Caddo Parish Schools-Crisis Response Manual (Security Department)

Caddo Parish Schools
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The Youth Suicide Prevention Training Module for middle and high school teachers was developed in 2016-2017. The majority of information came from the following sources:

- Substance Abuse and Mental Health Services Administration, Preventing Suicide: A Toolkit for High Schools
- Center for Disease Control
- American Foundation for Suicide Prevention, After a Suicide: A Toolkit for Schools
- The Jason Foundation
- The Suicide Prevention Resource Center
- American Association of Suicidology
- All other sources are cited within the document and/or are listed in the reference section.

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Objectives

The information contained in this curriculum and other provided materials will help staff members:

- Assess their current knowledge of facts related to suicide, mental health issues, and bullying as it pertains to suicide.
- Recognize and assess their readiness to respond to suicides and their ability to prevent them from occurring whenever possible.
- Understand their critical roles as members of the school community.
- Become familiar with and understand strategies that can help students who are at risk for suicide and bullying.
- Be able to respond to the suicide of a student or other school community member.
- To become familiar with best practices regarding suicide prevention.
- Identify suicide prevention programs and activities that are effective for individual school communities in respect to cultural, gender, and ethnic differences.
- To integrate suicide prevention with other initiatives and mandates in the schools.
- Integrate suicide prevention activities that also fulfill other aspects of the school's mission such as drug and alcohol abuse prevention, bullying prevention, building stronger character traits in students, and developing safe and supportive communities.
- Recognize early potential signs of threats.
- Determine the different levels of threats and assess their credibility.
- Understand their role in threat assessment.

Background Information

Having crisis prevention and intervention plans are necessary in today's world. Schools are mirrors of society and unfortunately experience the same issues. Although schools are still some of the safest places for our children, despite the number of school shootings reported, a large part of the problems school personnel face involve underlying mental health issues. And without proper intervention, mental health issues may result in suicide. Mental health issues and bullying also may trigger more serious concerns resulting in threats or follow through on threats to others.

School districts in most states are required to have plans to address suicide, bullying, and crisis response. In 2008, Louisiana became the second state to pass the Jason Flatt Act (Act 219), the nation's most inclusive and mandatory youth suicide awareness and prevention legislation which requires all teachers to complete a minimum of two hours of suicide prevention of in-service yearly in order to be licensed to teach in Louisiana. Additional requirements by the Federal government have also mandated crisis response plans and staff training as part of a district's comprehensive plan.

For student's ages 10-19, suicide is the third leading cause of death (CDC, 2014). And for ages 15-24, it's the second leading cause of death behind accidents (CDC, 2014). Therefore, it is vital to have research based procedures in place to prevent the risk of suicide, assess the severity or risk of suicide, intervene appropriately, and to be able to respond to student suicidal behavior.

Every other year, Louisiana students in grades 6^{th}, 8^{th}, 10^{th}, and 12^{th}, participate in the Louisiana Caring Communities Youth Survey. Although the survey was originally designed to assess students' involvement in a specific set of problem behaviors, protective factors, and risk factors, the survey has evolved to include other behaviors such as depression, suicide, and bullying.

In 2018, 24,763 sixth graders, 25,872 eighth graders, 19,485 tenth graders, and 15,143 twelfth graders in the state participated in the CCYS survey. In Caddo parish, 1,590 sixth graders, 1600 eighth graders, 1,732 tenth graders, and 1,316 twelfth graders participated in the CCYS survey. The following results are listed that pertain to mental health and suicide indications:

Mental Health and Suicide Indicators

Survey Questions/Indicators	% of Students by Grade Level 6th	8th	10th	12th
1. In the past year, have you felt depressed or sad most days, even if you felt okay sometimes?	36.2	38.3	42.6	39.1
2. Needs mental health treatment. Scored 12 or more points on the K6 scoring scale for psychological distress.	19.5	24.3	27.6	27.7
3. Are you currently taking any medication that was prescribed to you because you had problems with your behavior or emotions?	13.3	12.9	13.5	12.5
4. High depressive symptoms	2.8	5.2	5.4	4.3
5. Moderate depressive symptoms	68.7	66.9	69.7	68.3
6. No depressive symptoms	28.6	27.9	25.0	27.4
7. During the past 12 months, how many times did you do something to purposefully hurt yourself without wanting to die (such as cutting or burning yourself)?	13.0	18.9	19.0	14.3
8. During the last school year; how often have you been bullied at school?	20.9	18.2	13.4	9.7
9. Has there ever been a time in your life when you experienced a loss by suicide?	11.3	15.1	18.1	15.0
10. Have you ever considered attempting suicide?	17.4	31.7	32.8	29.5
11. During the past 12 months, did you ever seriously consider attempting suicide?	9.6	18.0	19.6	13.9
12. During the past 12 months, did you ever make a plan about how you would attempt suicide?	5.8	13.1	14.7	11.4
13. Have you ever attempted suicide?	7.1	13.3	14.7	14.9
14. During the past 12 months, how many times did you actually attempt suicide?	5.5	10.9	10.4	7.7

Reasons Why Schools Should Address Suicide

First and foremost, school districts have an obligation, both legally and ethically, to educate children and protect the mental health and overall well-being of students. Prevention and preparedness are key components of insuring districts are ready to systemically address suicidal concerns even though its impossible to predict when a crisis will occur. For every young person who dies by suicide which is approximately one person every two hours, it's estimated that 100 to 200 youth make suicide attempts (SAMHSA, 2017).

Besides the more obvious legal and ethical mandates, there are four additional reasons why schools should address suicide:

1. Maintaining a safe school environment is part of a school's overall mission.

    - Activities designed to prevent violence, bullying, and the abuse of drugs and alcohol may also reduce suicide risk among students (Epstein and Spirito, 2009).

    - Programs that support school connectedness and improve school climate help reduce the risk of substance abuse, bullying, violence, and suicide (Resnick, et al., 1997; Blum, McNeely, and Rinehart, 2002).

    - Efforts to provide caring adults and support safer schools often help protect against suicidal ideation and attempts among LGBTQ youth (Eisenberg and Resnick, 2006).

2. Students' mental health can affect their academic performance.

    - According to the Youth Risk Behavioral Survey (CDC, 2010), depression and other mental health issues can interfere with the ability to learn and can affect academic performance (YRBS, 2009).

    - 50% of high school students receiving mostly D's and F's felt sad or hopeless as opposed to only 20% of high schools receiving mostly A's and B's.

    - 1 out of 5 high school students who received grades of mostly D's and F's attempted suicide, whereas 1 out of 25 who received mostly A grades attempted suicide.

3. A student suicide can significantly impact other students and the entire school community.

    - Adolescents can be susceptible to the suicide contagion which is often called the "copycat effect"...which may result in suicide clusters (unusually high numbers of

suicides occurring in a small area over a brief period of time (Gould, Wallenstein, Kleinman, O'Carroll, and Mercy, 1990).

- Knowing how to respond in the aftermath and doing so immediately, is key in their resiliency to bounce back.

4. Schools have been sued for negligence for the following reasons (Lieberman, Poland, and Cowan, 2006):

    - Failure to notify a parent if their child appears to be suicidal.
    - Failure to get assistance for a student at risk of suicide.
    - Failure to adequately supervise a student at risk of suicide.

Because suicide is a manifestation of myriad, complex problems of child and adolescent development and adjustment, it cannot be addressed as an isolated event. Taking into consideration social/emotional well-being, psychological safety, cognitive ability, motivation, academic performance, family dynamics, and history of mental health issues (child or family), risk factors and protective factors, school personnel must approach it from a holistic perspective. These professionals (school psychologists, social workers, school counselors, nurses, and other mental health providers) are posed to assist teachers, principals and parents by explaining how mental health issues impact overall well-being and learning and what strategies and environments are necessary to provide optimum supportive conditions for students.

This Multi-Tiered System of Supports (MTSS) allows districts to utilize professionals more effectively, intervene early and appropriately depending on level of need, and adjust support as needed. And in some cases, collaboration with community partners will be necessary to provide adequate services for those with intense needs (wrap around services, hospitalizations, etc.).

Working collaboratively, a common language is necessary so that all personnel assisting children understand terminology so they can communicate effectively, assess and plan interventions for students.

- **Adverse Childhood Experiences-ACEs**-Adverse Childhood Experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development and prevalence of a wide range of problems throughout a person's lifespan, including substance misuse, risky health behaviors, chronic health problems, low life potential, and early death. As the number of ACEs increases, so does the risk for these outcomes.

- **At risk** – A student who is defined as high risk for suicide is one who has made a suicide attempt, has the intent to die by suicide, or has displayed a significant change in behavior suggesting the onset or deterioration of a mental health condition. The student may have thought about suicide including potential means of death and may have a plan. In addition, the student may exhibit feelings of isolation, hopelessness, helplessness, and the inability to tolerate any more pain. This situation would necessitate a referral, as documented in the following procedures.

- **Crisis Team**- A multidisciplinary team of primarily administrative, mental health, safety professionals, and support staff whose primary focus is to address crisis preparedness, intervention/response and recovery. These professionals are trained in crisis preparedness through recovery and take the leadership role in developing crisis plans, ensuring school staff can effectively execute various crisis protocols, and may provide mental health services for effective crisis interventions and recovery supports. A crisis team can be developed on three different levels: building level, district level, or community level. They should also understand their role regarding the Incident Command System (ICS).

- **ICS** –The Incident Command System (ICS) is the systematic tool for the command, control, and coordination of an emergency response. ICS allows agencies to work together using common terminology and operating procedures for controlling personnel, facilities, equipment, and communications at an incident scene. The PREPaRE I training will introduce the ICS to stakeholders who may be called upon to provide specific expertise, assistance, or material during incidents but who may be largely unfamiliar with the ICS organization and operations.

- **Mental health**- A state of mental and emotional being that can impact choices and actions that affect wellness. Mental health problems include mental and substance use disorders.

- **Protective Factors**- The presence of protective factors can lessen the potential of risk factors leading to suicidal thoughts and behaviors as well as homicidal thoughts and behaviors. Protective/actions exert a positive influence and buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors. Protective factors include strong bonding to family, school, community, and peers; and healthy beliefs and other standards for behavior. Protective bonding depends on three conditions:
    - -Opportunities for young people to actively contribute
    - -Skills to be able to successfully contribute
    - -Consistent recognition or reinforcement for their efforts and accomplishments.

- **Postvention**- A crisis intervention designed to respond after a suicide death, reduce suicide contagion, provide the support needed to help survivors cope with a suicide death,

address the social stigma associated with suicide, and disseminate factual information after the suicide death of a member of the school community.

- **Risk Factors**- are characteristics of school, community, and family environments, and of students and their peer groups known to predict increased likelihood of drug use, delinquency, school dropout, and violent behaviors among youth.

- **Risk Factors for Suicide**-Characteristics, circumstances, history, and experiences that raise the statistical risk for suicide. Suicide risk tends to be highest when someone has several risk factors at the same time. Risk factors may encompass biological, psychological, and/or social factors in the individual, family, and environment.

- **Suicide Attempt**-A self-injurious behavior for which there is evidence that the person had at least some intent to kill himself or herself. A suicide attempt may result in death, injuries, or no injuries. A mixture of ambivalent feelings such as a wish to die and desire to live is a common experience with most suicide attempts.

- **Suicidal Behavior**- Suicide attempts, intentional injury to self which is associated with at least some level of intent, developing a plan or strategy for suicide, gathering the means for a suicide plan, or any other overt action or thought indicating intent to end one's life.

- **Suicide Contagion**- The process by which suicidal behavior or a suicide influences an increase in the suicidal behavior of others. Guilt, identification, and modeling are each thought to play a role in contagion. Suicide contagion can result in a cluster of suicides.

- **Suicide Death Caused by Self-Directed**- Injurious behavior with any intent to die as a result of the behavior. Note: The coroner's or medical examiner's office must first confirm that the death was a suicide before any school official may state this as the cause of death.

- **Self-Harm**- Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. Self-harm can be categorized as either non-suicidal or suicidal. Although self-harm often lacks suicidal intent, students who engage in self-harm are more likely to attempt suicide.

- **Suicidal ideation**-Thinking about, considering, or planning for self-injurious behavior which may result in death. A desire to be dead without a plan or intent to end one's life is still considered suicidal ideation and should be taken seriously.

- **School Mental Health Professional (SMHP**)- Staff member who has obtained district training in identifying youth at risk for suicide. A SMHP should be someone who does not typically interact with students in academic contexts, such as a school nurse, counselor, school psychologist, or social worker.

- **Suicide Risk Assessment**- Before you can establish levels of risk and determine the appropriate intervention, you must conduct a thorough Suicide Risk Assessment (SRA). The SRA may be conducted by the appropriate school staff who have received training (e.g., school psychologist, school counselor, or school social worker). This assessment is designed to elicit information regarding the student's intent to die by suicide, previous history of suicide attempts, presence of a suicide plan and its level of lethality and availability, presence of support systems, and level of hopelessness and helplessness, mental status, and other relevant risk factors.

- **Suicide Risk Screening**- Suicide risk screening is a way to identify someone who might benefit from more in-depth assessment to determine whether they are suicidal, and if so, at what level of severity. Suicide screening can be done independently or as part of a more comprehensive health or behavioral health screening. Screening may be done orally (with the screener asking questions), with pencil and paper, or using a computer.

- **Suicide Survivor**- someone who has lost a loved one to suicide. Suicide survivors are the ones left behind after a suicide loss (not someone who attempted).

- **Warning Signs**- Visible signs indicating a person may be in crisis and thinking about suicide.

Park Hill School District, 2017, p. 5-7; Cecil J. Picard Center for Child Development and Lifelong Learning-CCYS, 2016, p. 5.

Identifying risk factors are key to prevention. Early recognition of warning signs can reduce risks. The following risk factors, along with other indicators, may be used to predict future concerns:

Risk Factors

- Low self esteem
- Social alienation; isolation, lack of belonging
- Loneliness, lack of connectedness
- Recklessness, impulsivity
- Risk-taking behaviors
- Feelings of helplessness/hopelessness
- Poor problem solving or coping skills
- Lack of ability to bounce-back/lack of resilience
- Low stress and or frustration tolerance
- Early childhood trauma/Adverse Childhood Experiences (see attached scale)
- Access to lethal means (especially guns)
- Extreme weight perception
- Capacity to self-injure
- Perception of being a burden
- Access to drugs and or alcohol, substance use or dependence
- Bullying
- Trouble with law enforcement
- Family dysfunction (poor communication or family discord)
- Exposure to suicide (contagion)
- Family member or close friend who has died by suicide
- Mental health issues (Disruptive Behavior Disorders such as DMDD, ODD, ICD, OCD, Depressive Disorders, Bipolar, Anxiety, and PTSD).
- Romantic problems with partners especially during adolescence
- Self-injury with the intent to die
- Previous suicide attempt
- Aggressiveness
- Genetic/biological vulnerability (abnormalities in serotonin)
- Members of vulnerable or high risk population

  -Special needs (Special Education and 504 students)

  -Victims and Perpetrators of bullying

  -LGBTQ

  -Males are 4 times more likely to die by suicide than females but females are 3 times more likely to attempt.

