School District Mental Health Services

Trauma Intervention & Suicide Prevention

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PART I
Crisis Response Team

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A. Transformation

- Double homicide home, 1 middle age student
- Car accidents: 8 middle/high school students
- Suicides: 3 high school students
- Medical Emergency: 1 high school student
- Staff member, car accident
- Elementary, hit by vehicle

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Hemet Unified School District

Estimates
22,000 students
3,000 special education
+/- 75% free or reduced lunches

Race/ethnicity 2013-2014
1% American Indian
1% Asian
8% Black or African American
53% Hispanic or Latino
1% Filipino
31% White
5% Other

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Impact on Students

- Multiple crisis exposure
- Trigger preexisting mental health issues
- Minimization of crisis events
- Delayed impact
- Long range impact on school performance and adult functioning

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Old Service Delivery Model

- Criteria for triggering CRT, “principal request”
- Dysfunctional mobilization, volunteers
- Untrained school psychologist
- Poor coordination between site and CRT
- Poor communication among CRT members
- No adequate assessment of student need
- No unified theory of treatment
- Lack of adequate facilities for counseling
- Poor working conditions

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COST

- Intervention failed to meet student needs
- Re-traumatizing students
- Excessive numbers of students out of class, loss of instructional time
- Inadequate supervision of students: safety
- Poor aftercare services
- School Psychologist burn out/job dissatisfaction
- Staff trauma, school staff
- Inadequate staffing of future CRT

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CRT: Rationale

- Reduce risk of crisis event
- Response readiness
- Provide direction to minimize crisis impact
- Restore student and school equilibrium
- Treat crisis trauma and return to baseline operation/functioning

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CRT: Goals

- Improve adult reaction/behaviors
- Minimize crisis exposure
- Improve timely identification of students & staff in need
- Provide facts and adaptive interpretation
- Return students to a safe school environment
- Providing opportunities for action/aftercare

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Preparation

- Coordination under district B/M Health Team
- NASP: PREPaRE Model & Training
- Committee
- Policy & Procedural Manual
- Target Date: August 2013
- Trained School Psychologist
- Principal Orientation

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CRT: Criteria

Crisis Response Team

- Suicide
- Sudden death, accidental
- Sudden death, criminal
- Violent crime on campus
- Natural disaster

Targeted Site Intervention

- Suicide Risk/5150
- Threat assessment
- Child abuse allegation
- Staff criminal behavior
- Long term medical issues

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CRT: Leadership

- Coordinator, CRT
- Principal, or Designee
- CRT Operational Leader
- CRT Clinical Leader

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Coordinator CRT

- Receive initial contact
- Contact principal, identify operational leader
- FYI to Director of SPED/Office Manager
- Email all principals, am/pm
- Email other site administrators about students who may be impacted

Crisis Response Team

- Two 10 member teams: A & B
- 14 school psychologist
- 6 district behavioral & mental health staff
- Rotating Teams, Back Up
- Each team member has an assignment, either clinical or logistic (e.g. intake)

Crisis Response Team (CRT) Assignments 2015-2016

Team A				Team B		
Operations				Operations		
Tanisha	Operations Leader			Mike	Operations Leader	
Jeremy	Clinical Leader			Hope	Clinical Leader	
Site Psychologist	Logistics Leader			Site Psychologist	Logistics Leader	
Intake/Clinical	AM	PM		Intake/Clinical	AM	PM
Alex				Terri		
Venus				Krystal		
Gabriel				Marilyn		
Diana				Vickie		
Cassie				Michael		
Elisa				Yolanda		
Gina				Sherri		
	Group 1: Low Level Group					
	Group 2: Moderate Level Group					
	Group 3: High Level Group					

B. Mobilization

- Principal notifies CRT Coordinator, review establish facts, identifies Operational Leader
- CRT Coordinator Notifies Team Leaders (A & B), identify level of support; 1 or 2 teams
- Assigned Operational Leader text team members with instructions
- Backup Operational Leader text back up team placed on standby
- Send Principal *Administrator Checklist (handout)*

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Arrival on Site

- Operational and clinical leaders meet to discuss CRT job assignments
- Operational leader
  - * debrief with principal, including updated facts
  - * office manager about supplies needed (e.g. water, walkie talkies, markers, paper)
- Site school psychologist orient CRT to the facility and direct them to the intake area
- Teacher Meeting; as CRT is setting up intake, the Operational Leader is meeting with onsite staff

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On-Site School Staff Meeting

When:
- In the a.m. before school day begins

Who is involved:
- Principal & CRT Operational Leader
- Teachers & counselors

What is presented to staff:
- Reassure Staff
- Brief Explanation of CRT Purpose/Response
- Scripted Announcement
- Primary Risk Screening Form
- EAP
- “what to look for”

