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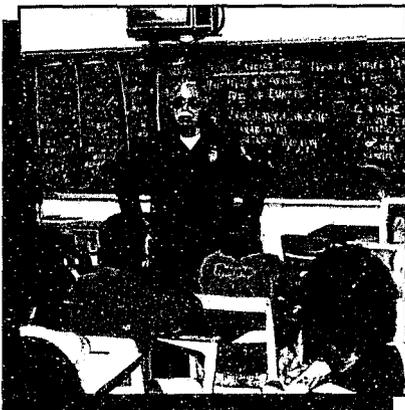


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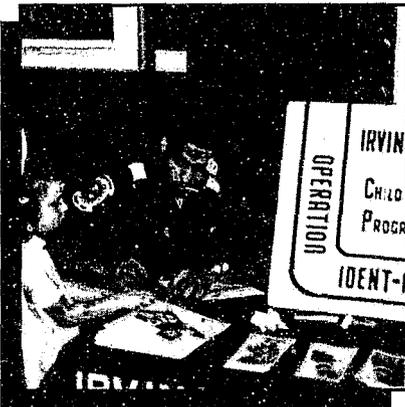




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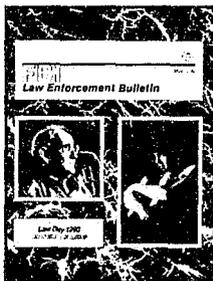
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The Cover: Two generations of Americans, the youth and the elderly, are the focus of this year's Law Day celebrations.

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William S. Sessions, Director

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High School Suicide Crisis Intervention

By
DAVID FISHER, M.A.

Teen suicide—a tragic reality—is a rising national phenomenon and the second leading cause of death among teenagers.¹ No school system or police department is immune from its psychological devastation.

After two students at Dixie Hollins High School in Pinellas County, Florida, committed suicide,

the number of reported suicide threats rose. To meet this crisis, the school's administration established a suicide crisis intervention team. The team is composed of two assistant principals, two guidance counselors, and the school's resource officer (SRO), each of whom have counseling experience and graduate degrees.

Role of the SRO

Most districts within the State of Florida have full-time school resource officers assigned to specific schools. In addition to law enforcement duties, SROs counsel students, teach classes, and act as resources for the school. Also, they receive training in crisis intervention and are the only persons on

school campuses with the authority to initiate and transport a student for involuntary psychiatric evaluation.

The key to the effectiveness of SROs is gaining acceptance and credibility among both the students and faculty. This can be done in a number of ways. For example, SROs can speak to students informally to show interest in them, or may discuss the suicide prevention team with faculty members. Also, through active involvement in such school activities as sports events and musical programs, they can change the image of SROs from "enforcer" to friend. Presentations by the SROs on stress awareness and management to students and the faculty can also help remove the stigma for someone seeking personal help or referring a friend.

Students at Risk

Suicide crisis intervention team members are trained to iden-

tify those students who may be considering suicide. They also instruct teachers about the warning signs of suicide, because teachers have the most direct contact with students and are the most likely to recognize these signs first.

Warning signs can appear in written assignments turned in by students or in behavioral clues that may express ideas of self-destruction or depression. Teachers are cautioned to be particularly attentive to warning signs during the peak stress times for adolescents, such as grading periods, homecoming, and prom and graduation weekends.

Counseling

Upon referral, each student in crisis is seen by a team member as soon as possible. Anyone seeking help is assured of confidentiality up front; however, the counselor will advise the student that it may be-

come necessary to subsequently notify mental health professionals to ensure personal safety.

Communication is never discouraged during counseling sessions. Team members allow the student to express thoughts and beliefs freely. In many cases, just having an adult show concern and pay attention to what is being said is all that the student needs to ease the crisis.

Usually only one team member counsels a student, but the other team members are later informed of the session. However, when dealing with an active suicidal threat, it is important to have several team members involved. In such cases, the potential victim is kept calm and is never left alone for any reason until additional help is obtained, and the team member having the best rapport with the student acts as the primary counselor.

Evaluation

Understanding teen suicidal behavior aids the evaluation process. Many times, there is no real intent by the teen to commit suicide, rather the actions are simply a "serious cry" for help. However, talk of suicide should not be dismissed or taken lightly. There is always the danger that teens making suicide threats may actually miscalculate and accidentally complete the act or cause serious bodily injury. Oftentimes, in suicidal pacts, teens may be talked into carrying out suicidal threats by other students and may feel the need to attempt suicide to "save face."

With transient or situational depression, a young person may have suffered a loss of a significant



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**No school system
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devastation.**
”

*Deputy Fisher is with the Pinnellas County,
Florida, Sheriff's Office.*

relationship, social status or self-worth or may be reacting to unidentified stressors. Although such situations may not appear unsurmountable to adults, the perceived trauma levels may well be exceptionally high to teens who lack the experience and coping skills to effectively deal with the stress.