  -Ages of extreme vulnerability (45-60 and over 80)

- Risky sexual behavior
- Difficulty at school or work
- Interpersonal difficulties/losses
- Chronic physical illness or injury
- Death of a parent
- Parental divorce
- Lack of acceptance of differences
- Expression and acts of hostility
- Lack of respect for cultures of all students
- Limited access to mental health care
- Negative social and emotional environment at school

Adverse Childhood Experience (ACE) Questionnaire
Finding your ACE Score

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often**…
   Swear at you, insult you, put you down, or humiliate you?
   or
   Act in a way that made you afraid that you might be physically hurt?
   If yes enter 1 _____

2. Did a parent or other adult in the household **often**…
   Push, grab, slap, or throw something at you?
   or
   Ever hit you so hard that you had marks or were injured?
   Yes No If yes enter 1 _____

3. Did an adult or person at least 5 years older than you **ever**…
   Touch or fondle you or have you touch their body in a sexual way?
   or
   Try to actually have oral, anal, or vaginal sex with you?
   Yes No If yes enter 1 _____

4. Did you **often** feel that…
   No one in your family loved you or thought you were important or special?
   or
   Your family didn't look out for each other, feel close to each other, or support each other?
   Yes No If yes enter 1 _____

5. Did you **often** feel that…
   You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
   or
   Your parents were too drunk or high to take care of your or take you to the doctor if you needed it?
   Yes No If yes enter 1 _____

6. Were your parents **ever** separated or divorced?
   Yes No If yes enter 1 _____

7. Was your mother or stepmother:
   Often pushed, grabbed, slapped, or had something thrown at her?
   or
   Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
   or
   Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
   Yes No If yes enter 1 _____

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
   Yes No If yes enter 1 _____

9. Was a household member depressed or mentally ill or did a household member attempt suicide?
   Yes No If yes enter 1 _____

10. Did a household member go to prison?
    Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score

Risk Factors Associated with Depression and Anxiety

- Extreme sensitivity to rejection or failure
- Low self-esteem and feelings of guilt
- Psychosomatic complaints
- Frequent absences from school
- Poor performance in school
- Threats or attempts to run away from home
- Sad, blue, or irritable mood
- Complaints that nothing is fun anymore
- Major changes in eating or sleeping patterns
- Eating disorders
- Low energy, poor appetite, and trouble concentrating
- Socially withdrawn and isolated
- Excessive worries
- Difficulty making friends
- Perfectionistic
- Rigid thinking and behavior patterns
- Phobias
- Episodes of being bullied

Teens who are depressed often have a negative view of themselves, the world, and their future. As such, they may appear to be on the lookout for signs of rejection or criticism. They may appear to overreact to situations that are not necessarily negative.

While many people think of depression as a pervasive feeling of sadness, in turn it often shows up as increased irritability. "Most children experience fluctuations in mood and behavior as a result of normal developmental transitions. Healthy children can exhibit on occasion, any of the symptoms of more serious behavioral and emotional disorders without needing much concern. However, when these symptoms appear over an extended period of time, it's wise to have the child checked by a doctor." (Red Flags in Children's Behavior).

Younger teens may not actively threaten to kill themselves, but instead might make statements saying they wished they were dead or had never been born. In short, suicide is complicated! Stressful life events can exacerbate the situation. But the vast majority of teens who experience even very stressful life events do not become suicidal. When in doubt, always err on the side of caution and seek help immediately.

Warning Signs (Not an inclusive list)

- Withdrawn from friends/lack of connection to others, school, family and or community
- Trouble concentrating
- Loss of energy
- Feelings of helplessness/hopelessness
- Lack of purpose; no plans for the future
- Feelings of being a burden to others

- Anhedonia
- Change in eating and sleeping habits
- Euphoria, attitude that becomes calm and certain as they plan to end their life
- Giving away possessions
- Making final arrangements
- Social media posts that are negative
- Direct or indirect suicide threats
- Discussing death/suicide in writings or drawings
- Suicidal notes and plans
- Increased impulsiveness, engaging in risk taking behavior
- Recent hospitalizations
- Feeling humiliated
- Seeking suicidal means (guns, weapons, rope, pills)
- Discussing being dead; talking about one's own funeral
- Decreased self-care/poor hygiene
- Poor school attendance/poor academic performance

Although the focus so far has been on risk factors and warning signs, longitudinal research suggests that strong protective factors can negate risk factors. Protective factors are those that exact a strong influence or buffer against risk and indicate things like strong bonding to family, school, community, and peers as well as healthy beliefs and clear standards for behaviors.

Protective factors

- Strong family support (close relationship with parents, parental involvement, connectedness to family
- Close friends and or family members
- A caring adult (Minimum of 1 to 2 years in a child's life.)
- Parental support of prosocial norms
- Family engagement with school and support for school
- Good physical health
- Hopeful outlook for the future
- Adaptable temperament
- Good coping and problem-solving skills
- Emotional intelligence (The ability to perceive, integrate into thoughts, understand, and manage emotions.)
- Positive, optimistic mood; psychological and emotional well-being
- Internal focus of control
- Willingness to seek and stay in treatment
- Frustration tolerance and emotional regulation
- Self-esteem
- Sense of purpose; happiness with life

- Effective problem-solving skills
- Safe school environment
- Good academic achievement
- Respect for all cultures/diversity
- Connectedness to the school
- Positive school experience
- Safe school environment
- Easy access to care for mental, physical, and substance abuse disorders

Students who come from high risk environments and still do well regarding school and peer relations, still have higher rates of depression and anxiety than peers who don't come from those environments. And anxiety and depression are significant risk factors for suicide. Because these are internalizing conditions, they often go unnoticed or are undetected by school personnel (Substance Abuse and Mental Health Services Administration, 2012, 2017).

Resilience

Resiliency is the ability to overcome serious hardship while others do not. According to research from the Center on the Developing Child from Howard University (2018), having at least one stable and committed relationship with a supportive parent, caregiver, or other adult is the single most common factor for children who develop resilience. Supportive relationships, along with adaptive skill building and positive experiences are key to a strong foundation of resilience.

Overall, children who handle diversity well tend to have a biological resistance to adversity with positive supportive adults. Thus, resilience is the result of a combination of protective factors. Although children experience stress, both eustress and distress, throughout their lives, not all stress is considered harmful. However, when stress is prolonged and there is long-term cortisol exposure, the interaction between biology and environment can result in damage to healthy development.

Several factors predispose children to positive outcomes despite exposure to adversity. These include (Howard University, 2018):

- Facilitating supportive adult-child relationships
- Building a sense of self-efficiency and perceived control
- Providing opportunities to strengthen adaptive skills and self-regulating capabilities
- Mobilizing sources of faith, hope, and cultural traditions

In addition, training with children should focus on four areas. These include social competence, creating a sense of purpose, developing autonomy, and teaching problem-solving skills.

Social Competence

- Responsiveness
- Communication
- Empathy/Caring
- Compassion
- Altrusion
- Forgiveness

Creating a Sense of Purpose

- Goal directedness
- Achievement motivation
- Educational aspiration
- A special interest or hobby
- Persistence
- Imagination/creativity
- Optimism
- Sense of meaning

Developing Continuary

- Positive identity
- Interal locus of control
- Self-efficiency/mastery
- Self-awareness
- Resistance
- Adaptive distancing

Teaching Problem Solving

- Planning
- Flexibility
- Cultural thinking
- Resourcefulness

Suicide Prevention

Plan of Action

Yearly- Train all staff at the school level on suicide prevention This training will include an overview, myths and facts, statistics, warning signs, protective factors, and procedures. Act 219 requires 2 hours of suicide prevention training yearly.

-Train gatekeepers at the school level yearly (Counselors, Principals and Assistant Principals). Although all personnel will be trained yearly, each school will designate a representative who will receive more intensive training yearly. If that person is no longer the designee (leaves, retires, etc.), a replacement will receive training immediately.

-Train Pupil Appraisal staff (School Psychologists, Social Workers, and Behavior Intervention Specialists) and Counselors on basic training as well as protocols, instruments, and procedures to use in a crisis. Additional trainings should include PREPaRE I and II, Youth Mental Health First Aid, Adverse Childhood Experiences, Signs of Suicide, and other programs/materials as deemed appropriate.

-Middle School and High School Counselors conduct Signs of Suicide (SOS) training yearly in August and September. Both staff and students are trained. All students are given the Signs of Suicide screener which will be reviewed by the counseling team. Consultation with the District School Psychologist is recommended.

-At the elementary level, K-3 screenings and teacher concerns, especially internal behaviors, will be brought before the SBLC/Counseling team to discuss next steps. Consultation with the District School Psychologist is recommended.

5 year Training Plan (2019-2024)- Mental health training is important so that staff recognize early warning signs of mental health issues as well as how early childhood experiences impact children and adults. In an effort to provide a comprehensive, integrated academic, behavior, and social/emotional plan, training (all certified staff and select classified staff) will include the following:

-Social/Emotional Learning

-Adverse Childhood Experiences

-Youth Mental Health First Aid

-Bullying Prevention and the link between mental health and suicide

-PREPaRE training

-CHAMPS

-PBIS/MTSS-Tiers I, II, & III

-Others TBD

Prevention and Best Practices

Prevention is key to positive mental health as well as academic success. Effective prevention programs, training staff to recognize children early, positive school climate, school connectedness, and resiliency are paramount. Crisis prevention best practices include the following:

- Early identification of at risk students
- Review of K-3 and Social/emotional screeners (Elementary Level)
- Review of SOS screeners (Middle and High School Levels)
- Teacher referrals of potentially at risk students
- Access to quality intervention, mental health, and behavioral health services (This includes school sites, itinerant, and outside agency collaboration.)
- Crisis plan and functioning intervention teams
- On-going training to support staff and to keep them abreast of current trends and best practices.
- Multi-Tiered System of Supports. (MTSS)
- Effective wrap-around services. This is vital because suicidal ideation and behavioral threats happen 24/7 and school resources are not available around the clock.

Threat Assessment-Best Practices

All threats should be taken seriously. The purpose of the assessment is to determine:

- Whether the student is suicidal
- To what extent (no, low, moderate, or high risk).

There is liability associated with conducting threat assessments. Litigation involving schools has usually involved cases where there has been:

- Foreseeability (a reasonable assessment of a student's risk for harm)
- Gregarious neglect.

School personnel conducting assessments should assess for risk for harm to self or others, act accordingly, and document their effects. In addition, Dr. Simoneaux (2015) and Benjamin Fernandez (2018) suggest the following regarding liability best practices:

- Conduct a thorough assessment; use the latest scientific research.
- Spend adequate time with the student.
- Collaborate with others to get a more in-depth understanding (parents, teachers, counselor, etc.).
- When in doubt, err on the side of caution.
- Be upfront with the family and student; practice full-disclosure.
- Educate the student's family on suicide risk factors, warning signs, safety, etc.
- Follow-up with the family/student and put supports in place.
- Always document your procedures.

Model Programs, Resources and National Resources

SAMHSA (2018) recommends the following programs:

- Applied Suicide Intervention Skills Training
- Cognitive Therapy for Suicide Prevention
- SOS Signs of Suicide Middle and High School Prevention Programs
- STEP UP-Strategies and Tools Embrace Prevention with Upstream Programs

Additional resources are include:

Special Services	Contact your student's building or contact the Director of The Department of Exceptional Students (318) 603-6700.
Family Resources for Health Living	www.resourcesforliving.com

RESOURCES FOR SURVIVORS OF SUICIDE

American Association of Suicidology. See the Support Groups link as well as the Survivors link where you can clink on Resource Page for Survivors which includes the following fact sheets and other resources:	www.suicidology.org
Suicide Awareness and Voices of Education	https://m/givemn.org/organization/Suicide-Awareness-Voices-Of-Education 952-946-7998
Suicide Survivor Support—Kansas City, MO	http://www.sass-mokan.com/ 913-681-3050

NATIONAL RESOURCES

The Jason Foundation	www.jasonfoundation.org
Trevor Project (24-hour hotline)-providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender, and questioning youth	www.trevorproject.org 866-488-7386
American Association of Suicidology	

The GLBT National Youth Talk line (youth serving youth through age 25): Both provide telephone, online private one-to-one chat and email peer-support, as well as factual information and local resources for cities and towns across the United States.	800-246-7743
The Gay, Lesbian, Bisexual and Transgender National Hotline:	888-843-4564
The Dougy Center, The National Center for Grieving Children	http://www.dougy.org 503-775-5683
National Alliance on Mental Illness	http://www.nami.org/
Yellow Ribbon Ask-4 Help Cards	https://yellowribbon.org/ 303-429-3530

Local Suicide Helpline (Shreveport-Council on Alcoholism and Drug Abuse NWLA) 24 hours	1-877-994-2ASK www.shreveportsuicideprevention.org
Baton Rouge Crisis Intervention Hotline	1-225-924-3900
National Suicide Prevention Hotline (Available 24 hours)	1-800-273-8255

Suicide Prevention Apps	• Suicide Safety by SAMHSA • Talk Life for Stress & Anxiety • Suicide Safety Plan • Mood-Journal and Anxiety Chat • Better Stop Suicide • Calm in the Storm

Suicide Intervention

Elements of a Suicide Risk Assessment

1. What are the risk factors, warning signs, and protective factors that are present? (Use attached protocols)

2. Is the student thinking about suicide?
    - Frequency (how often?)
    - Duration (how long?)
    - Intensity (how severe?)

3. Questions to uncover suicidal thinking (Suicide Prevention Resource Center, 2018):
    - With this much stress (or hopelessness) in your life, have you ever thought about hurting yourself?
    - Sometimes people going through your situation (describe the situation) lose hope. Have you lost hope too?
    - Have you ever thought things would be better if you were dead?
    - Have you ever thought about killing yourself?

4. Did any event or stressor precipitate the suicidal thoughts?

5. What do you do when you have suicidal thoughts?

6. Have you ever harmed yourself (self-injury), personally attempted suicide, or been hospitalized for suicidal thoughts?

7. Do you have a plan of how and when you will kill yourself (address preparation, method, and means)?

Levels of Risk- Suicide Risk Assessment

- **No Risk**- Student who does not have suicidal thoughts
- **Low Risk** (Suicidal Ideation)- Student who has suicidal thoughts, but who has no plan to engage in suicidal behavior

  Possible Indicators:

  _____Current or recent thoughts

  _____Signs of depression, bipolar, anxiety

  _____Sudden changes in academics, friends, behaviors

  _____Threats (direct or indirect)

  _____Fascination with websites, chatrooms, IM, or drawings/writings that are dark (preoccupation with death/dying)
- **Moderate Risk** (Suicidal Ideation and Prior Concerns)-Student who has suicidal thoughts or some hint or indication of a plan.

  Possible Indicators:

  _____Mental Health Concerns (Particularly mood disorders, alcohol, and substance addiction)

  _____Previous suicidal attempts

  _____Recent stressors (trauma, loss, victimization)

  _____Medication management/compliance

  _____Recent hospitalizations
- **High Risk** (Suicidal Ideation, Current Plan, and Access to Means) – Student who has current suicidal thoughts, a history of self-injury, hospitalizations, substance use issues, unbearable pain that they want to end, and no hope for the future.

  Possible Indicators:

  _____Current plan with means and access

  _____Giving away possessions

  _____Telling important people goodbye (notes, text, email, or in person)

  _____Making final arrangements

  _____Refusing to discuss or sign a safety plan/contract

Lieberman, Poland, and Cassel (2008), Poland (2016), LRP (2018), American Association of Suicidology (2016), and White (2017).

