

Title: CRISIS INTERVENTION PROGRAM
Index #: 50-03.01
Division: STUDENT
Section: ASSISTANCE
Effective Date: 9/11/95

Rationale

The impact of a student death whether by suicide, accident or natural causes can have a profound effect on the students and faculty of the school. The sudden and usually violent death by suicide is particularly difficult for students and faculty (Kaltreider, 1990). Regardless of one's knowledge about suicide the actual event usually triggers reactions of denial, numbness, shame, guilt, anger (Twinnam, 1990) and at times post traumatic stress symptoms (Kaltreider, 1990). Unresolved grief feelings can produce blame and resentment. Immediate and ongoing support within the context of the school is crucial to faculty and students' successful resolution of grief (Schwartz & Whitaker, 1990). Without an organized plan of action the sudden and overwhelming nature of the event can throw the system into temporary chaos thereby losing the opportunity for timely crisis intervention. Therefore, it is imperative for the School of Nursing to have a crisis intervention plan with a postvention component in place at all times so that students and faculty can receive immediate and full support.

Purpose

The intent of this program is to provide sufficient guidance and direction to enable faculty and staff to respond to nursing student's acute distress or grief in a helpful and ethical manner.

Faculty/staff will notify the appropriate school and/or university authorities when they think a student is in clear (imminent) danger to self or others (includes clients, students or other university or health care personnel related to the student's educational mission.

Faculty/staff will provide postvention support to peers and students keeping the details of the suicide within the confines of a "need to know" confidentiality framework.

Definitions

Acute Distress A student whose behavior is erratic, irrational or otherwise inappropriate and is displaying poor judgement to the point that self or others could be emotionally or physically harmed. This behavior could include social withdrawal, isolation and or comments indicating hopelessness.

Faculty All persons with a faculty appointment employed by OHSU or volunteering to teach students or having contact with students. Faculty status presumes that the role could also be limited to the advising role. Preceptors, adjunct faculty, and

others in a teaching capacity not employed by OHSU should have access to this policy and procedure and agree to follow the procedure.

Staff All persons employed by the School of Nursing in a staff position. This includes union and non-union positions and temporary positions. Student employees are addressed in the *Natural Helper* policy and procedure.

Support Support can include, but is not limited to: accurate timely information, feedback, emotional nurturing, ventilation with a non-judgmental person, temporary relief from responsibilities or extra resources to manage responsibilities, encouragement, acknowledgment, and appreciation.

Implementing Procedures

Procedure for Managing Students at Risk for Suicide

The procedures listed below address student situations from the most to the least crisis oriented.

Reporting Responsibility

1. Faculty/staff are expected to report student name/s, behaviors, and situations to the Director of Student Affairs, that could be harmful to: (1) the student or others and/or (2) to the integrity of the school and university.
2. Report the situation and student names/s to the student health service. The information will remain strictly confidential and could be useful if the student uses the services in an emergency.

Referral and Assistance

1. If a faculty/staff person learns from the student that he/she is contemplating suicide, it is appropriate for the faculty/staff to assist the student in getting mental health counseling.

In an acute situation a student may be walked or driven to the OHSU Emergency Services or Student Health Services (SHS) by the faculty/staff or in extreme cases by campus security. The emergency services includes psychiatric emergency care.

In a less acute situation a student may be escorted to the SHS if psychiatric emergency care is not necessary but the student is in a crisis.

In situations where the faculty/staff member is concerned but there is no immediate crisis a student should be referred to the SHS for referral resources, or referred to student affairs for mental health referral resources.

2. Faculty/staff will retain the role of faculty/staff as opposed to health care provider. As faculty/staff, one has the responsibility to serve the university and its missions. The provider-client confidentiality principles do not apply to the faculty/staff-student situation. Faculty/staff are expected to treat student confidences with respect and discretion.
3. Teamwork and consultation from the student health service and/or administration will afford the faculty/staff the best support to give the student the best of our decision making.
4. It is expected that the faculty/staff member managing a student in a crisis situation will receive support both during the situation to ensure solid decision making and after to debrief the event with the postvention team.
5. If a student has survived a suicide attempt, faculty/staff are: (1) encouraged to maintain contact with the student (honoring the wishes of the student), for example visiting the student in the hospital or making a telephone call to the student at home; (2) expected to urge the student to receive ongoing counseling.

Procedure for Managing Postvention After a Suicide, Accident or Natural Death Occurrence.

Postvention are interventions designed to mediate the impact of the death, facilitate the grieving process, and maximize individuals healthy coping efforts.

Notification Responsibilities

Administrative units have responsibilities for notifying certain individuals or units. Each person with such a responsibility will have a notification list prepared so that immediate action can be facilitated:

It is the responsibility of the Dean or designee to announce to the faculty the occurrence of a death and indicate that the postvention team will be available to faculty and students.

It is the responsibility of the Office of Student Affairs to communicate with the family to determine the family wishes about confidentiality and plans for services and to offer official condolences on behalf of the school.

It is the responsibility of the Office of Student Affairs to notify the students in writing of the loss and informing students of available resources. Students most closely associated with the deceased student (the speciality cohort of students, or section) should be told in person or over the phone by faculty with whom the students have a relationship. Student Affairs coordinates this effort.

It is the responsibility of the Student Affairs Office to communicate with other units in the university on the Portland Campus regarding the suicide. (Student Health Service, Registrar, Financial Aid Office, Student Affairs and Presidents office, Fitness Center)

It is the responsibility of the Associate Deans of EOSC, SOSC, & OIT to communicate with the appropriate local campus units regarding the death.

It is the responsibility of the Vice President of Student Services to be the point person for the media. It is critical that if the media gets involved the story focuses on steps faculty are taking on behalf of family students and faculty and the date of the funeral. It is important that the same story be given to all inquiries (Capuzzi, 1994).

Vigils/Memorial

Student Affairs will immediately organize a memorial vigil to be held as soon as possible after the event. The vigil will be held at the School of Nursing. Classes may be excused for a short period of time.

Postvention Team

A postvention team is always in existence so that in the event of a student death the team can act quickly to work with faculty, staff and students (Kaltreider, 1990). The postvention team should be dyads of faculty who can work together and respond rapidly. Other resources for faculty may be activated following the teams immediate response. The Student Health Service should be the postvention team for the students.

The postvention team should focus on the emotional impact on the survivors not the details of the students life and reason for the death (Twinaime, 1990).

The Student Health Service will be notified by School of Nursing Student Affairs and support mechanisms will be implemented (individual and group counseling for students) by the SHS mental health professionals.

Each year during faculty and student orientation the mental health staff from the Student Health Service will introduce themselves to the faculty and students and describe their services.

The Employee's Assistance Plan (EAP) may be available to call for faculty support.

Attendance at religious services is encouraged. Faculty, student affairs, associate deans and staff share in the responsibility to notify students of time and place.

The dean's office sends condolences on behalf of the School.

Notes

REFERENCES

Capuzzi, D. (1994, September). Recognition of high risk factors in students. Presentation at OHSU School of Nursing Faculty Orientation, Portland Oregon.

Kaltreider, N. (1990). The impact of a medical student's suicide. Suicide and Life-Threatening Behavior, 20(3).

Schwartz, A. & Whitaker, L. (1990). Suicide among college students: Assessment, treatment and intervention. In S. J. Blumenthal & D. J. Kupfer (Eds.), Suicide over the life cycle; Risk factors, assessment, and treatment of suicidal patients (pp 303-340). Washington, DC: American Psychiatric Press.

Twinaime, G. (1990). Techniques for surviving a student's suicide. Journal of Nursing Education, 29(9).