DCPS
Mental Health Crisis Response Handbook
SY 22-23

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I. Introduction

The primary purpose of this *DCPS Crisis Response Handbook* is to assist school staff and administration in managing school crises in a universal, consistent, and appropriate manner. This manual is intended to create and foster a proactive approach to potential crises in schools. It prepares the entire school community to cope with the possible impact of a destabilizing occurrence. What makes this manual especially valuable is that it can be applied and adapted to the culture and organizational structure of each school. The *DCPS Crisis Response Handbook* is not intended to supersede *The School Emergency Response Plan and Management Guide* but acts as an adjunct protocol in protecting and insuring optimal mental health in response to crisis as defined.

This handbook includes suggested procedures and resources to guide the School Crisis Team. All responses to crisis situations promote the school system's goal of a safe and orderly learning environment by reducing the impact of trauma, grief and loss that interferes with normal school functioning and the learning process.

Materials compiled in this handbook were adapted from resources used in Howard County Public Schools, Montgomery County Public Schools, Fairfax County Public Schools, and the D. C. Department of Behavioral Health - School Mental Health Program as well as past D. C. Public Schools Crisis Response Handbooks.

Glossary of Terms Used in the DCPS Crisis Response Protocol

Safety Planning
Developing a plan to help a student and his/her peers remain safe.

Crisis Intervention
Response to a singular incident to immediately address widespread anxiety and/or prevent further escalation.

Threat Management
A duty to warn based upon a student's, staff or visitor's verbalization and/or observed behavior.

Crisis Recovery

Recovery is the ongoing process of restoring the social and emotional equilibrium of the school community by promoting positive coping skills and resilience in students and adults. The rate of recovery will vary from person to person, depending upon factors such as age, gender, degree of direct exposure to violence, death or injury of a friend or family member, previous traumatic life experiences, and pre-existing history of anxiety and depression.

The good news is that most students and staff do recover with the support and assistance of caring educators and mental health professionals. The process of recovery is aided when students and staff can

anticipate the stages of recovery and prepare for the normal changes in behavior, thinking, emotion, and spirit that occur over time.

Central Crisis Response Coordinator
This position is held by a Program Manager. The Coordinator is the liaison to School Operations; manages the weekly rotation and crisis database; is responsible for the deployment of clinicians; and ensures all necessary support has been provided to schools.

School Crisis Team (SCT) - Mental Health Crisis Response, Recovery Phase
The SCT may consist of administrative team members, on-site Social Worker, School Counselor, School Psychologist, Nurse, DBH SMHP, health/physical education teacher, peer mediation coordinator, and on-site community mental health providers.

SCT Chairperson
This position may be designated by the school principal or by the SCT, with the principal's approval. The responsibility is carried throughout the year or as required by the principal.

Central Crisis Team consists of trained DCPS Social Workers, School Psychologists and School Counselors as well as school mental health providers from the Department of Behavioral Health.

Crisis Lead
This position is specific to a Level 2 or Level 3 crisis response. The Crisis Lead is identified at the time of the crisis response. The primary responsibility of this position is to ensure communication with all relevant entities, and to document data and follow up activity post response.

Department of Behavioral Health (DBH) School Behavioral Health Program (SBHP)
DBH SMHPs are clinical staff co-located in school sites as direct providers of mental health services.

Community-Based Organizations (CBO's) School-based Clinicians
CBO school-based clinicians are co-located in school sites as direct providers of mental health services.

Children and Adolescent Mobile Psychiatric Services (ChAMPS) of Catholic Charities
This service is designed to help children manage extreme emotional behavior. Please review the protocol for accessing this community-based service.

Crisis Response Level of Need:

> **Level 1**: **<u>School Based Response to a Crisis Event - [School Crisis Team (SCT) responds]</u>**
>
> Level 1 crises impact part or all the general school community but do not warrant external support to address the resulting emotional impact. Example: The death of a staff person following a long illness.

Level 1 crises also encompass **Individual Student Crisis**: Individual Student Crisis relates to critical behavior of an individual student which may be a manifestation of disability; substance use impairment or overdose; or other aberrant behaviors with indeterminate causality.

Level 2: **Central Crisis Team Response to a Crisis Event – [SCT and Central Crisis Team (CCT) both respond. DBH and/or CBO's may be called for additional support]**

Level 2 crises have been assessed to require external support in addressing the mental health response to an event or trauma. Example: The unexpected death of a current student or staff member on or off campus.