Family Educational Rights and Privacy Act (FERPA) and Suicide

Under the Family Educational Rights and Privacy Act (FERPA), parents are generally required to provide consent before school officials disclose personably identifiable information from students' educational records. However, there are exceptions to this rule:

- School officials can disclose information on students, without consent, to the appropriate parties if knowledge of the information is necessary to protect the health or safety of the student or other individuals…such a threat may be determined in the case of a student who in suicidal or who is expressing suicidal thoughts (Department of Education, 2010). This is a flexible standard and each case should be reviewed on a case by case basis. It is also strongly recommended that parents of students who are 18 and older also be contacted (www2.ed.gov/policy/gen/guide/fpco/pdf/ferpa-disaster-guidance.pdf).
- The only exception to parents being notified in the case of health or safety issue of a student is when child abuse is suspected. Contact the Louisiana Department of Child and Family Services (DCFS) immediately at 318-676-7622. See Appendix F.

Suicidal Behavior Disorder and Nonsuicidal Self-Injury (DSM-5)

- **Suicidal Behavior Disorder** is a proposed disorder in the DSM-5 section on Conditions for Further Study.

  Criteria include:

  -Suicidal attempt within the last 24 months. Does not meet criteria for Nonsuicidal Self-Injury.

  -No suicidal ideation or prepatory acts

  -Not initiated during a state of delirium or confusion

  -Not solely for political or religious objective

- **Nonsuicidal Self-Injury**- is a prepared condition in the DSM-5 section on Conditions for Further Study.

  Criteria include:

  -On 5 days of the past year, engaged in intentional self-inflicted damage to the surface of the body; likely to induce bleeding, bruising, or pain no suicidal intent

  -Expectations of relief from a negative feeling/cognitive state, resolution of an interpersonal difficulty, or indirection of a positive feeling state.

  -Behavior not socially sanctioned (e.g. body piercing, tattooing)

-Causes clinical significant distress or dysfunction

-Not better explained by another mental disorder or medical conditions

Nonsuicidal Self-Injury most frequently begins in the early teen years and it is frequently associated with combined or later onset of suicidal ideation/behavior. In addition the following apply:

- Psychologial precipitant
- Period of preoccupation with the intended behavior that is difficult to resist
- Thinking about self-injury occurs frequently, even when not acted upon
- Contingent response- actively engaged in with expectations it will relieve an interpersonal difficulty, negative feeling, or cognitive state, or it will induce a positive feeling state during the act or shortly afterwards.

Bullying and Suicide

In 2011, the Center for Safe Schools and Dr. Mary Margaret Kerr (University of Pittsburgh) conducted research related to bullying and suicide. Of those that attempted suicide:

- 16% were bullied 2 or more times monthly
- 10% bullied others 2 to 3 times per month
- Approximately 20% of girls and 25% of boys are involved in bullying
- Most common forms of bullying include:
  -Verbal
  -Rumor spreading
  -Social exclusion

Risk factors (cautious, shy, quiet, internalizing issues, low assertiveness, low self-esteem, having fewer friends, early maturing girls, late maturing boys, aggressiveness, and those with physical impairments, chronic health issues, obese, special needs, or LGBTQ) that contribute to a child's risk of suicidal behavior can also increase the child's risk for being bullied.

Being bullied further heightens the risk for suicide as well as anxiety, depression, and other problems associated with suicidal behavior. Personal risk factors, family dysfunction, and poor school climate can also increase risk and the link between suicide and bullying.

This checklist provides general procedures for the counselor or designee to respond to any reports of students exhibiting suicidal behavior/ideation and/or self-injury. The urgency of the situation will dictate the order of the steps (See Appendix A).

Procedures for Responding to Suicidal Threats

- **Step One: Respond Immediately**
  ___-Immediately report all concerns to the administrator and school counselor/designee.
  ___-Do not leave the student unsupervised.
  ___-Counselor or School Crisis Team Member contacts the parent, lets them know an assessment is taking place, and asks them to come to the school immediately.
- **Step Two: Ensure the Student's Safety**
  ___-Supervise the student at all times.
  ___-If necessary, contact 911 or law enforcement if the student is in imminent danger.
- **Step Three: Assess for Suicide Risk**
  ___-Counselor or School Crisis Team Member meets with the student
  ___-The Counselor or School Crisis Team Member assesses the level of risk
  ___-Administer the Columbia Suicide Security Rating Scale (CSSRT) (See Appendix B).
  ___-Administer Levels of Suicide Risk Screener (See Appendix C for the Elementary and Middle School Screener and Appendix D for the High School Screener).
  ___-Have the parent sign the Parent Acknowledgement Notification Form (See Appendix E).
  ___-Send completed Appendices B, C, D, and E to the District School Psychologist.
- **Step Four: Determine Appropriate Action Plan**
  ___-Determine action based on level of risk.
  ___-If further assessment is warranted by the District School Psychologist, please contact her immediately. In her absence, please contact the Supervisor of Counseling and Magnet Testing or the Supervisor of Pupil Appraisal.
  ___-If the student is transported to a hospital by ambulance or police car without a parent or guardian, a designated staff member should accompany the student.
  ___-Communicate with the parent throughout the process.
  ___-If the case involves suspected child abuse/neglect, contact the Department of Child and Family Services immediately and complete the follow up report within 5 working days (See Appendix F).
- **Step Five: Follow-Up**
  ___-Develop a safety plan
  ___-Reconvene the IEP or IAP if the student is exceptional.
  ___-Add appropriate supports and provide resources.
  ___-Monitor closely and address underlying concerns.
- **Step Six: Student Re-entry Guidelines**
  ___-A re-entry plan is needed when the student is out of school, such as for hospitalization.
  ___-Conduct a School Building Level Committee (regular education student) and request paperwork. Put supports in place and consider appropriate next steps.
  ___-Coordinate plans with outside providers when appropriate and feasible.
  ___-If the student transfers to another school within the district, coordinate the re-entry with that school.

Note: Document all appendix K actions.

Outside Mental Health Providers

Louisiana House Bill 766 (R.S. 17:173 and 3996 (B) (45) allows behavioral health services to be provided to students during the school day when requested by the student's parents or legal guardians. Districts are required to adopt a policy by January 1, 2019. Although this allows agencies that meet minimum requirements to see clients in school settings and allows for freedom of choice, best practices would include vetting mental health agencies that are considered to provide excellent services so that parents are given a non-comprehensive list of mental health agencies screened by districts. For more information, please contact the District School Psychologist.

In addition to ensuring that quality services are provided to students of Caddo though the aforementioned, general professional qualifications and business issue questions are recommended by Poland (2017, p. 119) and SAMHSA (2012, p. 68):

- **Professional Qualifications**
  -Are you able to provide services to children and adolescents?
  -Are there ages that you work more frequently with or have more expertise and training with?
  -What types of services do you provide?
  -Do you provide individual, family, couples, or group therapy?
  -Do you have experience working with LGBTQ students and other groups that are disproportionately at risk for suicide?
  -Do you have experience working with varied cultural, ethnic, and religious groups found within our community?
  -Do you have experience assessing suicide risk in youth? If yes, where did you get your training?
  -Do you have experience managing and treating suicide risk in youth? If yes, what treatment approach do you use? Do you have training in any empirically supported treatments for suicidal youth (e.g., cognitive behavioral therapy, dialectical behavior therapy, interpersonal psychotherapy, attachment-based family therapy)?
  -Do you have experience working with people who have lost a loved one to suicide?
  -What process do you follow in the event of a suicide crisis?
  -Under what circumstances would you come to the school or do a home visit in order to see a student or parent?
  -Do you work with a psychiatrist?

- **Business Issues**
  -Where are you located?
  -Are you accessible via public transportation?
  -What is your typical wait time to see a new client?
  -What insurance do you accept?
  -Do you have a sliding fee scale for people who pay out of pocket? What is the range of the fee scale?
  -Do you have necessary clearances to work in schools if you were to come here—child abuse, police, and FBI clearances?

Student Re-entry After Seeking Treatment

District School Psychologist

When a child is sent to be screened by the District School Psychologist, a report/summary of findings will be provided to the person who initiated the referral. And if warranted, additional personnel may be included in order for school staff to develop a safety plan and put supports in place. If the student has been out of school for any length of time, use Appendix K (Student Re-entry Checklist).

Mental Health Provider (MHP/Outside Mental Health Providers (MHP)

MHP's such as psychologists, nurse practitioners, counselors, social workers, pediatricians, psychiatrists, and nurse practitioners may assess the level of threat. When this occurs, a note stating that the student is no longer a danger to self or others is needed. Additional information such as a diagnosis, medication, treatment plan, etc. is encouraged so that school district personnel can provide support to the student.

After Hospitalization

Students who are considered high risk are usually hospitalized for 7 to 10 days. During that time they are fully assessed, provided counseling, started on a medication regime, monitored 24/7, and are provided appointments for follow-up (psychiatrist and counseling). After hospitalization, once students begin to have energy and they are no longer monitored 24/7, they are vulnerable and are considered to be at high risk.

On the day the student returns to school, prior to the student returning to class, meet with the parent. Use the Student Re-entry Checklist (see Appendix K):

- **Day of Return**
  -Request that the parent escorts the student back on the first day of school.

- **Discharge Summary/Evaluation**
  -Request discharge documents from the hospital or medical/mental health clearance to return to school.

- **Meeting with Parents**
  -Meet with parents and other school district personnel as appropriate in a School Building Level Committee or a Recovery Planning Meeting.
  -Identify ongoing mental health resources in school and/or the community.
  -If appropriate, reconvene the IEP, add supports and modify academic programming. Consider an evaluation/assessment for special education or 504 services.
  -Offer suggestions to parents regarding monitoring personal communication devices, including social media sites. Remove all weapons from the home.
  -Notify the student's teachers, when appropriate.

- **Identify Supports**
  -Assist the student in identifying adults they trust and can go to for assistance at school and at home.
  -Consider Multi-Tiered System of Supports

- **Address Bullying, Harassment, and Discrimination Concern**
  -As needed, ensure that any bullying, harassment, and discrimination is being addressed. Document bullying reports using the state-mandated forms (See Appendix N).

- **Designated Staff**
  -Designate staff (counselor, school psychologist, social worker, behavior intervention specialist) to check in with the student during the first couple of weeks periodically.

- **Release of/Exchange of Information**
  -Obtain consent from the parent/legal guardian to discuss information with outside providers using the Consent of Release of Information (See Appendix M).

- **Manage and Monitor**
  -Ensure that the student is receiving and accessing the proper mental health and educational services.

SUICIDE POSTVENTION

General Guidelines

Postvention refers to programs and interventions for survivors following a death by suicide. Activities are designed to help alleviate suffering and emotional distress of suicide providers and help prevent contagion. Suicide contagion is a process by which the suicide or suicidal behavior of one or more persons influence others to commit or attempt suicide (Davidson and Gould, 1989). According to Poland (2017, p. 43) "assisting survivors of suicide (those that have lost a loved one to suicide) may be the greatest mental health challenge of our time. Postvention activities in schools focus on helping everyone with their shock, grief, confusion, and even guilt."

After a suicide, counselors should assess and attempt to identify those who may be at risk for suicide contagion. Risk factors may include students who:

- Are dealing with stressful life events.
- Have a history of suicide attempts.
- Are close to the deceased.
- Have fought with or who have been bullied by the deceased.
- Were eye witnesses or who have found the deceased.
- Received communication from the deceased.

Staff members should be diligent in monitoring social media sites following a suicide. Students use social media sites to keep abreast of news, get information, and socialize with friends. A lot of information may not be factual so staff may have to dispel rumors, reinforce the connection between suicide and mental illness, and offer resources such as hotline numbers.

Staff members should be monitored closely during this difficult time. Those who were close to the student or who may have lost someone else to suicide are at greater risk. Even first responders may need additional support due to the intensity of the emotional pressure.

Responding to a Suicide

- **Convene the Crisis Response Team**
  -Contact the District School Psychologist
  -Contact the Supervisor of Counseling and Magnet Testing

- **Gather Information and Dispell Rumors**

- **The School Principal, District School Psychologist, and the Supervisor of Counseling and Magnet Testing should meet with school staff prior to school**
  -Share accurate information.
  -Introduce crisis response team members.
  -Allow staff the opportunity to express their emotions.
  -Provide a prepared statement.
  -Inform staff about crisis counseling; refer at-risk students.
  -Media will be briefed by the designated spokesperson.

-Be prepared to provide services for awhile and to large groups of students if needed.
-Any program, such as Signs of Suicide, if not already in place, should not be initiated until after 6 months has lapsed since the suicide.

Memorialization

Schools are strongly encouraged to treat all deaths in the same way. Because adolescents are vulnerable and there is great risk for suicide contagion, schools must be careful not to glamorize or romanticize the student or death. Staff should also emphasize the connection between suicide and underlying mental health issues. *After a Suicide: Toolkit for Schools* (2011, 2017) is the most concise guide that has ever been written for schools. Please see the SAMHSA website for additional information. At a minimum, *After a Suicide: Toolkit for Schools* guide recommends the following:

- Flags should never be flown at half-staff.
- Acknowledge the death at graduation but do not glamorize the death.
- Do not encourage spontaneous memorials such as collections of objects or notes.
- Never hold large assemblies. Notify and assess emotions class by class.
- Do not hold funerals at school.
- Consult with family members about memorials and about the districts' memorialization policy.
- Invite students to write a personal and lasting remembrance in a memory book located in the guidance counseling office.
- Encourage students to engage in service projects.
- Invite students to make donations to the library or to a scholarship fund in memory of the deceased.

Examples of a sample script for office staff following a suicide, sample announcements and a sample letter to families are provided (See Appendices O, P, and Q).

Threat Assessments

General Information

Since Columbia, there has been intense interest and focus on school shootings and threat assessments which has generally resulted in an "inflated perception of danger" (Cornell, 2006). Student-perpetrated homicides are rare considering that only 103 cases were reported during a 12 year span resulting in an average of 8.58 per year out of 119,000 schools in the United States (Cornell, 2010). In fact, Cornell (2010, p.1) states that the "average school can expect a student-perpetrated homicide about once every 13,870 years."

Even before the infamous school shooting at Columbia on April 20, 1999 but especially afterward, efforts to prevent school shootings resulted in legislation (The Gun Free Schools Act, 1994), zero tolerance policies, labeling schools as persistently dangerous, discussion of profiling, and target hardening and security measures (Borum, Cornell, Modzeleski, and Jimerson, 2010). Although legislation can be effective, the result of the Gun Free Schools Act led to zero tolerance policies have been widely criticized. And security efforts have ranged from minimally invasive to over the top. Kenneth Trump (2017) strongly suggests that basic security measures such as controlled access, mandatory "visitor sign in" at the office, monitoring hallways, locking doors, installing and monitoring security cameras, and placing an officer in schools results in a reduction of violence and greater perceived safety.

Because of the intensity of social media coverage of events and the multitude of social media platforms, public perception is that there has been an increase in school violence. This is not the case! According to the "Youth Risk Behavior Survey, administered nationally to over ten thousand students each year, there has been declines of 21% in physical fighting and 48% in weapon carrying at school from 1993 to 2003" (Cornell, 2010, p.1, Brener, Lowry, Simon, and Eaton, 2004). According to the Office of Juvenile Justice and Delinquency Prevention (2018), "the juvenile murder rate reached its lowest level in 2012, 83% below 1993 peak, since 2012, the rate has increased slightly from 2.2 to 2.6 per 100,000 youth."

Threat Assessments

Although school shootings are rare, any threat must be taken seriously and investigated. Since the publication of *Threat Assessment in Schools: A Guide to Managing Threatening Situations and to Creating Safe School Climates* (U.S. Secret Service and U.S. Department of Education, 2004), one model has been used more than others in the schools, The Virginia Model for Student Threat Assessment and has been endorsed by the National Association of School Psychologists (NASP) and many law enforcement entities.