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Student Announcement

- Timing
- Social Media
- CRT team present
- By first period teachers
- Only once

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The CRT Box

Forms
- Primary Risk Screening
- Crisis Response Assessment Form
- Intake Summary Form
- Risk Assessment Forms

Other
- Boxes of Tissues
- Pencils/Pens/Markers/Clipboard
- Post its/Tape/Blank Paper
- Crayons/Construction Paper

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Intake Process

- Set up Designated Area for Intake and Waiting
- Clarify CRT Job Assignments
- Identify Entrance Procedures (Entrance, Exit, Line)
- Meet with student to Review *Primary Risk Screening Form*, Assign to Group
- Give student *Crisis Response Assessment Form*
- Direct Student to waiting area
- Log in information on *Intake Summary Form*
- "DATA" Collection

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Intake: Challenges

<u>Unknown Factors</u>

- Amount of Student Response

<u>Individual Students</u>

- Trauma History
- Family and Social Supports
- Emotional Self-Regulation
- Coping Strategies
- Mental Illness
- Developmental/Cognitive levels

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Group Assignments

- Sum the total points from *Primary Risk Screening Form*
- Assigned the students to the following groups at intake
  - 6-10 points – Group 1 (Low Risk)
  - 10-15 points – Group 2 (Moderate Risk)
  - 15-20 points – Groups 3 (High Risk)

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Low Risk

- Out of the area of the crisis site/event
- Did not know the victim
- Calm during/after crisis event
- Adaptive to daily activities at school

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Moderate Risk

- Present at crisis site/event
- Friend, acquaintance, classmate of victim
- Mild to moderate distress during/after crisis
- The student is unsure about their response to the crisis

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High Risk

- Crisis victim or witness (in proximity)
- Close friends, family member
- Excessive distress during/after crisis, including crying, fear, panic.
- High risk for suicidal ideation

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C. Treatment

Address mental, emotional, behavioral and physical crisis related concerns

- Systematically Assess
- Comprehensively Support
- Strategically Refer

Reassure sense of safety and perceived sense of loss!

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Preparing the Clinical Team

- Meeting with the clinical team including psycho-educational group outlines
- Providing facts about crisis events and relevant school culture
- Assign groups, low, moderate, high
- Identify pre-determined rooms for groups
- Provide bell schedule and site maps
- Discuss roll of site staff, moving towards transfer of care
- Shift towards providing support through group intervention

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Transitioning

From Intake to Groups

- Group leaders will be given assignment and student's *Crisis Response Assessment* form
- Locate designated counseling rooms and take students to group
- Students might bring existing self expression art materials created while waiting for group
- Remind students to take their assessment form to group and turn it in.

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Treatment Model

Psychoeducational

- Structured format (PREPaRE), providing a sense of containment/stability
- Impacts a large number of students/staff
- Crisis event occurs suddenly and perception of student safety jeopardized
- Immediacy is critical due to unexpected timing of event and severity of impact
- Event: feelings of personal loss, emotional distress and inability to focus, impacting daily functioning at school
- Provide student/staff with information and resources to process the experience and function more effectively

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Group Counseling: Steps

- Introduction
- Providing facts/Dispelling rumors
- Sharing Stories
- Sharing Reactions
- Empowerment
- Closing

Source: Brock (2002) Group Crisis Intervention, Best Practices in School Crisis Prevention and Intervention.

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Group Counseling Framework

- Inform students they are in a safe place
- Projects sympathy, compassion, and empathy
- Acknowledge difficulty dealing with crisis
- Normalize reaction to an abnormal situation and prompt coping strategies
- Stages of grief (Kubler-Ross)
- Evaluate the student's emotional reaction.....

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Group Counseling: Low Risk

- Groups may focus more on facts and rumors versus sharing personal experiences related to the crisis event or victims.
- Low Risk group members may only need one session before returning to their regular routine.
- Students may acknowledge person history of loss due to minimal crisis exposure.
- Acknowledge useful coping strategies during the closing portion of group.

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Moderate Risk

- Students in this group will benefit from reviewing existing coping methods and respond well to new coping strategies.
- Groups may focus more on sharing personal experiences and may need to return for the afternoon session.
- Inclined to discuss memorial or donation event.

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High Risk

- Students in this group may need extended periods of time to share stories and personal experiences related to the event or victim.
- Students may need additional time to focus on coping skills and identify supportive individuals.
- Such students may need referrals or linkage for outside mental health services.

