

RISK ASSESSMENT

Crisis Intervention & Suicide Prevention



CASP CONVENTION
NEWPORT BEACH
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FACILITATORS

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- Richard Kleindienst PhD, Coordinator Behavioral and Mental Health
- Hope Anderson LMFT, Mental Health Therapist
- Krystal Duncan LPCC, Mental Health Therapist

Source Material

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

Input from District Committee

Committee Participants

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

Reviewed with District Leadership, Principals,
Assistant Principals

Areas of Concern

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- 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

Objectives

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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

Definitions (pg. 3)

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

Risk Assessment Team

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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)

Forms

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- 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)

Procedures

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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**

Clinical Interview: IS PATH WARM

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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

SAFE-T

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

Clinical Interview

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- 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

Low Risk

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- **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

Moderate Risk

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- **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

Low to Moderate Risk

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**MOST STUDENTS
REQUIRE PARENT CONTACT
INTERVENTION REQUIRED
FACILITATED BY RA TEAM**

Low/Moderate Risk Guidelines

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- 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.

High Risk

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

High Risk

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- **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**

Contacting Parent/Guardians (pg. 10-11)

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- 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

Before Parent Leaves

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- 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

Uncooperative Parents

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- 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

Re-Entry to School (pg. 9)

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.

Debriefing

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- 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.

Safety Plan: 3 Points of Contact

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- Day of student return
- Following week
- Two weeks

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

Additional Follow-Up

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- 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.

Documentation

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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.

Elementary/Alternative Education (pg. 12)

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- 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

In School Suicide Attempt (pg. 13)

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- First Aid, Emergency Medical Procedures
- Notification of Site Administrator, QCS
- If necessary, EMT
- Supervision, Privacy
- Notification of Parent
- Postvention
- In event of death, contact District CRT

Q & A

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