According to NASP (2015, p.1), "a threat assessment represents an important component of a comprehensive approach to school safety that gives schools an alternative to zero tolerance discipline policies that have proven to be ineffective and counterproductive. It has been suggested that when a threat assessment is conducted, a threat is not carried out. Threat assessment is a violence prevention strategy that involves: (a) identifying student threats to commit a violent act, (b) determining the seriousness of the threat, and (c) developing

intervention plans that protect potential victims and address the underlying problem or conflict that stimulated the threatening behavior."

Threats may be communicated directly or indirectly to an intended victim or to a third party. Some threats are very detailed and explicit while others may simply be vague or implied. Through verbal, written, or symbolic means, threats to harm others may be **transient** (expression of frustration or anger that is usually time limited and can quickly be resolved) or **substantive** (serious intent to harm others that includes a detailed plan and means). Whichever the case, a threat assessment/investigation is triggered by the student's threatening words or actions rather than profiling all students based on their characteristics. According to (Cornell 2010, p.31), the "FBI's experts in criminal profiling concluded that profiling was not an appropriate method for preventing school shootings." Current research supports prevention efforts based on FBI and Secret Service studies that found that school shooters "were often the victim of bullying who had become angry and depressed, and were influenced by a variety of social, familial, and psychological factors" (Cornell, 2005, p.3).

Threat assessments are conducted in order to evaluate the threat, separate fact from fiction (when possible), investigate, and collect evidence in order to determine the likelihood of a threat being carried out. Ultimately, a threat assessment is interested in whether a student poses a threat, not whether a student has made a threat (O'Toole, 2000).

According to the Colorado School Safety Resource Center (2018, p.1), all threats must be taken seriously because:

- Some students who make threats ultimately pose threats.
- Many students who make threats do not pose threats.
- Some students who pose threats never make threats.

The Virginia Model Overview

The Virginia Model for Student Threat Assessments is a set of guidelines developed by the University of Virginia for administrators to respond to a reported threat of violence. A preliminary assessment is conducted to determine whether a threat can easily be resolved (transient threat) or whether more assessment and protection is warranted (substantive threat). Multidisciplinary teams are recommended for the most serious cases and at the school level should include law enforcement, principal or assistant principal, and counselor. Additional mental health staff (school psychologist, social worker, and counselor) may be included. A decision tree model will be described in detail in the following pages.

Examples of Transient Threats (NASP, 2015, p.2)

- Non-genuine expression
- Non-enduring intent to harm
- Temporary feelings of anger
- Tactic in argument
- Intended as a joke or a figure of speech
- Resolved on scene or in the office (time-limited)
- Ends with an apology, retraction, or clarification.

Examples of Substantive Threats (NASP, 2015, p.2-3)

- Specific and plausible details such as a specific victim, time, place, and method
- Repeated overtime or conveyed to difficult individuals
- Involve planning, substantial thought, or prepatory steps
- Recruitment or involvement of accomplices
- Invitation for an audience to observe threat being carried out
- Physical evidence of intent to caring out a threat (e.g. lists, drawings, written plan)
- Substantive threats can be serious assault (e.g. beat up or hurt) or very serious (e.g. kill, rape, inflict serious bodily injury, or involves the use of weapons)

Possible Warning Signs Indicators, and Triggers

As with suicide, there are some possible warning signs that should be considered (Colorado School Safety Resource Center, 2018, p. 1-2):

- Feelings of being picked on, teased, bullied, humiliated at home or at school
- Social withdrawal
- Being a victim of violence
- Low school interest
- Poor academic performance
- Feelings of rejection
- Feelings of isolation and being left alone
- Aggressive and violent behavior
- Intolerance for differences and prejudicial attitudes
- Drug and alcohol use
- Significant loses or personal failures
- History of suicidal gestures, thoughts, attempts
- Access to weapons
- Leakage: Posters, academic assignments, movies, books, interact searches, websites, blogs
- Making threats in a joking manner

In addition, general indicators of violence and possible triggering events should also be considered. These include the following:

- Cruelty to animals and people
- Poor impulse control (ADHD, IMDD, ODD, CD)
- History of violence (discipline issues including suspensions for fighting, hurting others)
- Involvement with the law
- Low frustration tolerance
- Mental illness including early on-set personality disorders
- Anger issues/aggression
- Obsessive or paranoid characteristics
- Fascination and proficiency with weapons
- Preoccupation with violence (television, books, video games)
- Substance use

- Making threats to harm others
- Escalation of concerns

A threat assessment is part art and part science. In short, there is "no easy formula or profile of risk factors that accurately determine whether a student is going to commit a violent act. Most students who display multiple risk factors will never become violent offenders, and some who pose a real threat will not demonstrate a prescribed level of risk." (NASP, 2015, p.3).

Eleven Key Investigative Questions for Assessing Threats of Targeted Violence in Schools

Cornell (2005, p.32) adopted eleven questions from Fein, Vossekuil, Pollack, Borum, Modzeleski, and Reddy's 2002 work. The eleven questions are as follows:

1. What are the student's motives and goals?

2. Have there been any communication suggesting ideas or intent to attack?

3. Has the student shown inappropriate interest in any of the following?
   a. School attacks or attackers
   b. Weapons (including recent acquisition of any relevant weapon)
   c. Incidents of mass violence (terrorism, workplace violence, mass murders)

4. Has the student engaged in attack-related behaviors?

5. Does the student have the capacity to carry out an act of targeted violence?

6. Is the student experiencing hopelessness, desperation, and/or despair?

7. Does the student have a trusting relationship with at least one responsible adult?

8. Does the student see violence as an acceptable, desirable, or the only way to solve problems?

9. Is the student's conversation and "story" consistent with his or her actions?

10. Are other people concerned about the student's potential for violence?

11. What circumstances might affect the likelihood of an attack? (See Appendix T)

APPENDIX A
PROTOCOL FOR RESPONDING TO STUDENTS AT RISK FOR SUICIDE/SELF-INJURY

This checklist provides general procedures for the counselor or school crisis team member to respond to any reports of students exhibiting suicidal behavior/ideation and/or self-injury. The urgency will dictate the order of these steps:

STEP ONE: RESPOND IMMEDIATELY

- Immediately report concerns to administrator and school counselor/designee
- Do not leave the student unsupervised.
- The counselor or school Crisis Team Member contacts the parent, lets them know an assessment is taking place and asks them to come to the school immediately.

STEP TWO: ENSURE THE STUDENT'S SAFETY

- Supervise the student at all times.
- If necessary, contact 911 or call law enforcement if the student is imminent danger.

STEP THREE: ASSESS FOR SUICIDE RISK Use this checklist (Appendix A).

- Counselor or school crisis team member meets with the student.
- The counselor or school crisis team member assesses the level of risk. (Administer the COLUMBIA-SUICIDE SEVERITY RATING SCALE (See Appendix B) and the Levels of Suicide Risk Screener). (See Appendix D).
- Contact the District School Psychologist, (Dr. Barzanna White, 318-603-6484, bwhite@caddoschools.org) and scan the Columbia Levels of Suicide and Levels of Suicide Risk Screener results. If unavailable, contact the Supervisor of Counseling and Magnet Testing, Renata Mahoney, or the Supervisor of Pupil Appraisal, Regina Washington,

STEP FOUR: DETERMINE APPROPRIATE ACTION PLAN

- Determine action plan based on level of risk.
- If a student is transported to hospital by ambulance or police car without a parent or guardian, designated staff should accompany student.
- Communicate with the parent/guardian throughout the process (See Appendix F).
- If the case involves suspected child abuse/neglect, contact the Department of Child and Family Services immediately and complete the follow up report within 5 working days (See Appendix F).

STEP FIVE: FOLLOW UP

- Develop a safety plan.
- Reconvene the IEP or IAP if the student is exceptional
- Have the parent sign the Parent Acknowledgement Notification Form (See Appendix E).
- Add appropriate support and provide resources.
- Monitor closely and address underlying concerns.

STEP SIX: RE-ENTRY GUIDELINES

- A re-entry plan is needed when the student is out of school, such as for hospitalization.
- Conduct a School Building Level Committee (regular education student) and request paperwork. Put supports in place and consider appropriate next steps.
- Coordinate plans with outside providers when appropriate and feasible.
- If the student transfers to another school within the district, coordinate the re-entry with that school.

APPENDIX B
COLUMBIA SUICIDE SEVERITY RATING SCALE
SCREEN VERSION

SUICIDE IDEATION DEFINITIONS AND PROMPTS	**Since Last Visit**	
Ask questions that are bold and <u>underlined</u>	YES	No
Ask Questions 1 and 2		
1) Wish to be Dead: Person endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up. **<u>Have you wished you were dead or wished you could go to sleep and not wake up?</u>**		
2) Suicidal Thoughts: General non-specific thoughts of wanting to end one's life/die by suicide, "I've thought about killing myself" without general thoughts of ways to kill oneself/associated methods, intent, or plan. **<u>Have you actually had any thoughts of killing yourself?</u>**		
If YES to 2, ask questions 3, 4, 5, and 6. If No to 2, go directly to questions 6		
3) Suicidal Thoughts with Method (without Specific Plan or Intent to Act): Person endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out. "I thought about taking an overdose but I never made a specific plan as to when where or how would actually do it… and I would never go through with it." **<u>Have you been thinking about how you might kill yourself?</u>**		
4) Suicidal Intent (without Specific Plan): Active suicidal thoughts of killing oneself and patient reports having some intent to act on such thoughts, as opposed to "I have the thoughts but I definitely will not do anything about them." **<u>Have you had these thoughts and had some intention of acting on them?</u>**		
5) Suicide Intent with Specific Plan: Thoughts of killing oneself with details of plan fully or partially worked out and person has some intent to carry it out. **<u>Have you started to work out or worked out the details of how to kill yourself and do you intend to carry out this plan?</u>**		
6) Suicide Behavior **<u>Have you done anything, started to do anything, or prepared to do anything to end your life?</u>** Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.		

For inquiries and training information contact: Kelly Posner, Ph.D.
New York State Psychiatric Institute, 1051 Riverside Drive, New York, New York, 10032; posnerk@nyspi.columbia.edu

APPENDIX C
LEVELS OF SUICIDE RISK
Suicide Risk Monitoring Tool- Elementary/Middle School Version

Student Name: _____Date: _____
Completed by (Name/Title):_____

I. IDEATION

Are you having thoughts of suicide? □ Yes □ No

Right now □ Yes □ No

Past 24 hours □ Yes □ No

Past week □ Yes □ No

Past month □ Yes □ No

Please circle/check the most accurate response:

How often do you have these thoughts? (Frequency): less than weekly/ weekly/ daily/hourly/ every minute

How long do these thoughts last? (Duration): a few seconds/ minutes/ hours/ days/ a week or more

How disruptive are these thoughts to your life? (intensity): □ not at all □ somewhat □ a great deal

II. INTENT

How much do you want to **die**? □ not at all □ somewhat □ a great deal

How much do you want to **live**? □ not at all □ somewhat □ a great deal

III. PLAN

Do you have a plan? □ Yes □ No

Have you written a suicide note? □ Yes □ No

Have you identified a method? □ Yes □ No

Do you have access to the method? □ Yes □ No □ N/A

Have you identified when and where you would carry out this plan? □ Yes □ No □ N/A

Have you made a recent attempt? □ Yes □ No

If so, when/ how/ where?

IV: WARNING SIGNS

How hopeless do you feel that things will get better? □ not at all □ somewhat □ a great deal

How much do you feel like a burden to others? □ not at all □ somewhat □ a great deal

How depressed, sad or down do you currently feel? □ not at all □ somewhat □ a great deal

How disconnected do you feel from others? □ not at all □ somewhat □ a great deal

Is there a particular trigger/stressor for this student? If so, what?

_____

Has it improved? □ not at all □ somewhat □ a great deal

V. PROTECTIVE FACTORS

REASONS FOR LIVING (things good at/ like to do/enjoy/other)	**SUPPORTIVE PEOPLE (family/adults/friends/peers)**

What could change about your life that would make you no longer want to die?

APPENDIX D
Suicide Risk Monitoring Tool- Middle/High School Version

Student Name :_____Date:_____
Completed by (Name/Title): _____

I. IDEATION

Are you having thoughts of suicide? □ Yes □ No

Right now □ Yes □ No

Past 24 hours □ Yes □ No

Past week □ Yes □ No

Past month □ Yes □ No

Please circle/check the most accurate response:

How often do you have these thoughts? (Frequency): less than weekly/ weekly/ daily/hourly/ every minute

How long do these thoughts last? (Duration): a few seconds/ minutes/ hours/ days/ a week or more

How disruptive are these thoughts to your life? (intensity): □ not at all 1□ 2□ 3□ 4□ 5□ a great deal

II. INTENT

How much do you want to **die**? □ not at all □ somewhat □ a great deal

How much do you want to **live**? □ not at all □ somewhat □ a great deal

III. PLAN

Do you have a plan? □ Yes □ No

Have you written a suicide note? □ Yes □ No

Have you identified a method? □ Yes □ No

Do you have access to the method? □ Yes □ No □ N/A

Have you identified when and where you would carry out this plan? □ Yes □ No □ N/A

Have you made a recent attempt? □ Yes □ No

If so, when/ how/ where?

IV: WARNING SIGNS

How hopeless do you feel that things will get better? not at all 1 □ 2 □ 3 □ 4 □ 5 □ a great deal

How much do you feel like a burden to others? not at all 1 □ 2 □ 3 □ 4 □ 5 □ a great deal

How depressed, sad or down do you currently feel? not at all 1 □ 2 □ 3 □ 4 □ 5 □ a great deal

How disconnected do you feel from others? not at all 1 □ 2 □ 3 □ 4 □ 5 □ a great deal

Is there a particular trigger/stressor for this student? If so, what?

_____

Has it improved? not at all 1 □ 2□ 3 □ 4 □ 5□ a great deal

V. PROTECTIVE FACTORS

REASONS FOR LIVING (things good at/ like to do/enjoy/other)	**SUPPORTIVE PEOPLE (family/adults/friends/peers)**

What could change about your life that would make you no longer want to die?

Appendix E
Sample Parent Acknowledgement Letter

Caddo Parish Schools
School Name
Address
Phone Number

Date:

Dear Mr., Mrs., Ms., Miss, or Dr. _____

Your child, _____ has been referred to the counselor's office due to suicidal ideations, or a suicide threat. It is our belief that _____ is at risk therefore _____ must seek a medical/mental health professional for assessment before he/she returns to school. I have been provided a list of some of the mental health providers in the area or may select any counselor, psychologist, social worker, pediatrician, psychologist, or medical doctor of my choosing (at the parent's expense). In addition, I understand that the District School Psychologist, Dr. Barzanna White, should be contacted prior to my child being readmitted back to school. Her contact information is 603-6484 to schedule an appointment.

Please bring a copy of the letter/statement from the medical/mental health professional stating that _____ has been evaluated and is not considered to be a "danger to self or others at this time." Only one adult and the above referenced student is needed to attend the appointment. Others will have to remain outside due to COVID-19 and social distancing.