Level 3: **DCPS/DBH Team Response to a Major Emergency or Community Crisis Event – [SCT, CCT, DBH, and CBO's respond]**

Level 3 crises require total support of school based, central office, DBH, and CBO's mental health clinicians ("all hands") to address a catastrophic event. Examples: School shooting; community disaster such as a major fire; natural disaster or terrorism.

ANNUAL MENTAL HEALTH CRISIS RESPONSE TRAINING

All DCPS School Social Workers, School Psychologists and Counselors are required to complete an on-line training and post-test. At the start of each school year your assigned Program Manager will share the links to those resources and the due dates. This is to ensure the entire workforce is prepared to support local schools experiencing a mental health crisis.

Professionals providing direct and ancillary support to the mental health teams will have access to training and may be required to provide certificates of completion to their respective managers. These professionals may include, Nurses, Security Officers, Special Police Officers, School Resource Officers, and others identified by school administration and/or Instructional Superintendents.

Trauma Prevention and Recovery Managers

The Trauma Prevention and Recovery Manager is a new role for the 22-23 school year. The work of the TPR managers falls into three categories:

- Supporting schools with prevention and schoolwide mental health crisis preparation
- Providing guidance to school leaders on crisis response protocols and developing School Crisis Readiness Plans
- Supporting school teams with pre-crisis planning
- Serving as consultative members of the Targeted Violence Assessment District committee, and
- Leveraging youth voice from Youth Mental Health Ambassadors for Postvention campaigns as appropriate
- Providing professional learning and technical assistance
- Supporting schools and mental health service providers with individual student crisis planning

Providing training to address adverse childhood experiences, suicide prevention, de-escalation and other prevention focused skill building.

Supporting with Crisis Recovery/Postvention

Assisting the Director of School Mental Health and deployment teams as needed to respond to school mental health crises requiring multiple days of deployment

Collaborate with school-based teams on planning and execution of long-term recovery plans following a multi-day school-wide crisis

TPR Manager Roles in a Crisis Deployment

TPR Managers will be deployed when a school has experienced a school-wide, multi-day crisis deployment (3 or more days) from the central crisis team. The crisis lead will deploy the TPR manager from assigned cluster via Frontline on the 3rd day for briefing and connect to the school team to develop a post-crisis recovery plan.

TPR managers will conduct two-week follow-up communication with school teams after all multi-day Level II deployments to assess plan progress and need for any additional support, with postvention support not exceeding 30 days.

For more information, visit the FAQ's page. If you would like to access the support of your TPR Manager for training and prevention skill building, you can contact them at the following:

Mywen Baysah, LICSW, LCSW-C, supporting school clusters II,VI, and IX
Mywen.Baysah2@k12.dc.gov
Niani Smith, DSW, LICSW, LCSW-C, supporting school clusters III, VII, and VIII
Niani.Smith@k12.dc.gov
Colby Whittington, LICSW, LCSW-C, supporting school clusters I, IV, and V
Colby.Whittington@k12.dc.gov

II. PROCEDURES

DCPS Crisis Response Protocol-Recovery Phase

A coordinated effort within each school, across all schools and with the Department of Behavioral Health is necessary to effectively support the school community in crisis. We accomplish this by implementing three key strategies:

All Social Workers, School Psychologists and School Counselors serve on the Central crisis team (CCT).
Each school has a crisis response plan and designated Lead for the school crisis team .
Central office conducts training and provides tools to support schools effectively.

DCPS will utilize all Social Workers, School Psychologists, and School Counselors (hereinafter known as "clinicians") as part of the CCT. This will allow for ample support if there are multiple crises, or a large intervention is required. Each week, a team of 15 providers are "on call":

7 School Social Workers
4 School Psychologists
4 School Counselors

Clinicians will be on rotation no more than 3 weeks each school year. You will receive notification from Frontline one week prior to your rotation, and again three days prior to your rotation. Please notify your Principal when you receive this notification, as they are not notified directly via Frontline

If you are on scheduled leave during this time, please contact Nigel Jackson (nigel.jackson3@k12.dc.gov) and your assigned Program Manager so that we may schedule an alternate to ensure adequate coverage.

