

Newport-Mesa Unified School District



Threat Assessment & Intervention Manual

This handbook was drafted in order to provide all site-level mental health professionals and related services personnel with a resource to provide standardized and validated treatment and intervention protocols to students who are at-risk for suicide or related threats.

The goal of this handbook is to provide you with a systematic method for dealing with such referrals and to provide you with the confidence you need to make high-stakes decisions about how to intervene in these student's lives.

Enclosed you will find screening and documentation forms that are to be utilized whenever a student is referred to you due to suicide related concerns. Once completed, these documents are not to be placed in the student's cumulative file. They are for your confidential records and to be stored in your confidential working file.

If you have any questions about how to intervene with students who are at-risk for threat-related behaviors, please do not hesitate to contact your site school psychologist.

Suicide and self-harm are a significant concern at all school sites. It is believed that the adoption of these materials will help to make our campuses a safer place.

This protocol manual is a compilation of procedural documents from both the Los Angeles Unified School District as well as the Murrieta Valley Unified School District as well as trainings from Richard Lieberman of LMU.

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Threat Protocol

- Student is referred to mental health professional. If an available counselor or school psychologist is unavailable, referral should be given to an available administrator or designee, or other designated school staff member.
- Once student is contacted **do not leave the student unsupervised until a threat assessment is completed.**
- Contact administrator/designee to inform them that threat assessment is in progress.
- Contact another counselor or school psychologist to inform them that a threat assessment is occurring.
- The counselor or psychologist assesses student to determine risk level.
- Consult with another counselor or psychologist to verify risk.
- Contact parent/guardian and document assessment.
- Follow recommendations for risk level.
- Complete risk forms and document that a risk assessment was completed in AERIES.
- File a CPS report if necessary.
- Complete follow up procedure(s).
- If student is receiving special education or related services, and IEP meeting or staffing should be conducted to determine follow-up procedures and documentation of incident.

NMUSD Threat Assessment Risk Form – Confidential

Referral Date: _____ Time: _____
Student's Name: _____ Age: _____ Gender: _____
Parent/Guardian: _____ Phone: _____
Middle/High _____ Grade: _____ Ethnicity: _____
Person completing TARF: _____ Title: _____

Name of Person you Collaborated with: _____

Student Referred by:
Self _____ Parent _____ Teacher _____ Counselor _____ Other: _____
Previous TARF _____ Yes _____ No _____

Reasons for Referral:

_____ Direct threat to self	_____ To others
_____ Indirect threat to self	_____ To others
_____ Sudden changes in behavior	_____ Signs of depression
_____ Previous attempt(s)	_____ Truancy/running away
_____ Giving away possessions	_____ Frequent complaints of illness
_____ Mood Swings	_____ Alcohol or drug use
_____ Self-injurious behavior	_____ Other: _____

Threat Level Determination: Level 1 _____ Level 2 _____ Level 3 _____

Reasoning: _____

Intervention:

_____ Parent/Guardian contact date/time: _____
_____ Resources provided to parent/guardian including: _____
_____ Outside referral made: _____
_____ Child abuse report filed. Name of social worker and report #: _____
_____ Referred to SRO. Name of Officer: _____
_____ Hospitalization or PET team _____
_____ School-based counseling: _____
_____ Program modification: _____
_____ Other: _____

School Psychologist _____ Date: _____
Site Administrator _____ Date: _____

Threat Risk Levels

Risk Level 1

Thoughts of suicide or harm to others, but no previous attempts, no plan. Student may demonstrate inconsistent signs of depression, direct or indirect threats, change in personality, evidence of thoughts of self-harm or harm to others in written work, or obsession with macabre.

Risk Level 2

Suicidal or homicidal thoughts with a possible plan but no means. Student may demonstrate destructive behavior or threats. Other risk factors include: previous attempts, recent suicide or death among family and/or friends, presence of depression, changes in medications or life circumstances, etc. Student's plan may be disorganized or not well thought out. Student may engage in a consistent pattern or self-harm that is highly ritualized.

Risk Level 3

Thoughts of suicide or homicide with a plan and means to carry out plan. Student cannot commit to safety and may have: previous attempts, presence of risk factors, lack of support system, etc. Risk to student or others appears imminent and student has an organized plan and intentions. Students who have a less organized plan and/or thought pattern may be bumped to level 3 if there are significant risk factors present.

Note

- Presence of risk factors may increase Risk Level
- Access to lethal means with no commitment to safety automatically means they are to be considered a Level 3.
- Always consult with another mental health professional and administrator before determining course of intervention.
- Never leave student unsupervised once they have been referred.
- No harm contracts are not to be used in isolation. Additional interventions are needed to support a student with high risk (e.g. providing referrals, contact with family, safety planning, counseling support, etc).
- The risk levels are designed to help you make decisions; they are not absolute measures of threat levels.