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Monitoring Groups

- Clinical leader checks groups periodically
- Transferring students between L/M/H groups, appropriate match
- Transferring high risk students to more targeted individual support

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Memorials

- Redirect the creation of classroom decoration, including empty seat
- Redirect creating permanent memorials
- Activities vs markers,
- Series of small events vs one large event
- One event by the end of one week
- Planned/form committee
- Sensitivity to diversity, rituals, beliefs
- Developmental consideration

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Crisis Event: Suicide

- Prevent Contagion – 5% cluster effect
- Red flags – Suicide Pacts
- Memorials – Short term/minimal exposure to school community
- Aftercare – Linkages (school and community)

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Continuation of Care

- Parent contact/acknowledgement of concern and referrals provided
- Transition to school site staff
- Community based referrals (e.g. Hemet Hospice)
- IEP/504 plans

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D. Collaboration

- Principal
- Office Manager
- Attendance Clerk
- School Counselors
- Security
- Clinical Leader
- Site Psychologist

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Parent Communication

Discuss with principal
- Confirmation of parent link or letter
- If need assist principal with notification
- Check with office manager about incoming calls
- Students receiving crisis counseling by district team
- Cards/letters sent to victim's family
- Anticipate adverse reaction from parents

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Caring for CRT Staff

- Map of school, bathrooms
- Storage of purses, personal property
- Provide coffee, water, food
- Provide Breaks/ Lunch, without interruption
- Laptops/computer access
- Monitoring for signs of distress
- Ongoing checks with each CRT member, including site psychologist

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School Staff Trauma

- Review procedures w/principal
- Boundaries between certificated employees
- Identification of staff trauma
- Counseling staff
- Student vs staff death
- Send home/provide substitute
- Employee Assistance Program (EAP)

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Debriefing: School Staff

- Staff meeting at the end of the day or following morning
- Feedback on student response to counseling
- Unidentified students
- Update facts/dispel rumors
- Review plan for the following day

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CRT Debriefing

- End of each day
- CRT Team
- Evaluate group/individual supports
- Highlight effective interventions
- Solicit feedback from team about implementation

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Planning for following day

- Identification of needs
- Types of groups needed
- Downsizing staff from CRT
- On-call team called off or place team on stand-by
- Debrief with CRT Coordinator

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The 2nd Day

- Follow up with targeted students
- Respond to new students
- Transition students at continued risk with site staff
- Releasing member of the CRT

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The Day After CRT Response

- Email: Thank You
- Logistical and Clinical Leaders review event
- Document CRT Event
- Restock "The Box"

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PART II
Suicide Prevention

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Source Material

- American Association of Suicidology
- American Foundation of Suicide Prevention
- American School Counselor Association
- National Association of School Psychologist
- TREVOR Project (LGBTQ)

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Committee Participants

- School Psychologist
- School Counselor
- Mental Health Therapist/Specialist
- School Nurse
- Administration

Reviewed with District Leadership, Principals, Assistant Principals

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Areas of Concern

- District not current w/Best Practices, needed updating
- Different Interpretation of District Procedures
- Role Confusion
- Excessive number of 5150
- Time delay: Identification and Risk Assessment
- Inadequate Aftercare (Safety Plan)
- No Systematic Primary/Secondary Prevention
- Inadequate Resources

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Objectives

Today

- Update District Procedures (2008)
- Consistent Interpretation/Application of RA
- Improve Assessment Skills/Safety Plan
- Improve Site Based Communication
- Development of Risk Assessment Teams

Long Term

- Demographic Characteristics (Data Collection)
- After Care Programs
- Primary/Secondary Prevention Programs

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Definitions

- Self Harm
- Suicide
- Suicide Ideation
- Suicide Behavior
- Suicide Attempt
- Risk Factors
- Risk Assessment/Team
- Suicide Contagion
- Postvention (Site/District CRT)

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Risk Assessment Team

Two Member Risk Assessment Teams (RA-Team)

Required
Qualified Counseling Specialist (QCS)
* PPS: Counselor, Psychologist, Social Work
* LMFT, LPCC, LCSW, LCP

Optional for Elementary/Alternative Schools, the 2nd member of the RA Team may include school administrator or school nurse (excluding health techs)

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Forms

- Report of Risk Assessment (A)
- Clinical Interview (B)
- Safety Plan (C)
- Suicide Prevention Parent Notification (D)
- Re-Entry to School (E)
  * MH Professional Letter (F)
  * Parent/Guardian Letter (G)

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Procedures

Identification
- Based on Ideation, Behavior, Informants
  - Self report, threat
  - Suicide notes, posting on social media
  - Peer/family reports
  - Self mutilation, other warning signs
- Staff refer student to RA Team
- Supervision of Student
- Notification of Administrator

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Clinical Interview: IS PATH WARM

Ideation: threaten or communicate to harm self
Substance Abuse: excessive or increase use
Purposeless: no reason for living
Anxiety: agitation, sleep, nervous all of the time
Trapped: no way out, stuck
Hopelessness: nothing will change, no matter what
Withdrawing: from family, friends, activities
Anger: uncontrolled rage, revenge
Recklessness: Risky or daredevil acts
Mood: dramatic changes in mood

