

PROTOCOL FOR CRISIS INTERVENTION IN YESHIVA/DAY SCHOOLS

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Menachem Education Foundation

Prepared by:

Dena Gorkin, CPP

Gitty Francis, LMSW

Protocol for Students in Crisis and Pre-Crisis

As Chassidim of the Rebbe, we know that המעשה הוא העיקר, and that a sigh about the issues our students have is not enough. With this in mind, we have developed a protocol for dealing with students in crisis, so that no school administrators should be unprepared for dealing with a crisis, ח"ו and that no student should ח"ו be left without help when in need. The protocol below was developed with the help and feedback of many mechanechos who shared the needs of their schools in providing appropriate care for children in crisis.

Crisis: a time of intense difficulty, trouble, or danger that impairs the child's ability to be a functional student. The student's behavior clearly indicates that outside support is needed.

Distress: anxiety, sorrow or pain that cause a noticeable change in behavior. The extent to which the child's ability to be a functional student is or will be impaired is not yet known.

This protocol assumes the following prerequisite conditions:

- The school has a trusted Rav who has a good understanding of and experience in dealing with complex family situations and mental and emotional health issues.
- The school employs or contracts with a licensed mental health professional
- The school has a mechaneches system where there is at least one designated school staff member who works directly with students outside of the classroom. This person does not have to be a mental health professional, but must have ongoing training in dealing with various types of crisis.
- The highest standards of confidentiality are maintained and students know with absolute certainty that keeping confidence is a high priority.
- The school has a designated individual, preferably the mechaneches, who contacts parents sensitively to discuss student crisis situations

- The school administrators have complete trust in the mechaneches to deal with crisis situations and do not demand to be informed of details of a situation except on a need-to-know basis.
- The school maintains a current list of available and competent frum or frum-informed* mental health professionals of varying disciplines, as well as rehab facilities and prevention/intervention organizations.

Identifying the Student in Crisis

There are many indicators that a student is in crisis. Below is a partial list of behaviors that may indicate a student in crisis. Many students in crisis will exhibit more than one of the behaviors listed. Please take note if a student:

- Is late to school 20% of days or more
- Is absent from school 20% of days or more
- Cuts classes more than 10% of the time
- Doesn't hand in any assignments
- Refuses to daven
- Consistently fails tests
- Cannot sit still in class for more than 10 minutes
- Cannot focus for an entire class period
- Panics/shuts down when she doesn't understand information in class or instructions on an assignment or test
- Cries easily
- Chronically lies
- Expresses anger more often than peers
- Does not engage socially with other students
- Does not make eye contact or has trouble making eye contact
- Appears chronically tired or sleeps in class
- Regularly has bloodshot eyes
- Spends excessive amounts of time in the restroom
- Is losing a noticeable amount of weight
- Is gaining a noticeable amount of weight
- Talks about hurting or killing herself
- Has marked or sudden shifts in mood

**These are Mental Health Practitioners who are not frum or not Jewish but are well versed in the needs and standards of the frum community, and have become trusted resources for the school.*

Any student can have occasional lapses in behavior or mood. When identifying students in crisis, we look for two elements:

- **Patterns of behavior**
- **“Crisis outcry”**

Patterns of behavior include the frequency and regularity of a particular behavior. An example of this would be a student that avoids davening unless a particular teacher is in the room, or a student who only comes to school on Tuesdays and Thursdays. These types of patterns often indicate anxiety, depression or post-traumatic stress syndrome.

Crisis outcry is when a student behaves in a way that very obviously shows she is in pain. Sometimes a student speaks to a staff member or fellow student about trauma, anxiety, depression or a troubling situation taking place in or out of school. Very often, the student will choose to tell someone whom they a) trust and b) know cannot solve the problem. This is a show of her ambiguity about revealing her crisis; she wants someone to know yet is afraid of the fallout of bringing the issues out into the open. Sometimes the student will open up in a moment of courage, and then, upon realizing how huge a can of worms she has opened, will attempt to retract or make light of the issue (turtle shell syndrome).