Questions to ask when assessing threat risk in students

Ask the following questions when completing a threat assessment to determine student's risk level. Make sure to assess whether or not student has thoughts of harm to self or others, history of thoughts or attempts, a plan to carry out threat, and/or means to carry out threat.

Checked boxes indicate risk level:

Risk Level 1

- Has the student thought about suicide or harm to others? Specifically ask the student if the student has had thoughts of hurting or killing themselves or others.

Risk Level 2

- Has the student tried to hurt themselves or anyone else before? If so, ask about when, how, and whether or not student received professional support after. Ask about additional risk factors such as drug and/or alcohol use, personal relationships, familial concerns, etc.

Risk Level 3

- Does the student have a plan to harm him/herself or others?
- How is the student planning to harm self or others and do they have access to the means to carry out threat?

Threat Screening Questions

Current Situation: On a scale of 1 to 10, 1 being as bad as it has ever been, and 10 being as good as it has ever been, how would you rate your life right now? Ask what is going on in their life that makes them feel that particular number. Determine current stressors, home, school, family, etc.

Somatic Questions: Have you had or are you having any recent health concerns? Are you taking any kind of medication now or have you in the past? If so, what medications? Have you ever been hospitalized? If so, for what?

Reality Check: Determine how aware the student is with present time and space. Can they keep up a train of thought? Are they disoriented? You may ask questions like how long have you lived in (insert town). What time is it right now? How old are you? This is standard procedure in a mental status exam.

Drug Use: Determine drug use or alcohol use. Determine frequency, last use, etc. If a student is positive in this area, get as much information as possible. Drug use is a major risk factor for suicide. Note if the student is currently under the influence.

Emotional: Have you ever felt depressed or very sad for a couple of weeks or more? Do you feel lonely or empty inside? How about recently? Do you ever think the world would be a better place without you in it? Do you feel as if nobody loves you? Do you feel like there is no way that anything is going to get better? Do you feel like you are in control of your life right now? Where do you see yourself in 10 years? Probe for loss of interest in activities. Determine specifically if student has any psychiatric diagnosis. Such diagnosis are a major risk factor separating those that attempt from those that merely ideate.

Behavior: Determine coping mechanisms. How do you deal with stress or anger? Have you ever attempted suicide? If so, when and how? Ask about high risk behaviors such as self-injury, acting out, etc. Determine change in behavior patterns (sleeping, eating, and concentrating). You are specifically looking for irrational thinking and problem solving skills.

History: Any information that would be relevant to a student's behavioral, cognitive, or emotional state. Consider major life traumas, living situation. History of loved one or friend committing suicide. History of abuse, etc.

It is important that you do a thorough interview with the student in order to determine risk level. If student becomes noncompliant or combative or is unable to answer these questions you should refer them to the SRO or CAT team to determine if they need to be hospitalized.

RISK LEVEL INTERVENTIONS AND FOLLOW UP
Do not leave student unsupervised

Level 1

- Consult with another professional and administrator
- Contact parent/guardian and give resources
- Complete **Student Agreement Plan** with student
- Document assessment
- Monitor student for the rest of the day after contacting parents
- Hold parent conference within 24 hours
- May elect to have parent take custody of student
- Conduct ongoing informal check ins with student to monitor behavior
- Consider Tier I counseling support
- Document in AERIES that a Threat Assessment was completed

Level 2

- Consult with another professional and administrator
- Complete **Student Agreement Plan** with student
- Complete **Protective Contract** with student
- Complete **Student Safety Plan** with student and communicate plan to school staff, as appropriate
- Contact parent to provide resources and information
- Parent needs to sign **Threat Prevention Notification** form
- Attempt to have parent take immediate custody
- Student is to supervised and monitored for the rest of the day and only released into parent custody
- Hold parent conference within 24 hours
- Complete follow up with student when they return to school
- Have administrator present at meeting and handoff
- Mandatory 2 week monitoring or student upon return, as document in **Student Safety Plan**
- Consider Tier I or Tier II Counseling support, consult with PSS and notify IEP team
- Document in AERIES that a Threat Assessment was completed

Level 3

- Contact parent/guardian for immediate custody
- Parent needs to sign **Threat Prevention Notification** form
- Provide parent/guardian resources and information about emergency services and therapeutic support
- Contact SRO and or call the county CAT team if parent is unresponsive or if student behavior is immediate threat to safety
- Complete follow up with student when they return to school and complete **Student Safety Plan** with student and communicate plan to school staff, as appropriate
- Complete **Student Agreement Plan** with student when he/she returns to school
- Mandatory monitoring for several weeks upon return
- Consider Tier 2 counseling support, consult with PSS and notify IEP team
- Document in AERIES that a Threat Assessment was completed

Provide SRO with all obtained information in a cohesive and timely manner. They will utilize your information to make a determination if a 5150 is needed.

