to get information about the students views about death and the potential impact of suicide on others.

### **Determine future orientation**

Hope that the future will be better is a deterrent for suicide. Suicidal students have a limited future time orientation; they often appear stuck in the past or focused on their immediate problems. But when a student is making a plan for tomorrow it is a sign of hope. It is therefore important to determine how the student sees the future and if she or he has appropriate plans.

Hopelessness about the future, expressed through deep and prolonged depression, guilt, anger or estrangement is extremely dangerous. If such students perceive themselves as helpless, and their situation as hopeless with no way out or of improvement, they are at very high risk.

(This section has been adapted from Preventing Youth Suicide.)

**Appendix Seven**  
**Community Resources**

**Countywide**

**Mobile Crisis Services**

- Eastfield Ming-Quong Mobile Crisis Team (24/7 service)  
Immediately identify yourself as having a youth in crisis. They will send two therapists to the site who are qualified to evaluate the youth. They may develop a safety plan or can write a 5150 for transport to a psychiatric facility. They can arrange for prompt ambulance transportation (408) 294-0500

**Alcohol and Drug Abuse**

- **Gateway** is the county 24/7 entry point for referral to treatment.  
(408) 243-0222

**Crisis Housing**

- **Bill Wilson House** provides short term outpatient and residential treatment  
(408) 243-0222

**Helplines**

- **Suicide and Crisis** (24/7) (408) 279-3312
- **Alateen** (ages 13 to 19) (408) 243-9254
- **Contact Warm Line** (408) 279-0303
- **Youth Hotline** (24/7) (408) 247-7717
- **Kid Call** (3-6pm) (800) 546-7549

**Postvention Services and Consultation**

- **Santa Clara County Suicide and Crisis Service** (408) 279-3312

**Grief Counseling Support**

- **Centre for Living with Dying** (408) 980-9801  
“Healing Heart” for children with concurrent parent program
- **Hospice of the Valley** (408) 947-1233  
Children’s Bereavement Program
- **Survivors of Suicide** (408) 885-3288

**Culturally Specific Resources**

- **American Indian Center** (408) 971-9622
- **Asian-Americans for Community Involvement (ACCI)** (408) 975-2739  
24 hr hotline; extensive language, indiv/group/family therapy, shelter for battered women and children

- **AT&T Translation Service Center** (800) 874-9426
- **Billy DeFrank Lesbian and Gay Community Center** (408) 293-3040
- **Centro de Bien Estar** (408) 287-6200  
Hispanic focus, children and their Family in group counseling
- **Mekong Community Center** (408) 274-2453
- **Ujima Adult and Family Services** (408) 928-1700  
African-American Focus  
Parenting classes, youth programs, family Therapy and psychiatric evaluations

**North County**

- **Casa Say** 30 day residential program (650) 961-2622  
For runaway youths 13-18
- **John F. Kennedy-Community Counseling Center** (650) 524-4900  
counseling services  
For children, adolescents and families,  
Done by interns under supervision,  
Sliding scale

**Central County**

- **San Jose Police School liaison unit** is a resource for schools located in the city limits of San Jose. The unit operates out of the Community Services Unit and functions as a point of contract to the police department for schools within the city. They are available to discuss issues and assist in planning for emergencies. They are also available to broker services in the event of an attempted or completed suicide on campus. They maintain contacts with service providers and can assist in getting the appropriate agency or organization to meet the needs of students, families and staff. (408) 277-4133
- **Alum Rock Counseling Center** has a culturally competent mobile team that will provide counseling on site. 24 hour crisis line for 11-17 year olds (408) 294-0579

**This list is not exhaustive. Please feel free to add agencies to the list that you frequently contact in your area.**

## Appendix Eight School Crisis Team

A school crisis team is a group of key people who have prearranged, designated roles in a crisis situation. While the exact membership may vary, the key is that the group has been through a formal training process as a team so that each member knows how to cooperatively fulfill an important function during a school crisis. Sometimes team members wear special identifiers, such as armbands or jackets that help people identify them. Typical team membership includes:

- Principal (usually team leader), often functioning as site commander
- Campus Security
- Office Staff
- Faculty Liaison
- Parent Liaison
- Psychologist/Counselor
- Student Liaison
- Media Liaison
- Medical/Health staff
- Scribe

(Adopted from materials of the Sunnyvale School District and Palo Alto Unified School District)

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