The day you are deployed to a crisis, the only allowable excuses are as follows:

A personal crisis
Jury Duty/Court Appearance

****** The review of this Handbook and completion of the associated post-test serves as verbal warning if a crisis deployment is missed, as per the progressive discipline policy. If you do not respond to a deployment, a written warning letter will be distributed by your Program Manager to you, your Principal, and Nigel Jackson, Director of School Mental Health . ******

The option to access Department of Behavioral Health clinicians remains. The Crisis Lead is designated depending on the nature of the response. Principals and clinicians will receive the on-call schedule by the start of the school year.

The Extended Year (EY) and Extended School Year (ESY) programs will have mental health crisis response coverage. Clinicians working during the summer months will be entered into a weekly rotation. Consideration will be made for program coverage.

Each school has a crisis response plan and designated Chairperson. Many crises can be handled effectively with existing school staff. Principals' preparations include:

Completing the preplanning form
Identifying all School Crisis Team (SCT) members
Appointing a SCT Chairperson

What is a crisis?

A crisis is defined as an event that produces a temporary state of psychological disequilibrium and a subsequent state of emotional turmoil that disrupts the educational program. Examples of a crisis include but are not limited to: A death, violence in the community, civil unrest, natural disaster, or other traumatic event involving a student or staff member that interrupts the normal day-to-day functioning of the school.

Who is responsible for responding to a crisis?

Each school has a School Crisis Team (SCT) comprised of the Principal, Assistant Principal(s), Social Worker(s), School Psychologist, School Counselor(s), health assistant and/or Nurse and the Department of Behavioral Health School Mental Health Provider (DBH SMHP.) One of these team members should be identified as the **School Crisis Team Chairperson**, exclusive of the DBH SMHP. School-based teams provide prevention information, intervention, and support to school staff, students, and parents during and in the aftermath of a crisis or traumatic event. This team is also responsible for deciding if additional support is needed from the Central Crisis Team.

When will the Central Crisis Team be contacted?

The decision to contact the Central Crisis Team is made by the Principal, in consultation with the Chairperson of the School Crisis Team and the Central Crisis Response Coordinator. If it is determined that additional support is necessary, the Central Crisis Response Coordinator contacts the appropriate central crisis team members. The role of the Central Crisis Team is to provide consultation and support to the SCT. The Central Crisis Team is comprised of Social Workers, School Psychologists and School Counselors from DCPS and DBH School Mental Health Program who have training and expertise in the area of crisis management. The Central Crisis Response Coordinators remain available for consultation. Below is the process when a crisis occurs at a school:

1. The school Principal will identify all school-based team members who will be responsible for coordinating the school's crisis response and post their names and contact information around the school. The Principal will either serve as chair of this ***School Crisis Team*** or designate a team member to serve as the chairperson.
2. The Principal/Designee will assess the impact of the crisis on the school community and its potential effect on students, staff, parents and local community members.

3. The Principal/Designee will contact the following to inform you of the crisis event and give assessment information:
   Instructional Superintendent
   School Operations - 202-442-5192
   DCPS Communications Team – Elizabeth Bartolomeo (elizabeth.bartolomeo@k12.dc.govor 202-578-8930)

The School-Based Mental Health Team should not develop or send any communication out to families that has not been vetted by the DCPS Communications Team.

   Program Manager for School Mental Health (one is designated on-call each month) at 202-505-0733.

4. The Central Crisis Response Coordinator will assess the ***Crisis Response Level of Need****** and deploy Central Crisis Team members to school.
5. The Central Crisis Response Coordinator will assign and deploy one Central Crisis Team member as Crisis Lead.
6. Central Crisis Team members will reassess the situation with the School Crisis Team and Principal. The Crisis Response Coordinator and/or Crisis Lead work collaboratively with School Operations and School Safety and Security.
7. Central Crisis Team members will coordinate the on-site interventions with School Crisis Team members with input from the Principal/Designee.
8. If deemed necessary, Central Crisis Team members will bring other trained and certified mental health personnel to create and implement a plan of action.
9. The Principal, School Crisis Team and Central Crisis Team members will provide up-to-date information to staff regarding the crisis, the plan of action, and any other relevant information.
10. Interventions with students include debriefing, counseling, and/or support according to the plan of action.
11. Interventions with staff include debriefing, counseling, and/or support according to the plan of action.
12. Appropriate correspondence will be sent to parents and the community.
13. Follow-up services for students will be planned and scheduled.
14. The Crisis Team will be debriefed by the Crisis Response Lead and/or Crisis Response Coordinator.
15. Documentation of the incident will be completed by the designated crisis response Lead or Coordinator in Frontline.