Warning Disclaimer:

No harm contracts should never be used in isolation

School officials are held to the reasonable standard test which means that you need to think about how a reasonable person would interpret the information that you have available to you in making a decision about how to intervene with a particular student. Always error on the side of caution. However this does not mean that every student should be considered Risk Level 3 just for being referred nor should the CAT be called for all students who have ideations.

School officials are subject to civil liability if they fail to meet this standard of care.

A formal follow-up plan may not be required for all students, discretion is given to school teams in making that determination. A follow-up plan or procedures should always be implemented for a student who attempts suicide to transition them back to the school setting.

If a student ideates as a form of ritualized behavior (e.g., autism), a TARF should be completed the first time the behavior occurs. Subsequent TARFs should only be completed if it is determined that the student has an elevated level of risk that has not been previously documented. Interventions should be targeted and documented to remediate the maladaptive behavior.

Whenever a threat assessment is conducted, that student is at some level of risk.

Additional Notes:

Popular Myths About Suicide and Other High Risk Behaviors

- Giving away possessions is a key marker of suicidal behavior
- Notification is indicative of low risk
- Students who commit suicide are always depressed
- Bringing up suicide will make the student think more about it
- Suicide only happens when kids have a messed up home life
- Harm contracts work in isolation
- We don't have the ability to intervene at school
- Risk is over after the initial referral
- Students determined to be at level risk do not attempt suicide

Risk Factors for Threat-Related Behavior

- Drug or alcohol use
- Family member or close friend who has committed suicide
- History of previous attempts
- Mental health diagnosis
- Poor coping skills
- Low self-efficacy
- Low resiliency and/or social connections
- Extreme stressors

Support is also available through the NMUSD Psychological Support Services Department for all students and families attending schools within the district. PSS Staff can assist school site staff in completing Threat Assessment or providing resources for support to the student and family.

For additional information about services that are available through PSS contact your site psychologist or PSS at

Psychological Support Services
BESST Center
2045 Meyer Pl., Building D
Costa Mesa, CA. 92627
(949) 515-6738

Protective Contract

I, _____, promise to not engage in any behavior that will or may cause bodily injury to myself or others. Should I have any thoughts or feelings

about hurting or myself, I promise to contact one or all of the people listed on this contract. These individuals include:

1. _____
Name Number Location
2. _____
Name Number Location
3. _____
Name Number Location
4. _____
Name Number Location

**IF NONE OF THE ABOVE ADULTS ARE AVAILABLE TO CONTACT THEN
I WILL CALL 911 AND ASK THE DISPATCH OFFICER TO CONDUCT A
WELFARE CHECK TO KEEP ME SAFE.**

Student Signature

School Counselor/School Psychologist Signature

Parent Signature

Suicide hotline : 1-800-Suicide (1-800-784-2433)

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Threat Prevention Notification

I have been informed that the school has serious concerns about my child, _____, and his/her expressed desire to harm himself or others.

I understand that by signing this form I am acknowledging that the school is fulfilling its duty to notify me pursuant to Education Code Section 49602(c) regarding a matter involving my child's safety and that professional counseling and/or mental health support is recommended to begin immediately.

- Referrals for an evaluation for threat risk potential have been given to me and I understand that it has been recommended that I take my child to one of these agencies immediately to help ensure the safety of my child.

Or

- Referrals to local counseling services have been provided to me and I understand that it is recommended that I contact one of them directly to schedule an appointment to obtain professional psychological services for my child. Psychological Support Services are also available through the district if needed.

I understand that I may request a follow up meeting with school officials, that includes me and my child upon their return to school.

By signing the above, I also give consent to the district to contact outside mental health and/or medical providers for the purposes of treatment planning at school for a period not to exceed one school year.

Parent/Guardian Signature

Date

School Staff Signature

Newport-Mesa Unified School District Student Safety Plan

Student Name: _____ Staff Name: _____
 Parent Name: _____ Date: _____

Current Interventions

Social Worker **Probation**
 Name: _____ Name: _____
 Number: _____ Number: _____

Therapy **Academic Intervention**
 Name: _____ Type: _____
 Agency: _____ Time: _____
 Number: _____

Medical **Other Support**
 Name: _____ Type: _____
 Type: _____ Name: _____
 Number: _____ Number: _____

List of Medications Prescribed (times per day and dosage):

On-site counseling services (services and provider):

The purpose of this plan is to build the student’s support system on campus. By connecting students to a team of identified staff members we are providing a safety net of individuals that the student can turn to in a time of need. It is recommend that a minimum of three staff members be identified for contact for a minimum of two weeks and that the plan is re-evaluated after the initial two week period.

