

Sonoma County

School Crisis Response & Recovery Go-To Guide

The Crisis Intervention Checklist,
Forms, Handouts & Activities
for an immediate crisis

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The School Crisis Response & Recovery Go-To Guide and
The School Crisis Response & Recovery Resource Guide are available at
<<http://www.scoe.org/pub/htdocs/safe-schools-resources.html>>

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The *GO-TO* Guide

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Crisis Intervention Checklist

(Please refer to the Resource Guide and to this Go-To Guide for detailed information)

1. Gather the Facts

- ☐ Notify the principal/designee
- ☐ Principal contacts family or police/fire to verify information
- ☐ Clarify information to be shared with school site

2. Determine Level of Response

- ☐ Principal meets with Crisis Intervention Team Leader
- ☐ Evaluate problem/event and determine degree of impact on school
- ☐ Assemble the Crisis Intervention Team
- ☐ Determine if additional support is needed
- ☐ Request assistance from District, Regional and/or County Crisis Teams
- ☐ Use Sonoma County Crisis Response System of Support if needed
- ☐ Request support from State and National resources as needed
- ☐ Inform district officials of crisis and level of response
- ☐ Update level of response as needed

3. Manage the Flow of Information

- ☐ Review facts and determine what information is to be shared with:
 - Faculty
 - Students
 - Parents/Community
 - Media
- ☐ Determine how the information is to be shared with staff/students in order to control rumors and provide factual information
 - Initiate phone tree to staff
 - Schedule faculty meeting ASAP
 - Written memo/fact sheet delivered to classrooms
 - In-person memo/fact sheet delivered to classrooms by admin/counseling staff
 - Loudspeaker/intercom during class time not recommended (except in lock down situations)
 - Assemblies are not recommended
 - Use automated phone calling system as a secondary method

4. Manage the Logistics

Identify the Location of Services

Large Scale Disaster

- ☐ Assemble crisis intervention operations near the first aid station
- ☐ Mental Health Response
- ☐ Determine a central location for counseling services (library, multi-use room)
- ☐ Select rooms for individual interviews
- ☐ Obtain supplies (letter and poster/butcher paper, markers, paint, food, water, tissues)
- ☐ Establish a sign-in and message center for support service personnel on campus
- ☐ Prepare sign-in sheets and documents to record students needing additional support services

5. Create a Referral Process

- ☐ Provide a referral process including procedures for self-referral
- ☐ Clarify procedures for student passes (discourage any wandering/loitering outside of classrooms and counseling locations)

6. Provide Interventions

During the crisis

- ☐ Follow the “immediate assessment” guidelines
- ☐ Refer for first aid and/or psychological first aid as needed

Following the crisis

- ☐ Conduct psychological triage to identify high-risk students/staff
- ☐ Initiate appropriate interventions
 - Individual interviews (highest risk)
 - Psychological First Aid (medium risk)
 - Psychological Education Groups (all, as willing)
 - Classroom activities, presentations
 - Support groups (as needed)
 - Parent meetings (as needed)
 - Staff meetings (encourage participation by all)
 - Support to staff (as needed)
 - Referrals to community agencies (as needed)
- ☐ Encourage crisis responders to take breaks and maintain self-care

7. Document

- ☐ Maintain a log of
 - All students receiving support services
 - All students needing additional services
 - Crisis responders

8. Releasing and Debriefing Team

- ☐ Review process, status of referred students
- ☐ Prioritize needs
- ☐ Plan follow-up actions
- ☐ Provide support to team members
- ☐ Provide support to staff
- ☐ Revise the plan as needed

9. Consider the Recovery

- ☐ Care for the caregiver
- ☐ Attend to trigger events/anniversaries
- ☐ Revise the plan as needed

Threat-Maker Interview Protocol

Interview with Threat-Maker:

When interviewing an individual about safety concerns, one approach is to ask questions which move from general introduction, to fact finding, to recognition of concerns, to assessing support networks, to developing an outline of “next steps.” The following questions are intended to provide a sample structure for the kinds of questions that may need to be asked. Individuals using this outline are encouraged to use their professional judgment and experience, and consult with legal counsel when tailoring questions to each unique circumstance.