Where can crisis providers find resources for crisis prevention, crisis support, crisis recovery, and staff support resources?

School Crisis Team supports, and social work providers can access this information through the DCPS School Mental Health Crisis Dashboard. How to guides, crisis template forms, sample scripts, and additional resources.

Crisis Readiness Checklist

This document is intended to support school leaders with preparing for a destabilizing event affecting their school community (school crisis) and assessing the school-Based Wellness/Mental Health Team's capacity to manage and respond to the event at the school level Crisis Level prior to file:///C:/Users/dcps.Colby.Whittingt/Documents/Crisis Management Resources/Crisis Ready Checklist/Crisis Levels.pdfof of additional clinicians from schools.

Role Identification

The school Principal will identify all school-based team members who will be responsible for coordinating the school's crisis response. The Principal will either serve as chair of this School Crisis Team or designate a chairperson. The Principal will meet with the team to discuss their roles and responsibilities and develop a crisis response protocol for the school building.

1. Roles and Responsibilities to assign:
    - **Public Relations-** an administrator to contact and collaborate with Central Services regarding public statements and communications about the identified crisis
    - **Family Engagement -** a team member who will manage communication and support with any family(ies) directly impacted the crisis. regarding the crisis, if necessary
    - **Classroom Presentations/Community Circles-** at least two mental health team members who will facilitate presentations and community circles for affected classrooms and other support for students if necessary
    - **Individual Student Supports**- identify at least one member of the school mental health team to provide individual supports for students
    - **Caregiver Support-** Mental Health Team member(s)that will coordinate communication and supports for caregivers and community members if necessary
    - **Teacher Presentations & Support –** Mental Health Team member(s)that will coordinate communication and supports for staff members, if necessary
    - **Medical/Mobility Support:** Identify staff with skills in medical care
    - **Language Accessibility Support** – Identify bilingual staff members and languages spoken

2.Create a list of students with health considerations who need special assistance in evacuation, and students who are English language learners.

3. Prepare a School Crisis Response Roles and Contacts List ~~L~~and share with administrative and school mental health staff.
    - Administrator
    - School Social Worker

- School Counselor
- School Psychologist
- Health Assistant/Nurse
- DBH SMHP
- Other Staff

4. Identify Command Centers: Identify a room or office that will serve as the meeting location of the local Level 1 school crisis team briefing and service coordination. Identify a room or office that will serve as the meeting location of a Level II briefing and service coordination (room capacity of 15 or more persons)

5. Purchase supplies for brief therapeutic supports for deployment teams (boxes of tissue, colored pencils, markers, crayons, cardstock, construction paper)

Assessment

When a destabilizing event happens within the school community, School Leaders and School Crisis Teams should collaborate on their capacity to manage the crisis with internal resources.

School Principal/Administration discuss the known details of the crisis with the School's Mental Health Team
Identify students, teachers, and number of classrooms that may be impacted
Identify the number of School Crisis Team members that are able to effectively support school community

1. Determine capacity of School Mental Heath Team- consider SMH team's ability to be present and effective in responding to this loss, considering emotional capacity and staffing model.

I. **Emotional capacity**:

- Is SMH team is directly impacted by the loss, e.g., student is currently or formerly on a provider's caseload
- If the decedent is an adult or staff member, how close is the staff person to the providers?

II. **Staffing model/capacity**:

Consider the need for a minimum of three mental health team members for classroom presentations.

- Two members will conduct classroom presentations and identify additional support as needed.
- One member will provide Individual/Pull-Out supports for students heavily impacted by event.
  - *Please note that if you have less than three providers available, the SMH team feels they have the capacity to manage the crisis response, ***yield to the recommendation of the team***. Notification can be provided to Central Office staff of crisis response plan and potential need for support, if capacity exceeds what school-based team needs to respond and stabilize the school community.

- Identify a provider that can provide ELL/language access supports, if necessary

2. After collaboration with School Mental Health/School Crisis Response Team regarding availability and capacity of internal resources and resolution, if Central Services Team deployment is deemed necessary, please contact your Instructional Superintendent for next steps and deployment team preparation.