For the next two weeks _____ will check in with the following people:

Name	How often	When	Where
1.			
2.			
3.			

The following individual will be responsible for monitoring these contacts and their outcome(s):

Date and time for next meeting:

If the student is unable to follow the plan the following will occur:

Comments:

Student Agreement Plan

Name: _____

Date: _____

If I experience any of the following thoughts, feelings or self-injurious behaviors:

Feelings	Thoughts	Behaviors
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Or any event that causes excessive stress, I will follow this plan:

Student Signature: _____

Staff Signature: _____

Orange County Referrals List

Crisis

Suicide hotline	(877) CRISIS or (877) 727-4747
CAT Team	(866) 830-6011
Youth Evaluations (0-17)- ETS	(714) 834-6900
NAMI Warmline	(877) 910-WARM or (877) 910-9276
Spanish Suicide Hotline	(800) SUICIDA or (800) 784-2432
Trevor Line (LGBTIQ)	(866) 488-7386
211 Info Link Line	211

Children and Youth Mental Health

CYS (psych evals non-medical)	1200 N. Main St. Ste 500 Santa Ana, 92701	(714) 480-6600
WYS (MediCAL only)	1666 N. Main St. Santa Ana, 92701	(714) 704-5900
CSP Families First (CYS contract)	2130 E. 4 th St. Ste 150, Santa Ana, 92701	(714) 558-3801
OC Crew (youth with psychosis)	792 W. Town &Country Bldg. E Orange, 92868	(714) 480-5100
OC Mental Health Clinic	3115 Redhill Ave Costa Mesa, 92627	(714) 850-8408

Counseling

Hoag Community Health	307 Placentia Ste. 100B Newport Beach, 92663	(949) 764-6542
Providence Community Services	2183 Fairview Rd. Ste. 100 CM, CA 92627	(949) 515-5440
Turning Point Center for Families	2101 W. 4 th Street Ste. 150-BSanta Ana, 92705	(714) 547-8111
Human Options	1920 E. Warner Ave. Santa Ana, 92705	(949) 757-3635
Living Success Center	445 17 th St. Ste D Costa Mesa, 92627	(949) 645-4723
Diamond Family Counseling	4000 Birch St. Ste 203 Newport Beach, 92660	(949) 466-5176
OC ACCEPT (LGBTIQ)	600 W. Santa Ana Blvd. # 510 Santa Ana, 92701	(714) 667-5620
Chapman University Community Clinic	1 University Dr Orange, CA 92886	(714) 997-6746
Mariposa Counseling Center	812 West Town & Country Orange, 92868	(714) 547-6494
Child Guidance Center	525 N. Cabrillo Park Dr. Ste 300 SA, 92701	(714) 953-4455

Family Resource Centers

SOCFRC	23832 Rockfield Blvd. # 270 Lake Forest, 92630	(949) 364-0500
Minnie St. FRC	1300 E. McFadden Ave Santa Ana, 92705	(714) 972-5775
Corbin FRC	2215 E. McFadden Ave Santa Ana, 92704	(714) 480-3737
Oak View FRC	17261 Oak Lane HB, 92647	(714) 842-4002

Emergency Housing

Illumination Foundation	2691 Richter Ave, Ste 107 Irvine, 92606	(949) 273-0555
Laurel House Teen Shelter	PO Box 3182 Tustin, 92781	(714) 832-0207
Laguna Beach Teen Shelter	private location	(714) 842-6660

Health

HOPE Clinic (NMUSD)	BESST Cntr. 2045 Meyer Pl. Costa Mesa, 92627	(949) 515-6725
Latino Health Access	450 W. 4 th St Suite 130 Santa Ana, 91745	(714) 542-7792
Children's Health Initiative	1505 E. 17 th St. Ste 121 Santa Ana, 92705	(714) 619-4050
Share Ourselves (SOS)	1550 Superior Ave Costa Mesa, 92627	(949) 270-2100

Emergency Evaluation Centers

OCMH Emergency Centralized Assessment Team
(866) 830-6011

CYS County Clinics - Costa Mesa Service Area
3115 Redhill Ave. 92626 (714) 850-8408

College Hospital
301 Victoria St. Costa Mesa
(949) 642-2734

For therapeutic referrals see attached "Orange County Referrals List"