_____ _____
Parent Signature Date

APPENDIX F

Caddo Parish School Board
1961 Midway Street
Shreveport, LA 71108
318-603-6300

MANDATED REPORTING CASES OF CHILD ABUSE/NEGLECT

Student's Last Name: _____

The report of child abuse/neglect should be made as soon as school personnel becomes aware of the abuse or neglect. The initial report of abuse or neglect may be made orally, but the oral report shall be followed by a written report made within five days to the local child protection agency or, if necessary to the local law enforcement agency (**CPSB Policy JO-R – Student Records – Child Abuse/Neglect**)

Name of Child	Address	Age & Date of Birth	Gender	Race

Nature, extent, and cause of the child's injuries or endangered condition, including any previous known or suspected abuse to this child or the child's siblings.

_____
_____
_____

What is the current circumstance/condition of the child? When the child leaves school will he/she be in danger of injury or harm?

_____
_____
_____

Name of Parent/Guardians	Address	Phone Numbers

Names of other Children and Other Members in the Household	Age/Date of Birth	School (if family member is in school)

**Form found on CPSB Website.

Reporter's Name, Position, School :

_____

Reporter's Address:

_____

Reporter's Phone # to Contact:

_____

Account of how and when (date/time) this child came to the reporter's attention:

_____

_____

Any explanation of the cause of the child's injury or condition offered by the child, the caretaker, or any other person:

_____

_____

_____

Any other information which the reporter believes might be important or relevant: _____

_____

_____

The name(s) of the person or persons who are thought to have caused or contributed to the child's condition, if known, and the report shall contain the name of such person if he is named by the child. **Include the relationship to the child**

_____

_____

Name/Title of the CPS Intake Worker to whom the oral report was made:

_____

Date/Time of oral report to CPS: _____

Case # _____

_____Request a **Response Disposition Letter** from CPS (Response Letter is requested during the oral report)

Date of Written Report to CPS:

_____

Completed Form can be FAXED to Office of Community Services (FAX # 318-676-7307)

Mailing address: DCFS Caddo Parish Welfare; 1525 Fairfield Ave. Rm. 424 Box 31; Shreveport, LA 71101

Name/Title/Badge # of the Law Enforcement Officer to whom the report was made:

_____

Date/Time of report to School Resource/School Liaison Officer or other Law Enforcement Officer:

_____

Police Report #

_____

_____

_____

Date/Time Report sent (email or fax) **to School Counseling Specialist who will also inform CPSB Security**

_____

Notes:

_____

_____

Reminders:

_____ It is your individual responsibility as a mandatory reporter (ALL school personnel) to ENSURE that a child neglect/abuse report is made. Telling a supervisor or anyone else does not fulfill your legal obligation. A supervisor does not have the authority to decide whether a mandated reporter makes a report. Never assume that a report has been made by other professionals or adults. When a mandated reporter becomes aware of a situation, he/she becomes responsible.

_____ALL reports must be dually reported to Child Protection and Law Enforcement.

_____ On-line reports should ONLY be made if the report is non-emergent.

_____ Is the child 18 y/o or older and receiving SPED services? Contact Adult Protective Services. (If 18 and not SPED, contact law enforcement.)

_____ Is this a report of sexual abuse?

_____Are there visible signs or marks of physical abuse or neglect?

_____Coordinate with your Principal so that he/she is aware

_____Report to School Resource/School Liaison Officer or other Law Enforcement Officer

_____ Does your school office have a **Signature Form** for Child Protection Worker or Law Officer if child is examined or interviewed? _____Have you previously reported abuse/neglect regarding this child or any of his siblings? Yes/No If yes, have that information in hand when giving your oral report and inform them you have made a previous report(s).

_____If the child has siblings, have you contacted the other school counselors? Your mandated reporting **cannot wait** on the responses from the other school counselors.

Resource Numbers

Hotline for Reporting Child Abuse or Neglect: (24 hours a day/365 days a year)	**(1-855-4LA-KIDS) 1-855-452-5437**
Hotline for Reporting to Adult Protective Services	**1-800-898-4910**
Office of Community Services local FAX # for written report following oral report	**(318) 676-7307**
Office of Community Services (Caddo Parish local office)	**(318) 676-7323**
Shreveport Police Department	**(318) 673-7300**
Caddo Parish Sheriff's Office	**(318) 675-2170**
Shreveport Police Department - Sex Crimes	**(318)673-6955**
Shreveport Police Department – Juvenile Dept.; Det. Diana Coleman	**(318) 673-7020; (318) 673-7023**
Caddo Parish Sheriff's Detective	**(318) 681-0700**
Purchased Hotline (Sex Trafficking)	**(318)606-2518**
Kimberly Brook, CPSB Security Investigator	**(318) 603-6487**, **(318) 465-9845**
Renata Mahoney, Counseling Supervisor **(**mkay@caddoschools.org**)**	**FAX (318) 603-6516, (318) 455-4049**
Dr. Barzanna White, District School Psychologist (bwhite @caddoschools.org)	**(318)603-6484 FAX (318) 621-0483**
Community Liaison Officer for my school (Name_____)	_____
DARE officer for my school (Name _____)	_____ _____

APPENDIX G

Contract for Safety

Name:_____ Date:_____

Today, I have said some things about death or about hurting myself that have made others concerned about my safety. Others have told me how valuable my life is, but they want to make sure that I know how valuable my life is. I will complete this contract with a caring adult in order for us both to feel comfortable that I value my life and that I know what to do if I start feeling like I could harm myself again.

THINGS I CAN DO OR TELL MYSELF TO MAKE MYSELF FEEL BETTER (clinician can assist):

_____

_____

_____

PEOPLE WHO CARE ABOUT ME THAT I CAN CALL WHEN I FEEL OVERWHELEMED: (AT LEAST 3, 1 MUST BE LOCAL)

NAME	RELATIONSHIP	NUMBER
_____		
_____		
_____		

HOTLINE NUMBER/S I CAN CALL:

AGENCY	NUMBER	HOURS OF OPERATION
Local Suicide Hotline	1-877-994-2275	24 hours/7 days per week
National Suicide Prevention Lifeline (www.suicidepreventionlifeline.org)	1-800-273-TALK 1-800-273-8255	24 hours/7 days per week
National Hopeline Network www.hopeline.com	1-800-SUICIDE	24 hours/7 days per week
Crisis Text Line.org	Text 741741	

*You can always call 911 to ask for help. Tell the operator you are in suicide danger.

Developed by the University of Maryland- School Mental Health Program 2008

I WILL NOT HURT MYSELF.

I WILL DO ONE OR MORE OF THE FOLLOWING ISNTEAD OF HURTING MYSELF:

1. I can come to _____'s office in _____ to talk about my feelings.
2. I can talk to a teacher, family member, or other trusted adult about my feelings (see list).
3. I can do or tell myself some of the things I wrote down on the first page.
4. I can call one of the hotline numbers listed on page 1 or can call 911.
5. I will not use alcohol/drugs during this time.
6. I can ask someone to take me to the hospital. If no one is around, I can call 911. The hospital is a safe place where I can get help and can be safe from hurting myself.

BY SIGING THIS SAFETY CONTRACT IN THE PRESENCE OF A COUNSELOR, I AGREE TO TAKE POSITIVE ACTIONS WHENEVER I FEEL LIKE HURTING MYSELF. I WILL NOT HURT MYSELF OR TRY TO KILL MYSELF. I WILL BE NEAR PEOPLE WHO CAN HELP ME OR WILL BE ABLE TO MAKE A PHONE CALL IF I NEED TO CONTACT PEOPLE WHO CAN HELP ME.

_____ _____

Student Date

_____ _____

WITNESS/SCHOOL MENTAL HEALTH CLINICIAN DATE

Developed by the University of Maryland- School Mental Health Program 2008

(Depression/Bipolar/Suicidal Ideations)

Safety Plan/Contract Between

_____	_____
Student	(Counselor-Site-based BIS/Other)
_____	_____
_____	_____
(Address)	(Address)
_____	_____
(Telephone)	(Telephone)

I, _____, understand that _____
(Student's name) (Counselor/Site-Based BIS/Other's name)
is able to recognize signs of my illness (depression, etc.) whether they are noticeable to me. He/she is concerned for my safety and the impact my current state has on normal activities. I will trust him/her to help me and I promise to follow his or her plan/treatment.

This contract entitles _____ to:
(Counselor/Site-Based BIS/Other)

- Tell me if he/she thinks I need help
- Contact the necessary people
- To assist me in any way he/she sees fit

At no times shall I become angry with _____ for fulfilling the terms of this contract.

I also agree to:

- Remove all means of committing suicide impulsively or doing harm to myself.
- Call my contact people: _____
(Name) (Phone No.)

_____
(Name) (Phone No.)

1-877-994-2275 or Text 741741
(Emergency Suicide Line No.)

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- Have at least 2 places I can go and feel safe:

  _____ _____

- Avoid using drugs and alcohol
- Make a list of warning signs that indicate a depression state
- Keep a daily journal of my thoughts
- Make a plan for life with family members or my counselor
- Not harm myself

_____ _____

Signature Date

_____ _____

Signature Date

Developed by the University of Maryland- School Mental Health Program 2008

Progress Monitoring Chart

(Suicidal Ideation)

Name: _____ School:_____

Date: _____ Person Responsible at School: _____

Goal	Coping Skills	Problem Solving	Change Thinking	I'm Making Progress

Dr. Barzanna White 10/2009

Sample goals (Mash & Barkley, 2007):

- To feel better
- To sleep better
- To get along better with people
- To make more friends
- To feel less lonely/sad
- To feel better about myself
- To learn to get myself out of a bad mood on my own
- To feel happy
- To open up and express feelings to others
- To share my problems
- To do better in school
- To decrease negative thoughts
- To avoid fights/control my temper

(Self-Injury/Self-Abuse)

- Have a list of grounding techniques and alternatives readily available (coping strategies)

  List some here: _____

  _____

  _____

  _____

- Make a list of distractions I could indulge in rather than self-injure.
- Get rid of all implements that can harm me.
- Keep first aid supplies on hand.
- Keep my outside counselor or psychiatrist's number on speed dial.

Activities for Counselor/Site-Based Behavior Intervention Specialist

1. Always monitor the student's suicide risk during appropriate intervals and identify high-risk markers. If the student's coping capacity diminishes (increased verbalization of a wish to die, increased aggressiveness toward others, etc.) seek help immediately.

2. Develop a written crisis plan/safety plan (see attached documentation).

3. Have the child list their stressors and teach them how to recognize warning signs.

4. Emphasize that feeling suicidal is understandable…but it is never a good way to solve problems. Teach safe and simple problem-solving options.

5. Have the child complete exercises such as those attached as well as the following: Keep a journal (age-appropriate). This should include:
    - Harmful emotions
    - Tracking daily stressors
    - Coping strategies
    - Effective homework techniques
    - Where they feel safe

6. Use cognitive behavioral therapy techniques as well as:
    - Role-playing
    - Modeling
    - Recording daily accomplishments
    - Verbalize increased feelings of self-esteem
    - How to manage frustrating events, triggers, and emotions

Addressing Feelings

Name: _____ School: _____

Date: _____

1. Use "I" statements. Example: I feel _____
   _____
   _____ when I _____.
   So, I acted or reacted by _____
   _____
   and then I felt _____
   _____.

2. I feel _____
   _____
   when I _____.
   So, I acted or reacted by _____
   _____ and then I felt _____
   _____.

3. I feel _____
   _____
   when I _____.
   So, I acted or reacted by _____
   _____ and then I felt _____
   _____.

4. I feel _____
   _____
   when I _____.
   So, I acted or reacted by _____
   _____ and then I felt _____
   _____.

   (Note: When you feel a negative emotion, try a coping strategy to help you feel better.)

Building Self Esteem

Name: _____ School: _____

Date: _____

1. I feel good when I _____

   _____.
2. The best thing about school is _____

   _____.
3. I like it when others _____

   _____.
4. I am at my best when _____

   _____.

SELF HELP CHART

ME
As a friend:
In school:
In helping others:
As a family member:
In my looks:
As a person:
In after school activities:
What I do for fun:

Problem Solving

Name: _____ School: _____

Date: _____

1. Describe the problem: _____
   _____
   _____.
2. What do I want to have happen? _____
   _____
   _____.
3. Plans: I could:
   1. _____
   2. _____
   3. _____
   4. _____

4. What is the best plan? 1, 2, 3, 4. Pick one and try it.
5. Next time, report back to the Counselor, Behavior Intervention Specialist, etc.
   How did it work? _____
   _____
   _____
6. If it worked, congratulate yourself. If not, pick another option and try again.

APPENDIX H

Safety Planning Guide
A Quick Guide for School Mental Health Professionals

SAFETY PLAN FAQ's?

WHAT IS A SAFETY PLAN?

A safety plan is a prioritized written list of coping strategies and sources of support students can use who have been deemed to be at high risk for suicide. Students can use these strategies before or during a suicidal crisis. The plan is **brief**, is in the **student's own words**, and it is **easy** to read.

WHO SHOULD HAVE A SAFETY PLAN?

Any student who has a suicidal crisis should have a comprehensive suicide risk assessment. The School Mental Health Professional should then collaborate with the student (and the building crisis team as appropriate) on developing a safety plan.

HOW SHOULD A SAFETY PLAN BE DONE?

Safety Planning is a clinical process. Listening to, empathizing with, and engaging the student in the process can promote the development of the Safety Plan and the likelihood of its use.

IMPLEMENTING THE SAFETY PLAN

There are 6 steps involved in the development of a Safety Plan.

Implementing the Safety Plan: 6 Step

Step 1: Warning Signs

 Ask: "How will you know when the safety plan should be used?

 Ask: "What do you experience when you start to think about suicide or feel extremely depressed?

 List warning signs (thoughts, images, thinking processes, mood, and/or behaviors) using the student's own words.

Step 2: Internal Coping Strategies

 Ask: "What can you do, on your own, if you become suicidal again, to help yourself not to act on your thoughts or urges?"

 Assess likelihood of use: Ask: "How likely do you think you would be able to do this step during a time of crisis?"

 If doubt about use is expressed, ask: What might stand in the way of you thinking of these activities or doing them if you think of them?"

 Use a collaborative, problem solving approach to address potential roadblocks and identify alternative coping strategies.

Step 3: Social Contact Who May Distract from the Crisis

 Instruct students to use Step 3 if Step 2 does not resolve the crisis or lower the risk.

Ask: "Who or what social settings help you take your mind off your problems at least for a little while?" Who helps you feel better when you socialize with them?

 Ask for safe places they can go to be around people (i.e. trusted adult).

 Ask student to list several people and social settings in case the first option is unavailable.

 Remember, in this step, the goal is distraction from suicidal thoughts and feelings.

 Assess likelihood that student will engage in this step: Identify potential obstacles, and problem solve as appropriate.

Step 4: Family Members or Friends Who May Offer Help

 Instruct students to use Step 4 if Step 3 does not resolve crisis or lower risk.

 Ask: "Among your family or friends, who do you think you could contact for help during a crisis?" or "Who is supportive of you and who would you feel that you can talk with when you're under stress?"

 Ask students to list several people, in case one contact is unreachable. Prioritize the list. In this step, unlike the previous step, students reveal they are in crisis to others.

 Assess likelihood patient will engage in this step; Identify potential obstacles, and problem solve.

 Role play and rehearsal can be very useful in this step.

Step 5: Professionals and Agencies to Contact for Help

 Instruct the students to use Step 5 if Step 4 does not resolve the crisis or lower the risk.

 Ask: "Who are the mental health professionals that we should identify to be on your safety plan?" and "Are there other health care providers?"

 List names, numbers and/or locations of clinicians, local urgent care services.

 Assess likelihood patient will engage in this step; Identify potential obstacles, and problem solve.

 Role play and rehearsal can be very useful in this step.