School Crisis Response Roles and Contact List

Name	Job Title	Crisis Team Role	Phone Number	Email

District of Columbia Public Schools
School Crisis Response Plan
Recovery Phase

Identify School Crisis Team Members

Name & Title	Assignment	Operations Site(s)
	Chairperson	
	Co-Chair	
	Communications/Notifications	
	Evacuation /Sheltering	
	Student Accounting & Release	
	Security	
	Information (Telephone)	
	Medical Response	
	Support Counseling	

Identify Staff with Skills in Medical Care

Name	Room #	Training Certification

Prepare a Telephone Tree: Begin with your Administrator, who will contact the Instructional Superintendent and Security Personnel immediately. The Administrator also will contact the Crisis Response Chairperson, who then reaches out to all other parties involved.

Sample Phone Tree:

Name	Job Title	Crisis Team Role	Phone Number	Email

Identify Bilingual Staff members

Name	Room #	Languages

Students and Staff who need Special Assistance in Evacuation

Name	Grade/Homeroom #	Assistance Needed/ Person Assigned to Assist

Location of Crisis Support (Crisis Support Location: _____)

Adapted from the Jefferson County Public School Crisis Management Plan

Roles and Responsibilities during a Crisis

Several roles should be performed by designated personnel. This list represents, at a minimum, what responsibilities key personnel have in responding to a crisis.

Administrator only:

Verify facts of crisis incident.
Authorize intervention efforts.
Consult with school security to assure the safety of the students, staff, and community.
Notify appropriate central office personnel of crisis incident and other affected schools.
Notify school-based administrators and school-based student services personnel of crisis incident.
Initiate phone tree for school-based personnel.
Be highly visible; show presence, support and control of crisis.
Facilitate before school faculty informational meeting.
Keep all teachers and other school-based personnel updated on facts, events, circumstances, funeral arrangements, etc.
Inform parents of facts, events, circumstances, funeral arrangements, etc.
Provide directions about rescheduling activities.
Reschedule activities, appointments, and meetings not of an emergency nature.
Consult with public information officer regarding release of information to media and public.

School Crisis Team Chairperson and/or Administrator:

Help coordinate intervention efforts with Principal approval.
Verify facts of crisis incident.
Meet to assess the degree of impact and extent of support needed.
Assemble School Crisis Team, and, if necessary, the Central Crisis Team.
Establish pre-planning meeting time for crisis team members as appropriate.
Develop statements to share with teachers and other school–based personnel.
Develop statements to share with students.
Identify at-risk staff.
Provide follow-up, as needed, for staff and students and continue to monitor behavior.

Central Crisis Team Lead:

- Assist in planning, coordinating and provisioning for school-based crisis response.
- Complete all crisis documentation in a timely fashion.
- Complete comprehensive post-crisis report in Frontline.

Central Crisis Team:

- Be available during school hours to assist school-based and central office-based administrators as well as student services personnel for consultation in the event of a school crisis.
- Share responsibility outside of school hours for consulting with school-based and central office-based administrators, and student services personnel in the event of a school crisis.
- Assist in the coordination, planning, and provision of school crisis responses by the Central Crisis Team.

School-Based Social Worker, School Psychologist, School Counselor, Community-Based Organizations and, Department of Behavioral Health:

Support intervention efforts.
Reschedule activities, appointments, and meetings not of an emergency nature.
Provide individual and group counseling.
Maintain a list of students seen by support staff.
Make follow-up calls to families of students in distress and recommendations for the family to provide support and/or follow-up.
Monitor and provide follow-up services to affected students.
Be available to staff and provide support, as needed.

Faculty:

- Provide accurate, factual information to students.
- Identify students who need support and refer them to school-based support personnel.
- Facilitate classroom discussions that focus on helping students to cope with the crisis; if appropriate, provide activities such as artwork or writing to help students cope.
- Dispel rumors.
- Answer questions without providing unnecessary details.
- Model an appropriate grief response and give permission for a range of emotions.
- Structure classroom activities, postpone and reschedule tests, quizzes, and assignments, as appropriate.