1. “Seems like you’ve been having a hard time lately. What’s going on?” *(To establish rapport and trust and open dialogue in a non-threatening way)*
2. “What is your understanding of why you have been asked to come to the office?” *(To review factual events)*
3. We are concerned about (behavior of concern). What’s your side of it?” *(To give the person opportunity to be heard, and understand the situation better)*
4. “What is your understanding of why school staff are concerned?” *(To determine if student is aware of effect behavior has upon others)*
5. “What has been going on recently with you at school?” *(To look into possible precipitating events such as peer conflict, student/teacher interactions, failing grades, etc.; follow appropriate leads)*
6. “How are things going with your family?” *(To look into events such as conflict, divorce, deaths and losses)*
7. “What else is going on with you?” *(To look into events outside of school such as police involvement, medical issues, threats)*
8. “Who do you have to talk to or assist you with this situation?” *(To determine what supports or stabilizing factors may be available or in place such as mental health professionals, peer groups, family support, church groups, etc.)*
9. “Given (whatever is going on), what are you planning to do?” or, “What are you thinking about doing?” *(Follow up on appropriate leads, including level of detail to stated plans, ability to carry out plans, violence intent, weapons access, etc. NOTE: If there is imminent risk, take immediate action to maintain safety by contacting law enforcement.)*
10. Close with a statement that describes short-term next steps (i.e., “I’ll need to contact your parents to talk about...” or, “You will be suspended for two days, then we’ll...”)

Completed by: _____
Title: _____
Date: _____

Threat Assessment Incident Report

Threat-Maker's Name _____
Student ___ Parent ___ Staff ___ Other ___
If a student: School _____ DOB _____ Grade _____
Person/s or site threatened: _____

Name of reporting party _____
Relationship to student _____
School official notified _____ Title _____
Other students involved as witnesses or participants: _____

Date of incident _____
And/or date school official notified of concern _____
Content of Threat: _____

Incident

Describe the facts of the incident. Include the language of the threat and the sequence of events.

When and where did this take place? _____

Who was there? Include any witnesses. _____

What happened immediately prior to the incident? _____

What was the teacher/admin/staff/student response? _____

Describe the immediate impact/result of what happened: _____

What is the current status of the person making the threat? _____

Action Taken:

Threat-Maker interviewed by: Name: _____ Title: _____ Date: _____

Parent Notified: Name _____ Date: _____ Time: _____ By whom: _____

Threatened Parties Notified:

1. Name _____ Date _____ Time _____ By Whom _____

2. Name _____ Date _____ Time _____ By Whom _____

3. Name _____ Date _____ Time _____ By Whom _____

4. Name _____ Date _____ Time _____ By Whom _____

School Resource Officer Notified: Date _____ Time _____ By Whom _____

Safe Schools Counselor Notified: Date _____ Time _____ By Whom _____

Consultation – Children's Crisis Team (County Mental Health) Date _____ Time _____

Consultation - Site Threat Assessment Team (always consult at least one person):

Name _____ Title _____ Date _____

Name _____ Title _____ Date _____

Name _____ Title _____ Date _____

Consultation – District Threat Assessment Team (when appropriate):

Name _____ Title _____ Date _____

Name _____ Title _____ Date _____

Name _____ Title _____ Date _____

Disposition of Case - School

Discipline Code 48900.3 _____ 48900.4 _____ 48900.7 _____ Days of Suspension _____

Search completed:

_____ student clothing/belongings _____ vehicle _____ computer/web _____ classroom

Found: _____

Discipline Meeting: Date _____

Threat Assessment Team Intervention/Support Meeting: Date _____

Disposition of Case – (city name) _____ Police Department _____

Officer Responding _____ Case number _____

Student Cited _____ yes _____ no _____ Penal Code _____

Student taken to mental health facility for evaluation _____ Held _____ Released _____

Search completed: _____ student clothing/belongings _____ vehicle _____ computer/web _____ home

Found: _____

Attach: written evidence, drawings, incident reports, student statements, grades and discipline file

Copy to: _____ Site Threat Assessment File _____ District Threat Assessment File

_____ Safe Schools Counselor _____ School Resource Officer

_____ If RSP, notify Director of Special Services

Signature of person completing form_____
Date

Threat Assessment Initial Review

This form may assist you in defining the category of risk and determining necessary follow-up. The threat should be assessed within the same school day that the administrator is made aware of it. Only school staff trained in threat assessment may complete the threat assessment interview. Any written evidence should be attached to this form. Any verbal evidence should be quoted as closely as possible.

Anyone threatened by the student should be notified immediately.

The student's parent should be notified of the threat and the outcome of the interview as soon as possible.

Risk Factors

1. Does the student intend to harm anyone?

Yes _____ No _____ Unsure _____

Evidence _____

Discussion _____

2. Does the student have access to weapons/explosives?

- Does the student have any weapons/explosives currently in his/her possession?

Yes _____ No _____ Unsure _____

- Does the student have access to weapons in his/her own home or someone else's home?

Yes _____ No _____ Unsure _____

- If guns/weapons/explosives are in the home, are they locked up?

Yes _____ No _____ Unsure _____

- If yes, where are the keys? _____

• Evidence _____

• Discussion _____

3. Does the student have the ability to use the weapons?

Yes _____ No _____ Unsure _____

Evidence _____

Discussion _____

4. Has the student been moving towards violence in his/her thoughts, actions, areas of interest, knowledge of weapons and/or anger towards victims?