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SAFE-T

- Risk Factor
- Protective Factor
- Suicide Inquiry
- Risk Level/Intervention
- Document

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Clinical Interview

- Interviewer and Observer
- Build rapport with student
- Check health office for medical concerns
- On completion of Clinical Interview, develop Safety Plan, signed off by student & parent
- Level of Risk: Low, Moderate, High
- RA Team will determine the level of risk and inform site administrator regarding course of action
- Contact Parent
- Concerns about abuse: CPS

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Low Risk

- Low Risk
  - thoughts of death,
  - no plan to take life, intent, or behavior
  - student has coping skills,
  - supportive relationships,
  - has future life plans

Provide parents with resources for support services

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Moderate Risk

- Moderate Risk
  - Multiple Risk Factors
  - Family problems, poor coping skills, cognitive deficits
  - Hopelessness, not plans for the future, past attempts
  - Depression
  - Suicide ideation with a plan, but not behavior or intent

Contact County Mental Health

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Low to Moderate Risk

- Most Students
- Require parent contact
- Intervention required
- Facilitated by RA Team

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Low/Moderate Risk Guidelines

- Remain in adult supervision/private/confidential
- Parent contact to participate in conference at school
- Review results of risk assessment, Safety Plan, and Suicide Prevention Parent Notification
- Low Risk: Parent Resources
- Moderate Risk: Coordinate care with SJCMH, including calling county mental health that a student will be arriving shortly.

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High Risk

- Potentially lethal suicide attempt
- Persistent ideation with strong intent or suicide rehearsal
- They have a plan, means, intent to carry out
- Date & time

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High Risk

- Both RA team members remain with student
- Contact the SRO Immediately to make determination for Hospitalization (5150)
- Provide Officer with Re-Entry Forms
- SRO will contact Parent
- Develop Safety Plan for student return
- Make follow up contact with parent/guardian

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Contacting Parent/Guardians

- Introduce self, purpose of call, ED code
- Assessment was completed, request presence for parent conference
- At conference inform parent of risk assessment results, determine any history with parent, and community mental health providers.
- If there is a mental health provider get release of information signed.
- Discuss mental health options, need for immediate evaluation through county mental health
- Contact county mental health, notification of student arrival

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Before Parent Leaves

- Review Safety Plan, Sign
- Suicide Prevention Parent Notification, Sign
- Identify the primary contact on campus (QCS)
- Set up reentry meeting
- Recommend securing dangerous items in home
- Call 911 if situation changes
- Parent Responsibility for Care: CPS

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Uncooperative Parents

- If parent doesn't answer call or return message; call emergency card contact
- If parent refuses to come to campus, consult with site administrator about possible options
  - Release to responsible family member
  - Home visit
  - SRO: 5150
  - CPS
  - Other

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Re-Entry to School

1. Anticipate that the student will arrive back on campus the following day.
2. All students will be allowed to return to school regardless of documentation of safety by medical providers!
3. Typically medical providers and mental health professional do not fill out district forms.
4. Student are at increase risk if sent home/isolation.
5. If concerns about the student's immediate safety then initiate a new risk assessment.

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Debriefing

- RA Team member will debrief w/student prior to going to class
- Review the Safety Plan w/student
- Contact parent for follow-up information
- Contact mental health professionals, release of information
- If student was hospitalized, meet with parents on student arrival, review recommendations, new appointments, medication changes.

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Safety Plan: 3 Points of Contact

- Day of student return
- Following week
- Two weeks

Maintain ongoing contact with parent about progress with appointments and other support services.

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Additional Follow-Up

- Communicate the Safety Plan to primary providers on campus, including QCS, teacher, and administrator.
- Focus on Risk Factors and Supports; communicate concerns to QCS
- Confidentiality
- If student with disability, new behavior, schedule an IEP or 504 meeting to review needs, goals, and services.

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Documentation

All documentations are kept confidential and not placed in the general, teacher, or district file.

- Clinical Assessment note: with the QCS
- Report of Risk Assessment, Safety Plan, Suicide Prevention Parent Notification, and Re-Entry Form are kept with site school psychologist
- Copy of the Report of Risk Assessment will be sent to Coordinator, Behavioral and Mental Health
- Copy of the Re-Entry Form is sent to the district nurse.

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Elementary/Alternative Education

- Itinerant Qualified Counseling Specialist
  - School Counselors
  - School Psychologist
- Coordinated Communication Plan
- Back up plan!
- Minimum QCS and administrator/school nurse conducting Risk Assessment
- Administrator filling out Report of Risk Assessment
- Follow up with site QCS

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