Nurse /Physical Education Leader (in absence of Nurse):

- Administer first aid.
- Request that paramedics and an ambulance be called, as necessary.
- Appoint someone to meet paramedics at the designated spot and give directions to the location of the injured.
- Arrange for someone to travel with students to the hospital, as appropriate.
- Call for additional school nursing assistance, if needed.
- Ask for coverage by a Principal's designee if the Nurse is needed elsewhere.
- Refer distressed students and faculty to school-based support personnel.

Office Staff:

Provide accurate, factual information, via written statement, to inquiring parents and community members.
Supervise visitor sign-in procedures.
Direct central office and Central Crisis Team members to appropriate locations.
Refer distressed students and faculty to school-based support personnel.
Provide secretarial support to School Crisis Team and Central Crisis Team members, such as copying, as needed.
Additional planning resources can be accessed through the School Mental Health SharePoint drive.

Individual Student Crisis

The preceding logistical guidelines are applicable in the instance of an individual student crisis except for the deployment of the Central Crisis Team. This protocol is designed to give specific guidance for those instances of aggressive or passive behavior that is problematic for the student and the school community.

What constitutes an individual student crisis?

Running out of the building
Out of control behavior that does not de-escalate spontaneously
Expression (verbal, physical) of self-injury or harm to others
Severe aggression toward peers (stabbing, weapons)
Drawings of self-injury or homicidal intent
Victims of abuse (physical and sexual)
Symptoms of psychosis
Symptoms of alcohol or chemical intoxication/overdose
Passive, withdrawn, isolative behavior (depression, suicidality)
Weapons (possession)

	SIGNS OF DEPRESSION OR SEVERE EMOTIONAL DISTRESS
	LOW SELF-ESTEEM; A POOR SELF-CONCEPT *May make self-critical remarks like, "I'm no good, or I'm just a burden." Considers self a failure; guilty of some wrong Says, "I can never do anything right." A series of crisis events may have happened, which leads to feelings of haplessness.*
	SENSE OF HOPELESSNESS AND HELPLESSNESS *Cannot think of any way to make things better; perceives no hope in sight (tunnel vision) even when alternatives exist; despondent about the future.*
	SHAME, HUMILIATION, OR EMBARRASSMENT *Loss of face among peers is a critical problem for youth to cope with. May think that others dislike him/her or are talking about him/her.*
	LISTLESSNESS, TENSION, IRRITABILITY *May react impulsively or be upset about seemingly small events; quick anger.*
	SELF-DESTRUCTIVE THOUGHTS MAY BE EXPRESSED *Intensity and frequency may vary as well as direct or indirect expression.*
	OVERT SADNESS AND DEPRESSION *May often appear sad and depressed or show signs of tension and extreme anxiety.*
	ACTING OUT BEHAVIORS THAT MAY MASK DEPRESSION *Chemical use, refusal to go to school, sexual promiscuity, running away, fighting, recklessness, delinquency, preoccupation with hostility or revenge.*
	UNUSUAL CHANGES IN EATING OR SLEEPING PATTERNS *Noticeable decrease or increase in appetite with significant weight change. Anorexia or bulimia are extreme examples.*
	SUDDEN PERSONALITY CHANGES *Shy, reserved persons may become aggressive or impulsive. Cautious persons may engage in risk-taking or fighting. Generally inactive persons may become hyperactive. Normally gregarious persons may become shy, withdrawn, or isolated.*

	NEGLECT OF PERSONAL APPEARANCE *A formerly well-groomed person may become apathetic about personal appearance and hygiene.*
	ISOLATION AND SOCIAL WITHDRAWAL *Withdrawal from friends, family, and activities formerly enjoyed. May stay in room listening to music with depressing or suicidal themes that intensify mood.*
	UNCHARACTERISTIC DECLINE IN ACADEMIC PERFORMANCE *May suddenly appear disinterested in school or in future goals. May make remarks like, "Don't bother to grade my final, I won't be around," or "It's just not worth it." An unusual decline in grades may be an indication that something is troubling a student.*
	REVERSAL IN VALUATION *Sudden change from loving to hating someone, from self-respect to self-hate.*
	DIFFICULTY IN CONCENTRATING; PERSISTENT BOREDOM *Difficulty in completing tasks or in following through on assignments. May be consistently unable to keep mind on tasks at hand. May appear to think and act very slowly. Simple, everyday decisions may become difficult.*
	VAGUE OR UNEXPLAINABLE PHYSICAL COMPLAINTS *Headaches or stomachaches that visits to a physician do not solve; frequent desire to visit a physician.*
	OUT OF TOUCH WITH REALITY *May be symptomatic of mental illness or chemical use. May also be indicative of a preoccupation with fantasy role-playing games.*
	PREOCCUPATION WITH FATALISTIC OR MORBID THOUGHTS *Excessive thoughts about death or suicide, which may show up in written assignments, drawings, choice of music, literature, or other activities.*
	EXPERIMENTATION WITH SELF-DESTRUCTIVE ACTS *Very dangerous sign. May make superficial cuts on wrists, drive fast and recklessly, burn or otherwise mutilate body, may become very "accident-prone".*