Step 6: Making the Environment Safe

 Ask students which means they would consider using during a suicidal crisis.

 Ask: "Do you own a firearm, such as a gun or rifle?" and "What other means do you have access to and may use to attempt to kill yourself?"

 Collaboratively identify ways to secure or limit access to lethal means: Ask: "How can we go about developing a plan to limit your access to these means?" (Get a parent involved too!)

 Restricting students to a highly lethal method, such as a firearm, should be done by a designated, responsible person-usually a family member or close friend or police.

Wester Interstate Commission for Higher Education
3035 Center Green Drive, Suite 200
Boulder, CO 80301-2204
303-541-0200 (ph) 303-541-0291 (fax)
www.wiche.edu/mentalhealth/

APPENDIX I

Community Mental Health Resources

2020-2021

Mental Health Service Providers

2020-2021

Agency	Address	Phone & Fax
ArkLaTex Counseling & Rehab	7505 Pines Rd. Suite 1104 Shreveport, LA 71129	318-670-8313 318-828-1196 fax
Assured Behavioral Concepts	8921 Mansfield Rd. Shreveport, LA 71118	318-626-7143 318-210-0358 fax
Autumn Creek Health Solutions	2924 Knight Street Suite 426 Shreveport, LA 71105	318-754-3560 318-779-0439
Bridges to Recovery	7607 Fern Ave. Suite 902-903 Shreveport, LA 71105	318-524-9954 318-524-9953 fax
Brighter Future Counseling Services, LLC	4601 N. Market St. Suite 2 Shreveport, LA 71107	318-424-8735 318-424-8739 fax
A Center for Hope and Change	543 Stoner Ave. Shreveport, LA 71101	318-673-9901 318-673-9904 fax
The Center for Children and Families, Inc.	800 Spring St. Ste. 215 Shreveport, LA 71101	318-227-8390 318-429-2414 fax
Changing Behavior Services, LLC	1434 Hawn Ave. Suite 12 Shreveport, LA 71129	318-675-0224 318-675-0226 fax
Community Enrichment Programs, LLC	842 Margaret Place Shreveport, LA 71101	318-675-0406 318-675-0408 fax
DOBI Healthcare Services, LLC	6009 Financial Plaza Suite 105 Shreveport, LA 71129	318-670-8858 318-670-8947 fax
Envision Counseling Services, LLC	7505 Pines Rd. Suite 1230 Shreveport, LA 71129	318-562-3707 318-562-3708 fax
Jenkins Counseling Services	1513 Line Ave. Suite 225 Shreveport, LA 71101	318-754-3890 318-658-9012 fax
Life Changing Solutions, LLC	6015 Hearne Ave. Shreveport, LA 71108	318-213-0906 318-213-0922 fax
Life Matters Counseling & Therapy, LLC	7505 Pines Rd. Suite 1200I Shreveport, LA 71129	318-716-1707 318-716-1815 fax
Northwest Louisiana Human Service District	1310 North Hearne Ave. Shreveport, LA 71107	318-676-5111 318-676-9021
Pelican Bayou Counseling Agency	9403 Mansfield Rd. Shreveport, LA 71118	318-861-8938 318-862-3554 fax
Phoenix Family Life Center	800 Spring St. Suite 205 Shreveport, LA 71101	318-670-3170 318-670-3607 fax
Red River Therapeutic Solutions, LLC	2715 Mackey Place Suite 135 Shreveport, LA 71118	318-220-8423 318-220-8573 fax
Seedlinks Behavior Management, LLC	1543 Grimmett Drive Shreveport, LA 71107	318-626-5597 318-626-5691 fax

Shoulders of Strength, Inc.	2900 Cameron St. Monroe, LA 71201	318-323-9995 318-998-3555 fax
Social Work Professional Services, LLC	2219 Claiborne Ave. Shreveport, LA 71103	318-779-0434 318-210-0000 fax
Source of Solutions Counseling Service, LLC	2505 Brookhaven Drive Bossier, LA 71111	318-584-7197 318-584-7080 fax
Superior Counseling Services, LLC	2620 Centenary Blvd. B3, Suite 312 Shreveport, LA 71104	318-681-9935 318-681-9938 fax
Unlimited Alternatives to Change, LLC	3018 Old Minden Rd. Suite 1117 Bossier, LA 71112	318-746-1935 318-746-2514 fax
Volunteers of America of North Louisiana	360 Jordan Street Shreveport, LA 71101	318-221-8404 318-429-6929 fax
Wright Way Two	220 W. Louisiana Ave. Shreveport, LA 71101	318-375-2780 318-375-2781 fax

APPENDIX J

Caddo Parish Schools District Crisis Team

Name	Assignment	Alternate Assignments	Contact Number
Roy Murry	Incident Commander	Security	318-603-6490
Don Otis	Security	Incident Commander	318-603-6491
James Woolfolk	Operations		318-603-7107
Otis Jones	Transportation		318-603-5604
Tommy Smith	Maintenance	Operations	318-603-5505
Dr. Barzanna White	Mental Health		318-603-6484

APPENDIX K

Student Re-Entry Checklist

Student's Name: _____ School: _____

School Counselor/ School Mental Health Professional: _____

This checklist should be used for a student who has been out of school for any length of time, including mental health hospitalization, or if the student will be transferring to a new school. The school site administrator/designee should address the following items:

Day of Return	□ Request that the parent escort the student back on the first day of school. Draft a safety plan (See Appendix L)
Summary/Evaluation Discharge	□ Request discharge documents from the hospital or mental health/medical clearance to return to school from the parent on the first day back.
Meeting with Parents	□ Meet with parents and other school/district personnel as appropriate in School Building Level Committee. □ Identify on-going mental health resources in school and/or in the community. □ Reconvene the IEP (Sp. Ed Students) or convene the SBLC, put supports in place and consider an evaluation/assessment for special education or 504. □ Modify academic programming, as appropriate. □ Offer suggestions to parents regarding monitoring personal communication devices, including social networking sites. Remove all weapons from the home. □ Notify student's teacher, when appropriate.
Identify Supports	□ Assist the student in identifying adults they trust and can go to for assistance at school and at home. □ Consider Multi-Tiered System of Supports (MTSS).
Address Bullying, Harassment, Discrimination Concerns	□ As needed, ensure that any bullying, harassment, discrimination is being addressed. Document bullying reports using the state-mandated forms (See Appendix N).
Designate Staff	□ Designate staff (A school mental health professional) to check in with the student during the first couple weeks periodically.
Release/Exchange of Information	□ Obtain consent by the parent to discuss student information with outside providers using the Release of Information Forms (See Appendix M).
Manage and Monitor	□ Ensure the student is receiving and accessing the proper mental health and educational services needed.

Source: Adapted from the Park Hill School District Manual, 2018, p. 43.

APPENDIX L

SAFETY PLAN

Student's Name: _____ Date: _____

School/Mental Health Professional's Name:_____

1. List potential warning signs or triggers that a suicidal crisis may be developing for me:

   _____

   _____

   _____

2. List ways to keep myself safe: _____

   _____

   _____

3. The one thing that is most important in my life and is worth living for is: _____

   _____

   _____

4. List trusted adults whom I can ask for help:

   School Persons Name/Phone Number: _____

   Home Person's Name/Phone Number: _____

   Community Person's Name/Phone Number: _____

5. List positive coping strategies (caring for animals, sports, exercise, etc):

   _____

   _____

   _____

6. Local professionals I can contact in an emergency:

NWLA Suicide Helpline (Shreveport):	1-877-994-2275
Baton Rouge Crisis Intervention Hotline:	1-225-924-3900
National Suicide Prevention Hotline:	1-800-273-TALK (8255)
Mental Health Agency:	_____
Local Hospital:	_____
Crisis Text line.org (24 hours nationwide)	Text 741741

Have an iPhone? Talk to Siri for connection help.

7. List ways to make your environment safe:

_____

_____

_____

Signatures: _____ _____

_____ _____

APPENDIX M

STATE OF LOUISIANA AUTHORIZAION FOR RELEASE OF CONFIDENTIAL INFORMATION

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

PART 1: CONTACT INFORMATION

Student's/Child's Legal Name	Date of Birth	Social Security #

Parent/Legal Guardian _____ Telephone # _____

Mailing Address _____

PART 2: RECORD REQUEST

Complete box A **OR** box B below. Both boxes may not be completed on the same form.

A. Specify the records to be released for the treatment date(s) listed below in Part 3:

- ❑ COMPLETE RECORD(S)
- ❑ Discharge Summary
- ❑ History & Physical
- ❑ Operative Report
- ❑ Consultation
- ❑ Progress Notes
- ❑ Cardiopulmonary **(Indicate EKG, Stress Test, Sleep Study)**
- ❑ Emergency Room
- ❑ Lab
- ❑ Pathology
- ❑ Radiology Results
- ❑ Other _____

_____

B. If initialed below, I specifically authorize release of the following:

Psychotherapy notes and records indicating psychological or psychiatric impairment(s)

_____
Initials of parent/legal guardian

PART 3: AUTHORIZATION

This does not authorize the release of the following: drug and alcohol use counseling and treatment and HIV/AIDS and sexually transmitted disease testing and treatment.

I authorize:

Name: _____ (School System)

❑ **TO RELEASE Information TO** **AND/OR** ❑ **TO OBTAIN Information FROM**

(Place an "X" in the box that indicates if the information is being released AND/OR requested.)

Name: _____ (Hospital, Physician, Service Agency, School RN and/or other health provider)

For treatment date(s): _____

The information is to be released for the purpose(s) of:

❑ Evaluation to determine eligibility or continued services ❑ Designing an individual educational program eligibility for special education ❑ Determining appropriate placement for treatment needs

❑ Providing physical therapy treatment _____ ❑

❑ Providing occupational therapy treatment

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the same medical records department receiving this authorization form. I understand that the revocation will not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire on the following date, event or condition: _____.

If I fail to specify an expiration date, event or condition, this authorization will expire in nine (9) months from the date of authorization. An authorization is voluntary. I will not be required to sign an authorization as a condition of receiving treatment services or payment, enrollment, or eligibility for health care services. Information used or disclosed by this authorization may be re-disclosed by the recipient and will no longer be protected under the Health Insurance Portability & Accountability Act of 1996.

_____ _____ _____

Signature of Student or Legal Representative | Date | (Relationship to student) (Parent/Legal Guardian must sign if student < 18)

_____ _____

Signature of Witness | Date

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APPENDIX N

Bullying Investigation Form

Directions: In accordance with Act 861 of the 2012 Legislative Session, this form is to be used to investigate and document the details of each reported incident of bullying that occurred on school property; at a school-sponsored activity or event off school property; on a school bus; or on the way to or from school.

Date of Report:	**School Name:**	
District:	**Date of incident:**	**Time of incident** (if known)**:**

Interviews Conducted: (Check all that apply and attach a separate sheet if necessary.)

○ **Interviewed Reporter** **Name:** _____ **Date:** _____

Description of alleged bullying:

_____

_____

_____

○ **Interviewed Alleged Victim(s)** **Name(s):** _____ **Date:** _____

Description of alleged bullying:

_____

_____

_____

○ **Interviewed Alleged Offender(s)** **Name(s):** _____ **Date:** _____

Description of alleged bullying:

_____

_____

_____

○ **Interviewed Witness(es)** **Name:** _____ **Date:** _____

Name: _____ **Date:** _____

Name: _____ **Date:** _____

Description of alleged bullying:

_____

_____

_____

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Bullying Investigation Form

○ **Interviewed Parent(s)/Guardian(s) of Alleged Victim:** **Name(s):** _____ **Date:** _____

Summary of the interview:

_____

_____

_____

○ **Interviewed Parent(s)/Guardian(s) of Alleged Offender: Name(s):** _____ **Date:** _____

Summary of the interview:

_____

_____

_____

Any prior documented incidents by the alleged offender? ○**Yes** ○**No**

Documentation and Notification Requirements		
Date of incident report:	**Date investigation began:**	**Date investigation completed:**

INVESTIGATION DETERMINATION			
Name(s) of alleged victim(s)	**Age**	**Sex**	**Grade**
Name(s) of alleged offender(s)	**Age**	**Sex**	**Grade**
Name(s) of witness(es), if applicable			

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Bullying Investigation Form

Where did the incident happen (choose all that apply)?

O Classroom O Lunchroom O School Bus O Locker Room/Area O Restroom O Hallway O Bus Stop O Parking Lot
O On the way to/from school O Playground O Internet O Cell Phone O At a school sponsored activity or event off school property O Other (Please Specify) _____

Check all items below that apply:

Verbal

O Name-calling O Taunting/ridiculing O Mocking O Making offensive comments O Teasing O Demeaning comments
O Other (please state) _____

Physical

O Kicking O Hitting/punching O Pushing O Pinching O Stalking O Inappropriate touching
O Other (please state) _____

Emotional

O Offensive graffiti O Excluding from group O Spreading rumors O Being forced to do something against his/her will
O Taking possessions/money O Other (please state) _____

Electronic aggression

O Offensive text messages O Offensive e-mails O Sending degrading images O Posting rumors or lies about someone
O Assuming a person's electronic identity with the intent of causing harm O Other (please state) _____

Physical evidence, if available: O Graffiti O Notes O E-mail O Websites O Video/Audio

---

Incident reported to parent/guardian of **alleged victim** within one school day of receipt of bullying complaint?
O Yes O No **Initials of school official**: _____

Incident reported to parent/guardian of **alleged offender** within one school day of receipt of bullying complaint?
O Yes O No **Initials of school official**: _____

Additional pertinent information gained during investigation: (attach a separate sheet if necessary)

_____

_____

_____

_____

Bullying Investigation Form

Based on this investigation, the school administration determines the following:

There was a determination of bullying? ○ Yes ○ No

○ Yes – Take prompt and appropriate disciplinary actions pursuant to R.S. 17:416 and 416.2

○ No – If a violation of the another provision in the student code of conduct, take appropriate action.

Upon completion of an investigation, the principal/designee will notify the reporter and parents/legal guardian of the students involved of the findings and the result of the investigation.

Student	Parent/Guardian	Date of Notification	Method of Notification	Notes

Summary of Investigation:

Principal/Designee Signature:	Date:

APPENDIX O
Sample Script for Office Staff

This script can help receptionists or other people who answer the telephone to respond appropriately to telephone calls received in the early stages of the crisis.

Hello, _____ School. May I help you?

Take messages on non-crisis-related calls.

For crisis-related calls, use the following general schema:

- Police or other security professionals-immediate transfer to principal.
- Family members of deceased-immediate transfer to principal or anyone else they want to reach at the school. If principal is not available immediately, ask if they would like to speak to a school psychologist or social worker.
- Other school administrators-Give out basic information on death and crisis response and offer to transfer call to principal or others.
- Parents regarding their child's immediate safety-Reassure parents if you know their child was not involved and outline how children are being served and supported. If child may have been involved, transfer to a crisis team member who may have more information.
- Persons who call with information about others at risk-Take down information and get it to a crisis team member. Take a phone number where the person can be called back by a crisis team member.
- Media- Take messages and refer to principal.
- Parents generally wanting to know how to respond-Explain that children and staff are being supported. Take messages to give to Student Services staff from parents needing more detailed information.
- Where to send parents who arrive unannounced on the scene-Set aside a space for parents to wait and get information. Any person removing a student from school must be on the annual registration form as the parent or guardian. Records must be kept of who removed the child and when.