Teens who are organically or chemically imbalanced are rarely identified, difficult to work with, and can only be diagnosed by a highly skilled physician. In such cases, when suicide is suspected, the only appropriate action is to advise parents to seek medical attention for their teen immediately.

The main operating principle of the suicide crisis intervention team is to **listen, evaluate, and get help**. The evaluation is not intended to be clinical in nature, but to assist in determining appropriate help options.

Suicide Attempts

During an attempted suicide at school or a barricaded situation that may result in suicide, the SRO is the one who takes the necessary steps to ensure safety. This includes trying to locate and secure weapons and drugs from the student, trying to coax the student into a secure area, such as an office, and removing on-lookers as quickly as possible from the scene. School administrators or backup officers may assist as needed.

If a firearm is involved, the SRO does not approach the student directly, but maintains cover while communicating with the potential victim. Because of the possibility of a hostage situation, school personnel are instructed not to get involved. The SRO handles the situa-

tion alone until the weapon is secured.

As soon as possible, the SRO begins communicating with the individual by asking the student's name. All conversation is conducted



Key Risk Suicide Indicators

High-priority Indicators

- Active attempt or threat
- Direct statements of suicidal intent
- Recent attempts or self-inflicted injury
- Making final arrangements, such as making a will or giving away items of personal value
- Specific method or plan for suicide already chosen

Other Indicators

- | | |
|---|---|
| ■ Feelings of hopelessness or helplessness | ■ Recurrent or uncontrolled death thoughts or fantasies |
| ■ Loss of interest in friends or activities | ■ Low self-esteem |
| ■ Depression/aggression (sometimes masked as vandalism or poor behavior) | ■ Loss of a family member or relationship, particularly by death or rejection |
| ■ Drug and/or alcohol abuse | ■ Frequent mood swings/self-imposed isolation |
| ■ Preoccupation with "heavy metal" music, morbidity, satanism or the occult | ■ History of child abuse (physical or sexual) |
| ■ Friend or relative who committed suicide | ■ Chronic physical complaints or eating disorders |
| ■ Previous suicide attempts | ■ Sexual identity conflicts |
| ■ Excessive risk-taking | ■ Unreasonably high expectations for academic or athletic performance |

in a calm, casual manner, during which the SRO expresses concern for the student's well-being and indicates a willingness to help. Once the student is identified, pertinent background data are obtained from

school records and family members are notified, even though they are kept from the scene and are not allowed to converse with the student.

Of course, in the case of serious injury or drug overdose, getting medical assistance is the overriding consideration. The SRO takes custody of the individual by any means necessary and as soon as possible, while ensuring officer safety, and arranges for medical transport. The SRO should be aware of local medical facilities that accept psychiatric patients.

Followup Care

Followup care could possibly be the most important part of suicide crisis intervention. Even though the crisis may appear to be over, and the individual appears to be recovering, there is the chance the teen is simply regaining energy to complete the suicide. Visits by a team member to

the student in treatment keeps the student from feeling forgotten, isolated, or betrayed.

Once the student returns to school, there is a critical phase of readjustment, and periodic visits with a team member are encouraged. The student still needs to know that someone cares and that help is available by only asking for it.

Helping the student develop and maintain positive involvement in school and community activities is also essential during followup care. Programs involving other students have been successfully used, and working with organizations having service-oriented goals gives teens a sense of purpose and directs their energy and focus outward.

Conclusion

Members of the suicide crisis intervention team are not certified

mental health professionals. However, they are capable of evaluating the needs of a troubled student and getting the proper help in a timely manner.

By using such strategies as quick response intervention, building positive relationships with students, learning basic alert and assessment techniques, and being aware of available resources, the suicide crisis intervention team has been able to help students. Since the inception of the team program in 1987, there have been no completed or life-threatening suicide attempts among the Dixie Hollins High School student population. **LEB**

Footnote

¹ Richard H. Schwartz, M.D., *Teenage Suicide: Symptom or Disease* (Springfield, Virginia: Straight, Inc., 1987), p. 4.

SRO Procedures to Follow During Suicide Attempts

- Ensure backup and emergency service units are out of sight of the suicidal teen
- Listen attentively and patiently, responding with understanding and empathy
- Ask questions that encourage the teen to express feelings or events leading to the crisis
- Be nonjudgmental
- Do not oversimplify solutions or make statements that trivialize the situation
- Avoid threatening gestures or flippancy comments
- Call in mental health professionals, clergy, or any one else who could possibly reach the troubled teen
- Suggest alternatives to suicide that can be made available to the teen
- Do not rush—take whatever time or steps necessary to get help for the troubled teen

Help Options

- Counseling
- Contact parents
- Peer support
- Community resources, such as family counseling centers, licensed private agencies, hospital outpatient services, government agencies
- Voluntary emergency mental health examination at a licensed facility
- Involuntary examination and admission at an approved mental health facility