SOURCE: http://www.cobbk12.org/preventionintervention/forms/Suicidal-Homicidal%20Ideations%20Protocol%20-%20121009%20-%20Final%20Copy.pdf

An individual student in crisis may cause severe disruption and a possible threat to safety of self and others. Each school must have a plan to address these potential instances. The most basic plan would detail how members of the mental health team are accessed for timely response. Another facet of the plan may address a particular issue, for example: An elementary school has several exits and a history of absconding. A school wide plan for immediate notification is developed.

Plans should also include expectations for support from and interactions with other school-based professionals. Communications among the various disciplines- teachers, administrators, mental health teams, health and security must remain open and constant. Some students for which the need for crisis support is known will ease this planning process, however there may remain other instances equally as critical.The Point of Contact (POC) (and backup POC) - The clinician who completes the initial assessment. The POC's primary responsibilities are to:

Assess
De-escalate
Create a crisis plan

School Crisis Team or other supportive individuals identified in the school plan:

1. Communicate with school administrator
2. Contact parents
3. Assist in securing safe environment
4. Contact ChAMPS, if directed

Crisis Team Chairperson:

Responsible for managing de-briefing, reporting data and crisis follow-up data.

Responsible for contacting the crisis coordinator if the crisis requires intervention that cannot be provided in the school setting (per e.g., child to hospital with parent or ChAMPS called)

There are some important caveats to consider in these critical situations

Parents must be notified and all efforts to contact parents exhausted.

All "out of control" behavior is not psychiatric or criminal in nature.

The role of ChAMPS is not to hospitalize children but to assist in maintaining the student in the school environment, School Crisis Teams are first responders.

If the student is unable to de-escalate, ChAMPS will assess the need for further psychiatric assessment or initiate a referral for an emergency psychiatric evaluation in the form of an FD-12.

Resolution of these crises is best achieved through teamwork.

De-briefing and crisis planning are integral to the process.

DCPS Individual Student Safety Plan – Option 1

If school personnel learn that an individual student is exhibiting behavior that could result in harm to themselves or others, the following steps should be taken. Examples of an individual student crisis could be a student coming to school intoxicated, experiencing homicidal ideation, experiencing suicidal ideation, etc.

a) The staff member should IMMEDIATELY notify the Principal or Principal's designee, and a school mental health professional. List the school-based mental health professionals you have in your building and how they can be contacted:

Name	Title	How to Contact

*** If none of the above school mental health professionals are on site, **DO NOT CALL MPD**. Contact the School Mental Health Program Manager who is on-call at 202-505-0733.

b) The school mental health professional will privately question the student and assess the estimated level of risk. This conversation should be documented.

c) The Principal or Principal's designee, and/or a school mental health professional should call the custodial parent or guardian and ask him or her to come to the school immediately. If the student is 18 or older or emancipated, the student will be asked for their permission to contact a parent or someone else who resides in their household.

d) School personnel should continue to supervise the student until parents can be contacted. The student should NEVER be left alone.

e) If the school mental health professional can de-escalate the student and assesses that the student can safely remain in school for the remainder of the day, they may do so ***with a concrete, safety plan***. This plan should be a collaborative effort between the school mental health professional, the student, and any other staff members that have a positive relationship with the student. The plan should include details about how the student will be supervised, identification of specific triggers, coping skills the student has if they feel themselves escalating, and choices the student has if they feel themselves escalating.