From Madison Metropolitan School District. (Revised 2005). Sudden death-suicide-critical incident: Crisis response procedures for principals and student services staff. Retrieved from http://www.mhawisconsin.org/Data/Sites/1/media/gls/gls_madisoncrisisplan.pdf

Appendix P

Sample Announcements

Sample Announcements for Use with Students after a (Possible) Suicide

1. After the school's Suicide Response Team has been mobilized. It is critical for administration and/or crisis team members to prepare a statement about the death for release to faculty and students. The announcement should include the facts as they have been officially communicated to the school. Announcements should not overstate or assume facts not in evidence. If the official cause of death has not as yet been ruled suicide, avoid making that assumption. There are also many instances when family members insist that a death that may appear to be suicide was, in fact, accidental.

2. The Crisis Response Team should either visit all classrooms to give the announcement to staff or present the announcement at a meeting of all staff called by the building administrator as soon as possible following the death. If a meeting is held, the building administrator and a member of the Crisis Response Team could facilitate the meeting. The goals of such a meeting are to inform the faculty, acknowledge their grief and loss, and prepare them to respond to the needs of the students. Faculty will then read the announcement to their students in their homerooms (or other small group) so that students get the same information at the same time from someone they know.

3. The sample announcements in this section are straightforward and are designed for use with faculty, students, and parents, as appropriate. Directing your announcement to the grade level of the students is also important, especially in primary or middle schools. A written announcement should be sent home to parents with additional information about common student reactions to suicide and how to respond, as well as suicide prevention information.

(SAMHSA, 2018).

Day 1

Sample Announcement for When a Suicide has Occurred, Morning, Day 1

This morning we heard the extremely sad news that _____ took his/her life last night. I know we are all saddened by his/her death and send our condolences to his/her family and friends. Crisis stations will be located throughout the school today for students who wish to talk to a counselor. Information about the funeral will be provided when it is available, and students may attend with parental permission.

Sample Announcement for a Suspicious Death Not Declared Suicide: Morning, Day 1

This morning we heard the extremely sad news that _____ died last night from a gunshot wound. This is the only information we have officially received on the circumstances surrounding the event. I know we are all saddened by _____'s death and send out condolences to his/her family and friends. Crisis stations will be located throughout the school today for students who wish to talk to a counselor. Information about the funeral will be provided when it is available and students may attend with parental permission.

Sample Announcement, End of Day 1

At the end of the first day, another announcement to the whole school prior to dismissal can serve to join the whole school in their grieving in a simple, non-sensationalized way. In this case, it is appropriate for the building administrator to make an announcement similar to the following over the loud speaker:

Today has been a sad day for all of us. We encourage you to talk about _____'s death with your friends, your family, and whoever else gives you support. We will have special staff here for you tomorrow to help in dealing with our loss. Let us end the day by having the whole school offer a moment of silence for _____. (if policy permits).

(SAMHSA, 2018).

Day 2

Sample Announcement, Day 2

On the second day following the death, many schools have found it helpful to start the day with another homeroom announcement. This announcement can include additional verified information, re-emphasize the continuing availability of in-school resources, and provide information to facilitate grief. Here's a sample of how this announcement might be handled:

We know that _____'s death has been declared a suicide. Even though we might try to understand the reasons for his/her doing this, we can never really know what was going on that made him/her take his/her life. One thing that's important to remember is that there is never just one reason for a suicide. There are always many reasons or causes, and we will never be able to figure them all out.

Today we begin the process of returning to a normal schedule in school. This may be hard for some of us to do. Counselors are still available to help us deal with our feelings. If you feel the need to speak to a counselor, either alone or with a friend, tell a teacher, the principal, or the school nurse, and they will help make the arrangements.

We also have information about the visitation and funeral. The visitation will be held tomorrow evening at the _____ Funeral Home from 7 to 9 p.m. There will be a funeral Mass Friday morning at 10:00 a.m. at _____ Church. In order to be excused from school to attend the funeral, you will need to be accompanied by a parent or relative, or have your parent's permission to attend. We also encourage you to ask your parents to go with you to the funeral home.

Reprinted from Underwood, M., & Dunne-Maxim, K. (1997). Managing sudden traumatic loss in the schools. Piscataway, N.J.: University of Medicine and Dentistry of New Jersey.

Sample Letter to Families

Dear Parents,

I am writing this letter with great sadness to inform you that one of our sophomore students took his life last evening. Our thoughts and sympathies go out to his family and friends.

All of the students were given the news of the death by their teacher in homeroom this morning. I have included a copy of the announcement that was read to them. Members of our crisis team met with students individually and in groups today and will be available to the students over the next days and weeks to help them cope with the death of their peer.

Information about funeral services will be given to the students once it has been made available to us. Students will be released to attend services only with parental permission and pick up, and we strongly encourage you to accompany your child to any services.

I am including information about suicide and some talking points that can be helpful to you in discussing this issue with your teen. I am also including a list of school and community resources should you feel your child is in need of additional assistance. If you need immediate assistance, call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or the local NWLA Suicide Helpline (Shreveport) at 1-877-994-2275.

Please do not hesitate to call me or one of the counselors if you have questions or concerns.

Sincerely,

(Principal)

Adapted from AFSP. After a suicide: A toolkit for school. Newton, MA: Education Development Center, Inc. Available online at http://www.sprc.org/sites/sprc.org/files/library/AfteraSuicideToolkitforSchools.prf

And

http://www.afsp.org/files/Surviving/toolkit.pdf

Appendix Q

Caddo Parish School Board Threat Assessment Form (Act 614 & 716)

Required for any Code of Conduct violation involving threats of violence, threats of terrorism and/or school safety

---

Student Name: _____ Sex: □ M □ F D.O.B. _____ Age: _____
School: _____ Grade: _____ Employee Completing Form: _____
Legal Guardian (s): □ Self □ Agency/Other: _____ Phone: _____

Date of Threat: _____ Time of Threat: _____ Date Threat Reported: _____ By: _____
Method by which threat was made: Verbal written social media other: _____
What student said or did to express a threat (quote exactly, screenshot, etc. if possible):_____

Victim(s) or Recipient(s) of Threat:_____
Motive/Background: _____ Prior History of Violence/Threats: ____Y ____N

If the threat is deemed credible and imminent (see guidance on pg. 2), call 911 and make a report to law enforcement consistent with Act 716.

Check all that *currently* apply to the best of your knowledge or through interview.

	Aggressive Behaviors		**Social Behaviors**		**Unusual Behaviors**		**Maladaptive Behaviors**
	Bullies other students		Bullied by other students		Hallucinates or talks to self		Has criminal history
	Has been physically aggressive towards people, animals, or objects		Does not have social group that he/she is seen interacting with		Does not attend to hygiene or sudden change in dress		Is affiliated with a gang or uses drugs or alcohol
	Has been verbally aggressive towards people or animals/objects		Has made threats in the past directed at individuals/groups		Repeats same idea over and over/mumbles incoherently		Has a probation officer or had one in past
	Has attempted suicide		Appears agitated		Maintains long stares		Has been caught stealing
	Has access to or is fixated on weapons		Expresses anger towards others/blames others		Appears fixated/fascinated with shooting events in news		Skips school or class
	Other students fear this student		Demonstrated weak social skills or refuses to communicate at all		Does not respond		Uses threats as a means of control
	Damages property		Engages in stalking behavior		Is self-injurious		Damages property

Problems/Changes with: School
□ Performance Problems □ Excessive Absences □ Tardy □ Leaving Early □ Disciplinary Actions □ Other
Describe: _____

Problems/Changes with: Relationships
□ With Family □ With Friends/classmates/other _____ □ Other _____
Describe: _____

Stressors/Changes
□ Financial □ Legal □ Recent Trauma □ Hx of Trauma/Abuse (physical/sexual/mental)
□ Grief and Loss □ Recent Medical Dx/Chronic Condition □ Other □ Social Media _____
Describe: _____

Substance Abuse
Age began using: Alcohol _____ Drugs _____ Last Use: Alcohol _____ Drugs _____
List types of drugs used: _____

Living Situation
□ Recent change in residence □ Homeless
□ Lives with *(Circle):* Parents, Siblings, Other Relatives, Friends, Other _____
□ Residential Setting *(Circle):* Group Home, Shelter, PHP with Lodging
Describe: _____

(Adapted from Calcasieu Parish, 2019).

Parent Interview:

Is there any family history of mental illness and/or substance abuse? □ No □ Yes
Have you seen any changes in your child that concern you? What changes? _____
_____
Are there any weapons in the home? If so, does your child have access? _____
Have you checked your child's social media? Text Messages? _____

Mental Health and/or Substance Abuse Treatment
Current Treatment _____ Diagnosis _____ Medications: □ No □ Yes
Past Treatment _____ Diagnosis _____

Does the student have any special needs? □ No □ Yes _____
Additional Information: _____

Risk to Others

□ Low	**□ Medium**	**□ High**	**□ Credible and Imminent**
No specific Plan/No Intent No previous significant aggressive behaviors No recent significant stressors or changes Involved in activities/Functions academically, has adequate social and familial supports.	Frequent Ideation/Vague Intent History of acting out Recent stressors; some social difficulties, limited family support Student does not have means to carry out the threat and is not seeking means.	Has access to weapons Frequent thoughts, plans Recent stressors Has written plans (social media, texts, etc.) History of acting out. Poor social skills, poor integration with peers. Poor familial supports.	Student demonstrates through actions or communication a clear and significant threat of violence that if carried out would result in great bodily harm. It is reasonable to suspect that this individual has the means to follow through on the threat.

□ **Low Risk**

□ **Medium Risk**

□ **High Risk**

□ **Imminent and Credible Risk**

Name of School Counselor and (if applicable) Social Worker for follow up: _____

Name of Parent/Guardian Contacted: _____ Time: _____

Signature of Person Completing: _____ Date: _____ Time: _____

(Adapted from Calcasieu Parish, 2019).

Appendix R

Transient v. Substantive Threats

Examples of Transient Threats:

- _____Non-genuine expression
- _____Non-enduring intent to harm
- _____Temporary feelings of anger
- _____Tactic in argument
- _____Intended as joke or figure of speech
- _____Resolved on scene or in office (time-limited)
- _____Ends with apology, retraction, or clarification

Examples of Substantive Threats:

- _____Specific and plausible details such as a specific victim, time, place, and method
- _____Repeated over time or conveyed to differing individuals
- _____Involves planning, substantial thought, or preparatory steps
- _____Recruitment or involvement of accomplices
- _____Invitation for an audience to observe threat being carried out
- _____Physical evidence of intent to carry out threat (e.g., lists, drawings, written plan)

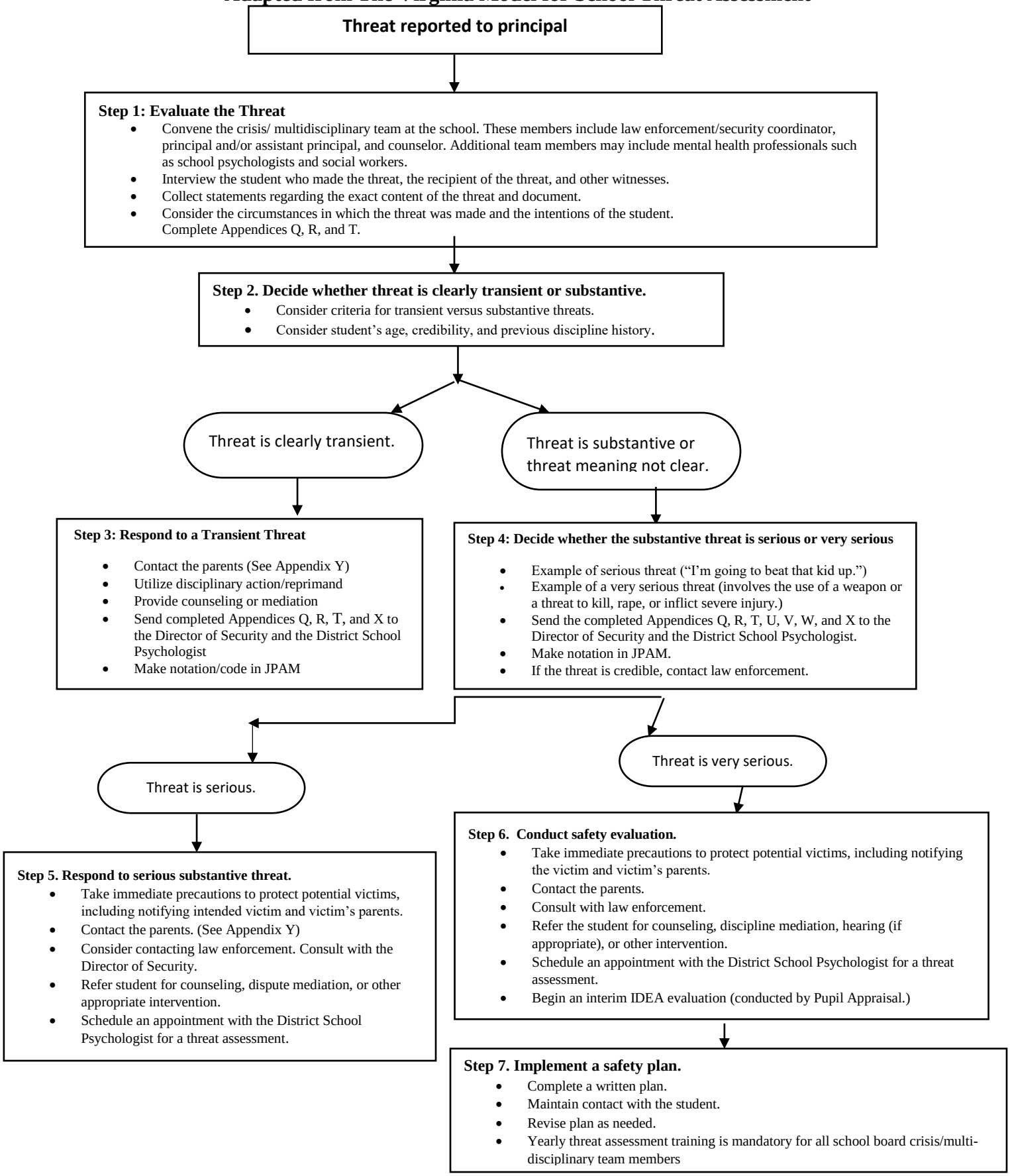
Substantive threats can be serious assault (e.g., beat up or hurt) or very serious (e.g., kill, rape, inflict severe injury, or involves the use of weapons).

NASP, 2015, Threat Assessment for School Administrators and Crisis Team Members, p. 2-3.

Appendix S

Caddo Parish Schools Flowchart

Adapted from The Virginia Model for School Threat Assessment



Appendix S

Procedures for Responding to Homicide Threats

Any threat should immediately be reported to the principal.

Step 1: Evaluate the Threat

___-Convene the crisis/multidisciplinary team at the school. These members include law enforcement/security coordinator, principal and/or assistant principal, and counselor. Additional team members may include mental health professionals such as school psychologists and social workers.

___-Interview the student who made the threat, the recipient of the threat, and other witnesses.

___-Collect statements regarding the exact content of the threat and document.

___-Consider the circumstances in which the threat was made and the intentions of the student.

___-Complete Appendices Q, R, and T.

Step 2: Decide whether the Threat is Transient or Substantive

___-Complete Appendix R.

___-Consider the student's age, credibility, and previous discipline history.

Step 3: Respond to a Transient Threat

___-Contact the parents (See Appendix Y)

___-Utilize disciplinary action/reprimand.

___-Provide counseling or mediation.

___-Send completed Appendices Q, R, T, and X to the Director of Security and the District School Psychologist.

___-Make notation/code in JPAM.

Step 4: Decide whether the substantive threat is serious or very serious

___-Example of serious threat ("I'm going to beat that kid up.").

___-Example of a very serious threat (This involves the use of a weapon or a threat to kill, rape, or inflict severe injury.).