Yes _____ No _____ Unsure _____

Evidence _____

Discussion _____

5. Is the student able to appropriately verbalize his/her anger and explain the reasons for the threat?

Yes _____ No _____ Unsure _____

Evidence _____

Discussion _____

6. Does the student understand or take responsibility for the effect of his/her statements/actions on other people?

Yes _____ No _____ Unsure _____

Evidence _____

Discussion _____

7. Is the student currently under the influence of controlled substances including prescription and non-prescription drugs?

Yes _____ No _____ Unsure _____

Evidence _____

Discussion _____

8. Does the student have a history of emotional disturbance or appear to be emotionally disturbed at the present time?

Yes _____ No _____ Unsure _____

Evidence _____

Discussion _____

9. Does the student have a history of violent behavior/discipline/truancy problems?

(Review SASI file)

Yes _____ No _____ Unsure _____

Evidence _____

Discussion _____

10. Does the student have a history of poor achievement or declining school performance?

(Review SASI file)

Yes _____ No _____ Unsure _____

Evidence _____

Discussion _____

Precipitating Events (Recent events which may trigger violent behavior)

11. Might intervention (interviews, being found out, etc.) become a precipitating event to violent behavior?

Yes _____ No _____ Unsure _____

Evidence _____

Discussion _____

12. Has the student recently experienced a loss or emotional trauma?

____ Death of family member, friend or pet

____ Girlfriend/boyfriend relationship problems

____ Rejection, humiliation or victimization by peers

____ Recent school failure

____ Other

Yes _____ No _____ Unsure _____

Evidence _____

Discussion _____

Stabilizing Factors

13. Does the student have any stabilizing factors in his/her life that might help to minimize or mitigate the likelihood of violent behavior? Consider:

- ☐ Close alliance with a supportive adult
- ☐ Effective parental involvement
- ☐ Mental health counselor
- ☐ Positive peer relationships
- ☐ Positive involvement in school or outside activities
- ☐ Personal strengths

Yes _____ No _____ Unsure _____

Evidence _____

Discussion _____

Category of Risk Assigned

Please summarize your findings by selecting the most appropriate category of risk. **Be aware that Category 1 and 2 risks may require immediate containment and removal of the threat-maker.** Plans for monitoring the safety of the threat-maker and possible victims may require removal of either party from the school setting as a short-term or long-term solution.

- ☐ Category 1: High violence potential. Qualifies for Immediate Arrest or Hospitalization
- ☐ Category 2: High Violence Potential, Does not qualify for arrest or hospitalization
- ☐ Category 3: Insufficient evidence for violence potential, sufficient evidence for repetitive and/or intentional infliction of emotional distress upon students, co-workers, supervisors or others.
- ☐ Category 4: Insufficient evidence for violence potential, sufficient evidence for unintentional infliction of emotional distress upon students, co-workers, supervisors or others.
- ☐ Category 5: Insufficient evidence for violence potential, insufficient evidence for infliction of emotional distress upon students, co-workers, supervisors or others.

Additional Notes

Threat Assessment Intervention Plan

Student Name _____ DOB _____ Grade _____

Plan Development Date _____ Scheduled Review Date _____

Counseling Intervention

- ☐ Meeting with counselor, scheduled (Date) _____
 ☐ Grade-level counselor ☐ Safe schools counselor ☐ Psychologist ☐ Private
- ☐ Conflict Resolution Meeting, scheduled _____
- ☐ Private Counseling Referral, scheduled _____
- ☐ Community Agency Referral, scheduled _____

Behavioral Intervention - Scheduling and Supervision

- ☐ No harm/harassment contract (Please attach)
- ☐ Modification of daily schedule

- ☐ Late arrival/Early dismissal times

- ☐ Inspection or searches as follows

- ☐ School will provide increased supervision in the following settings

- ☐ Off-limit areas

- ☐ Parents will provide the following supervision/intervention

- ☐ Other

Participant's signatures of participation and agreement with plan provisions. Attach any pertinent documents.

Position	Signature	Agreement	
		Yes	No
Case Manager		<input type="checkbox"/>	<input type="checkbox"/>
Counselor		<input type="checkbox"/>	<input type="checkbox"/>
Teacher		<input type="checkbox"/>	<input type="checkbox"/>
Principal/Asst Principal		<input type="checkbox"/>	<input type="checkbox"/>
Parent/Guardian		<input type="checkbox"/>	<input type="checkbox"/>
Student		<input type="checkbox"/>	<input type="checkbox"/>
Other		<input type="checkbox"/>	<input type="checkbox"/>