In all cases where we have identified the student as being in crisis, action needs to be taken. A child in crisis is a child in pain, and she is relying on the adults in her world to lead her to healing.

Getting the Student Help

Every individual in crisis has a unique path to healing, and therefore there is no “one size fits all” fix. Whatever the journey is, there are certain steps that must be taken to ensure that the student is not in any imminent danger, and that there is no imminent danger to anyone she knows. Therefore, once a student has been identified as being in crisis, the following steps must be taken:

1. The teacher who is aware of the crisis speaks to the student in a private place about going for help. This must be done with the utmost sensitivity and discretion. Children in crisis often have trust issues, and therefore may take time to become ok with this idea. Say to the student: “This is a very heavy burden to carry by yourself. It’s time to speak to someone who can help. If you are not comfortable going alone, I am happy to go with you.”
2. Immediately schedule an appointment with the guidance counselor or mechaneches. It is best if the meeting with the guidance person can be done the same day, minimizing opportunities for the student to lose her nerve and change her mind about opening up.
3. Guidance counselor or mechaneches interviews the student who made a crisis outcry to identify crisis type and severity.
4. Guidance person notifies the parent or guardian that there is a crisis. If ch”v the crisis involves abuse by a parent or guardian, a Rov must be consulted regarding whether child protective services may be contacted.
5. Guidance person assists family or school/ community personnel with crisis intervention (ex: providing outside counseling, group therapy, hospitalization or rehab referrals).
6. Guidance person keeps an accurate record of time frames and actions taken to deal with the crisis. This is called a crisis report. The crisis report is stored in a locked file cabinet that is accessible by authorized personnel only. Some schools may use only online files. In this case, the records of a crisis must be securely kept in Dropbox or other folders that are only accessible by the person managing the case or other authorized school personnel.
7. In the event that there is imminent danger to someone involved, law enforcement, poison control, EMS services or other medical professionals may need to be contacted. This could be police, or emergency medical services. Once again, a Rov should be consulted if there

is any doubt about Halachic issues, but medical emergencies must be dealt with without delay.

8. Follow up with the student within 48 hours after crisis intervention. Maintain contact with the parents, who will likely need continued guidance. Obtain consent forms for school professionals and principal/mechaneches to communicate with outside mental health professionals.
9. Once the immediate crisis has passed, it is time to assess the “collateral damage.” Which staff members and students have been directly impacted, and how? Which have been indirectly impacted? It is necessary to identify the groups and individuals who may be concerned, scared or secondarily traumatized and refer them for support, whether in or out of school.
10. Student re-entry: Once mental health professionals have determined that the student is ready to return to school, a meeting with the parents must take place to create guidelines for her

comfort and safety. This should include the input of the professionals who are currently working with the student. Parents will need to sign consent forms for school mental health professionals, principal or mechaneches to communicate with outside mental health professionals. A re-entry plan might include the student starting to attend half-day at first, or leaving several times a week for appointments. It is up to school administrators to decide how flexible they can be without compromising their school structure. Parents are responsible to ensure that their child is receiving ongoing professional help outside of school.

11. Principal and mechaneches/guidance counselor should meet with the student prior to her re-entry in order to make her feel wanted and safe. Together they should work out a plan for how the student will re-enter comfortably and how she will manage her emotions if she feels she is struggling (e.g. do grounding exercises, take a walk, go home for an hour).

Here is a partial list of organizations that offer help and guidance. Most are based in New York but provide support for people from all over the world:

Chai Lifeline Project Chai
Crisis Intervention
Yisroel Davidsohn
646-529-1351

Hatzalah Mental Health
Menachem Freeman
917-295-0068

NCFJE/Operation Survival
Substance Abuse Prevention
Yaacov Behrman
718-735-0200

Amudim
Substance Abuse Intervention
646-517-0222

ASAP
Counseling funding for
Sexual Abuse Victims
Admin@asap.care

Rachel's Place
Shelter for teenage
girls ages 16-21
Aviva Feiler, Director
917-685-7214

Project YESS
Rabbi Yaacov Horowitz
(845) 352-7100

Twisted Parenting
Avi Fishoff
718-902-6666

Neshamos
Neshamos.org