___-Send the completed Appendices Q, R, T, U, Y, and X to the Director of Security and the District School Psychologist.

___-Make notation in JPAM.

___-If the threat is credible, contact law enforcement.

Step 5: Respond to Serious Substantive Threat

___-Take immediate precaution to protect potential victims, including notifying the intended victim and the victim's parents.

___-Contact the parents (See Appendix Y).

___-Consult law enforcement. Consult with the Director of Security.

___-Refer the student for counseling, discipline, mediation, hearing (if appropriate), or other intervention.

___-Schedule an appointment with the District School Psychologist for a threat assessment.

Step 6: Conduct Safety Evaluation

___-Take immediate precaution to protect potential victims, including notifying the intended victim and the victim's parents.

___-Contact the parents (See Appendix Y).

___-Consult with law enforcement. Consult with the Director of Security.

___-Refer the student for counseling, discipline, mediation, hearing (if appropriate), or other intervention.

___-Schedule an appointment with the District School Psychologist for a threat assessment.

___-Begin an interim IDEA evaluation (conducted by Pupil Appraisal.)

Step 7: Implement a Safety Plan

___-Complete a written plan.

___-Maintain contact with the student.

___-Revise plan as needed.

[Note: Yearly threat assessment training is mandatory for all school crisis team members and principals.]

Appendix T

Eleven Key Investigative Questions for Assessing Threats of Targeted Violence in Schools

Please be as detailed as possible.

1. What are the student's motives and goals?

2. Have there been any communication suggesting ideas or intent to attack?

3. Has the student shown inappropriate interest in any of the following?
   a. School attacks or attackers
   b. Weapons (including recent acquisition of any relevant weapon)
   c. Incidents of mass violence (terrorism, workplace violence, mass murders)

4. Has the student engaged in attack-related behaviors?

5. Does the student have the capacity to carry out an act of targeted violence?

6. Is the student experiencing hopelessness, desperation, and/or despair?

7. Does the student have a trusting relationship with at least one responsible adult? If so, who?

8. Does the student see violence as an acceptable or desirable or the only way to solve problems?

9. Is the student's conversation and "story" consistent with his or her actions?

10. Are other people concerned about the student's potential for violence?

11. What circumstances might affect the likelihood of an attack?

Cornell 2005, p. 32. Adapted from Fein, Vossekuil, Pollack, Borum, Modzeleski, and Reddy (2002)

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Appendix T (Continued)

School Safety/Homicidal Threat Report Form

Instructions: Complete this form, responding only to the questions that you feel comfortable answering and are able to report accurately. Submit this form to the principal or other school employee. This form may be completed by the person reporting the incident or by the school employee to whom the incident is being reported.

Person Reporting the Incident:	**Date of Report:**

Person Reporting the Incident:

○ **Student** ○ **Parent/Guardian** ○ **School Employee** ○ **Chaperone**

Date the Threat was Made:	**Time the Threat was Made:**	**How Was the Threat Made: ___Social Media ____Screenshot ___Recording ___Printed ___Verbal ___Other _____**

Description of Incident (Include the names of those involved and as much detail as possible: what, where, when, how, etc.)

List the name(s) of any witnesses to the incident.

I agree that all of the information on this form is accurate and true to the best of my knowledge.

Signature of Person Filing Report	**Date**

Received by :

Name	**Position**	**Date**

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School Safety/Homicidal Threat Investigation Form

Directions: In accordance with Act 641 of the 2018 Legislative Session, this form is to be used to investigate and document the details of each reported incident of school safety/homicidal threats that occurred on school property; at a school-sponsored activity or event off school property; on a school bus; or on the way to or from school. This form is also to be used to record any student, parent/guardian, or citizen reports of concern related to potential school safety or homicidal threats.

Date of Report:	**School Name:**	
District:	**Date of incident:**	**Time of incident** (if known)**:**
How was the Threat Made: ___Social Media	**___Screen Shot ___Recording ___Printed**	**___Verbal ___Other _____**

Interviews Conducted: (Check all that apply and attach a separate sheet if necessary.)

○ **Interviewed Reporter** **Name:** _____ **Date:** _____

Description of alleged safety concern/homicidal threat:

○ **Interviewed Alleged Victim(s)** **Name(s):** _____ **Date:** _____

Description of alleged safety concern/homicidal threat:

○ **Interviewed Alleged Offender(s)** **Name(s):** _____ **Date:** _____

Description of alleged safety concern/homicidal threat:

○ **Interviewed Witness(es)** **Name:** _____ **Date:** _____

Name: _____ **Date:** _____

Name: _____ **Date:** _____

Description of alleged safety concern/homicidal threat:

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School Safety/Homicidal Threat Form

○ **Interviewed Parent(s)/Guardian(s) of Alleged Victim:** **Name(s):** _____ **Date:** _____

Summary of the interview:

_____

_____

_____

○ **Interviewed Parent(s)/Guardian(s) of Alleged Offender: Name(s):** _____ **Date:** _____

Summary of the interview:

_____

_____

_____

Any prior documented incidents by the alleged offender? ○**Yes** ○**No**

Documentation and Notification Requirements		
Date of incident report:	**Date investigation began:**	**Date investigation completed:**

INVESTIGATION DETERMINATION			
Name(s) of alleged victim(s)	**Age**	**Sex**	**Grade**
Name(s) of alleged offender(s)	**Age**	**Sex**	**Grade**
Name(s) of witness(es), if applicable			

DEPARTMENT of EDUCATION
Louisiana Believes

School Safety/Homicidal Threat Investigation Form

Where did the incident happen (choose all that apply)?

O Classroom O Lunchroom O School Bus O Locker Room/Area O Restroom O Hallway O Bus Stop O Parking Lot
O On the way to/from school O Playground O Internet O Cell Phone O At a school sponsored activity or event off school property O Other (Please Specify) _____

Check all items below that apply:

Verbal

O Name-calling O Taunting/ridiculing O Mocking O Making offensive comments O Teasing O Demeaning comments
O Other (please state) _____

Physical

O Kicking O Hitting/punching O Pushing O Pinching O Stalking O Inappropriate touching
O Other (please state) _____

Emotional

O Offensive graffiti O Excluding from group O Spreading rumors O Being forced to do something against his/her will
O Taking possessions/money O Other (please state) _____

Electronic aggression

O Offensive text messages O Offensive e-mails O Sending degrading images O Posting rumors or lies about someone
O Assuming a person's electronic identity with the intent of causing harm O Other (please state) _____

Physical evidence, if available: O Graffiti O Notes O E-mail O Websites O Video/Audio

---

Incident reported to parent/guardian of **alleged victim** within one school day of receipt of school safety/homicidal threat complaint?
O Yes O No **Initials of school official**: _____

Incident reported to parent/guardian of **alleged offender** within one school day of receipt of school safety/homicidal threat complaint?
O Yes O No **Initials of school official**: _____

Additional pertinent information gained during investigation: (attach a separate sheet if necessary)

_____

_____

_____

_____

_____

School Safety/Homicidal Threat Investigation Form

Based on this investigation, the school administration determines the following:

There was a determination of a transient threat or a threat of violence? ○ Yes ○ No

- ○ Yes – Take prompt and appropriate disciplinary actions pursuant to Act 641, R.S. 17:410**:** and R.S. 17:409-17:409.5
- ○ No – If a violation of another provision in the student code of conduct, take appropriate action.

There was a determination of a substantive threat or a threat of terrorism? ○ Yes ○ No

- ○ Yes— Take prompt and appropriate disciplinary actions pursuant to Act 641, R.S. 17:410**:** and R.S. 17:409-17:409.5 and notify the police.
- ○ No- If a violation of another provision in the student code of conduct, take appropriate action.

Upon completion of an investigation, the principal/designee will notify the reporter and parents/legal guardian of the students involved of the findings and the result of the investigation.

Student	Parent/Guardian	Date of Notification	Method of Notification	Notes

Summary of Investigation:

Principal/Designee Signature:	Date:

Appendix U

Threat-Related Student Interview Guide

STUDENT'S NAME: _____ **GRADE: _____**

SCHOOL:_____ **DATE: _____**

DOB: _____ **STD#: _____**

INTERVIEWER: _____ **TITLE: _____**

[NOTE: Modify the language based on the child's/student's maturity level**]**

1. It has been reported that you made a threat against _____. I need to find out the specifics of this situation from your point of view. What is your description of what happened, who is involved, and what you said or did _____
   _____
   _____
   _____.
2. What is your perception of what happened just before this reported incident?
   _____
   _____
   _____
3. Is there anything you can think of in your life that might have led up to this threat/incident? _____
   _____
   _____
   _____
4. What steps have you taken or plans have you made toward carrying out the threat?
   _____
   _____
   _____
5. Have any events happened/occurred whereby you feel the desire or need to get revenge on, or get back at someone? _____
   _____
   _____
   _____.
6. Do you have any experience with guns? _____ Do you play video games that involve guns and/or violence, and if so, which ones? _____
   _____
   _____
   _____.

7. Do you have a history of violent behavior, criminal behavior, or bullying behavior?
   _____
   _____
   _____
8. Have you viewed or collected any information about murder, suicide, weapons, school shootings, violent music, etc., and if so what? _____
   _____
   _____.
9. Do you have access to any weapons that you would need to do this, and if so what?
   _____
   _____
   _____.
10. Have you discussed your thoughts/plans with anyone else, and if so who? _____
    _____
    _____.
11. Are there any stressful events happening in your life right now? _____ If so, what are they? _____
    _____
    _____.
12. Have you ever tried to hurt yourself, or have you ever threatened to kill yourself?
    _____
    _____
    _____.
13. Do you have any thoughts of hurting or killing others, now or in the past? _____
    _____
    _____.
14. What do you think would make your life a little better right now? _____
    _____
    _____.

Appendix V

Threat-Related Teacher Interview Guide

STUDENT'S NAME: _____ **DATE: _____**

SCHOOL:_____ **STD#: _____**

TEACHER: _____ **SUBJECT:_____**

1. Do you have any reason to suspect that this student is a danger by either making a verbal, nonverbal, written threat, or have you observed any drawings or electronic threats? _____

   _____

   _____

2. Does the student have poor academic productivity or achievement? _____

   _____

   _____

3. Does the student exhibit anger, emotional instability, odd behaviors, aggression, threatened to harm/kill self, animals, others etc.? If so, explain: _____

   _____

   _____

4. How are peer and adult relationships? _____

   _____

   _____

5. Does the student take out frustrations on others, blame others for things s/he has done or said, exhibit difficulty accepting criticism, etc.? _____

   _____

   _____

6. Do you have any reason to suspect the student may be or has been involved with alcohol or drugs? _____

   _____

   _____

7. Has the student reported any concerns with being bullied, teased, or ignored by peers?

_____

_____

_____

8. Has there been a drastic change in the student's behaviors? _____

_____

_____

9. Has the student displayed destructive behaviors with school property? _____

_____

_____

10. Has the student expressed a fascination with acts of violence, weaponry of any kind, or self-injurious behaviors? _____

_____

_____

11. Do others at the school exhibit fear of the student? _____

_____

_____

12. Are there any stressors the student may be experiencing that you are aware of?

_____

_____

_____

13. Does the student appear to display anxious behaviors, sadness, helplessness, or hopelessness? If so, explain: _____

_____

_____

14. If you have any other concerns about this student, please list them: _____

_____

_____

Appendix W

Threat-Related Parent Interview Guide

STUDENT'S NAME: _____ **DATE: _____**

PARENT(S): _____ **PHONE: _____**

INTERVIEWER: _____ **TITLE: _____**

1. Your son/daughter has been reported as exhibiting a threat. What is your view on what is happening? _____

   _____

   _____

2. What are your son's/daughter's feelings towards school? _____

   _____

   _____

3. How is your son/daughter doing as it relates to grades, school work, behavior at school, extracurricular activities, etc.? _____

   _____

   _____

4. Has there been any reports of bullying? When was the occurrence reported and by whom? _____

   _____

   _____

5. How does s/he get along with peers, and has s/he reported to have close friends? _____

   _____

   _____

6. Has there been any recent relationship breaks (girl/boyfriend, best friend)? _____

   _____

   _____

7. Does s/he seem to be isolating him/herself from others? _____

   _____

   _____

8. Is your son/daughter able to maintain long-term friendships, and has there been a recent change in his/her group of friends? _____

_____

_____

9. How is your son/daughter performing in school (e.g. grades, behavior, any extracurricular activities)? _____

_____

_____

10. Does your son/daughter appear to be isolating him/herself from others?

_____

_____

_____

11. How does s/he get along with family members? _____

_____

_____

12. What type of family activities do you do together, and how much time does the family spend together on average on a weekly basis? _____

_____

_____

13. How do you deal with discipline in the home? _____

_____

_____

14. What types of movies/music/television programs/websites does your son/daughter typically show interest in? _____

_____

_____

_____

_____

15. Have there been any recent losses or serious illness in your family? _____

_____

_____

16. Has your child displayed verbal or physical aggression towards family members or peers?

_____

_____

_____

17. Have you seen any indication that your child has a violent nature (drawings, writings, actions, etc.)? _____

_____

_____

18. Are you concerned that your son/daughter may follow through with violent actions? If so, are there past behaviors or incidents that support your concern? _____

_____

_____

19. Does your son/daughter have access to any weapons in or outside of the home, and does he/she have any experience with weapons? _____

_____

_____

20. Has your child informed you of plans or a desire to harm or kill others or self? And if so, has s/he presented a specific plan (get details of report)? _____

_____

_____

21. Has your son/daughter intentionally inflicted harm on younger children or animals?

_____

_____

22. Are there any steps that you think can be taken by the school, yourself, or your son/daughter to make things better for him/her? _____

_____

_____.

Appendix X
CADDO PARISH PUBLIC SCHOOLS-THREAT ASSESSMENT SUMMARY OF FINDINGS

STUDENT'S NAME: _____ **GRADE: _____**
SCHOOL: _____ **DATE: _____**
DOB: _____ **STD#: _____**
CRISIS/MULTIDISCIPLINARY TEAM MEMBERS AND TITLES:
_____
_____

Signatures: _____ Date: _____
_____ _____
_____ _____

APPENDIX Y

PARENT NOTIFICATION LETTER

THREAT ASSESSMENT

Sample Parent Acknowledgement Letter

Caddo Parish Schools
School Name
Address
Phone Number

Date:

Dear Mr., Mrs., Ms., Miss, or Dr. _____

Your child, _____ has been referred to the counselor's office due to making a threat. It is our belief that _____ is at risk therefore _____ must seek a medical/mental health professional for assessment before he/she returns to school. I have been provided a list of some of the mental health providers in the area or may select any counselor, psychologist, social worker, pediatrician, psychologist, or medical doctor of my choosing (at the parent's expense). In addition, I understand that the District School Psychologist, Dr. Barzanna White, should be contacted prior to my child being readmitted back to school. Her contact information is 603-6484 to schedule an appointment.

Please bring a copy of the letter/statement from the medical/mental health professional stating that _____ has been evaluated and is not considered to be a "danger to self or others at this time." Only one adult and the above referenced student is needed to attend the appointment. Others will have to remain outside due to COVID-19 and social distancing.

_____ _____

Parent Signature Date

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