Presenting Problem:

Possible Triggers:
Coping Skills:
If feeling him/herself escalating, the student should: 1) 2) 3) 4) 5)

f) If the school mental health professional deems that the student is not safe to remain in school, the Principal, designee or school mental health professional will help the parent/guardian arrange for further assessment. This could be contacting the child's current outside mental health provider for further guidance or transporting the child to a local hospital for an emergency evaluation.

g) The custodial parent or guardian should leave campus with the student only after she/he/they has been strongly encouraged and a plan has been developed to take the student from the school campus to the facility/treatment provider of his or her choice for a mental health assessment. Explain to the parent(s)/guardian that it is very helpful if they will sign the release of information to allow the facility/treatment provider to release relevant information to the school. The school mental health professional who assessed the student should provide their contact information to the parent so that the professional completing the outside mental health assessment can speak to them for additional information if needed. The school mental health professional, with a signed release of information may have contact with the outside professional via telephone, email or written correspondence regarding the mental health challenges presented in the school setting. The outside mental health evaluation should be provided to the school upon the student's return to school.

h) Following the crisis, prior to the child returning to school, a meeting should be held with all pertinent stakeholders, including the parent and student, school social worker, administrators and other relevant staff to discuss the prior situation in detail. An individual safety plan should be developed with the goal of preventing future crises. An individual safety plan, unlike a typical behavior plan, addresses specific behavior that is dangerous to the student and/or others. This plan should identify specific triggers, ways triggers will try to be minimized, and resources the student has within the school that can be accessed when needed. This plan should be specific and include details about how the student might access those resources when needed.

DCPS INDIVIDUAL STUDENT SAFETY PLAN – Option 2

	Date:

Student Name:	**DOB:**	**Student ID: #**	**Grade:**
Special Education Eligible?	**No Yes**	**If yes, Case Manager:**	
504 Eligible?	**No Yes**	**If yes, Case Manager:**	

Contact Information		
Parent/Guardian:		
Cell Phone:	**Home Phone:**	**Other:**
Emergency Contact:		**Phone:**

Places Student May Be if Missing During School Hours	
On School Grounds:	
Off School Grounds:	

Medical Information
Physician:
Diagnoses:
Medications:
Allergies/Special Considerations:

Description of Specific Unsafe Behaviors (Why does the student require a safety plan?)

CRISIS RESPONSE PLAN		
What to do if the student exhibits the above-described behavior?		
Warning Signs/Triggers	**Strategies That Work**	**Strategies That Do Not Work**

BEHAVIOR SUPPORTS	
What will staff, the student, and the family do to lessen the likelihood of unsafe behavior (i.e., supervision, transition planning, transportation to and from school, plan for unstructured time, closed campus, searches, etc.)?	**Person Responsible**
How will the plan be monitored?	
How will the decision be made to terminate the plan?	

Current Agencies or Outside Professionals Involved		
Name	**Agency**	**Phone**

Student Safety Team Members		
Name/Signature	**Title**	**Date**
1.		
2.		
3.		
4.		
5.		

Next Review Date: **(Approximately two weeks from initiation of plan or last review date.)**

PLAN OF CARE CONFERENCE

(To be completed, by a staff member from the clinical team, following a student hospitalization, extended absence, and/or whenever a planned response to student reentry is needed)

Date: _____ Time: _____
Student Name:_____ Birth Date:_____
Reason for Plan of Care Conference:

Meeting Participants

Parent(s)/Guardians	
Social Worker	
School Psychologist	
Counselor	
Administrator	
Nurse	
Other	

Hospitalization *If student was not admitted to hospital, skip to II**

Reason for hospitalization:_____

_____

Facility/Hospital:_____
Dates of hospitalization:_____
Parent/Guardian Release of Information: Yes_____ No_____
Contact Person (social worker etc.):_____ Phone:_____
Fax#/Email:_____
Discharge Information (copy) is attached: Yes_____No _____

Medical Plan of Care

Medications (name/dosage/schedule):_____

_____

Physician:_____ Phone:_____
Therapist:_____ Phone:_____
Next Appointment_____ Special Recommendations_____

School Plan

(Describe supports student will need to successfully re-enter school. Attach additional pages as needed.) The School Social Worker will notify teachers, support staff, and administration that student is returning, and request updates as indicated.

Is change in class or schedule indicated?_____ Other Needs/Comments:_____

_____

_____

_____
_____
_____

IV. Outside Community Agencies/Supports to contact? If so, list and include it in Plan

District of Columbia Public Schools Release of Information signed: Yes____ No____
Copy of documentation provided to parent/guardian: Yes_____ No_____

Signatures:

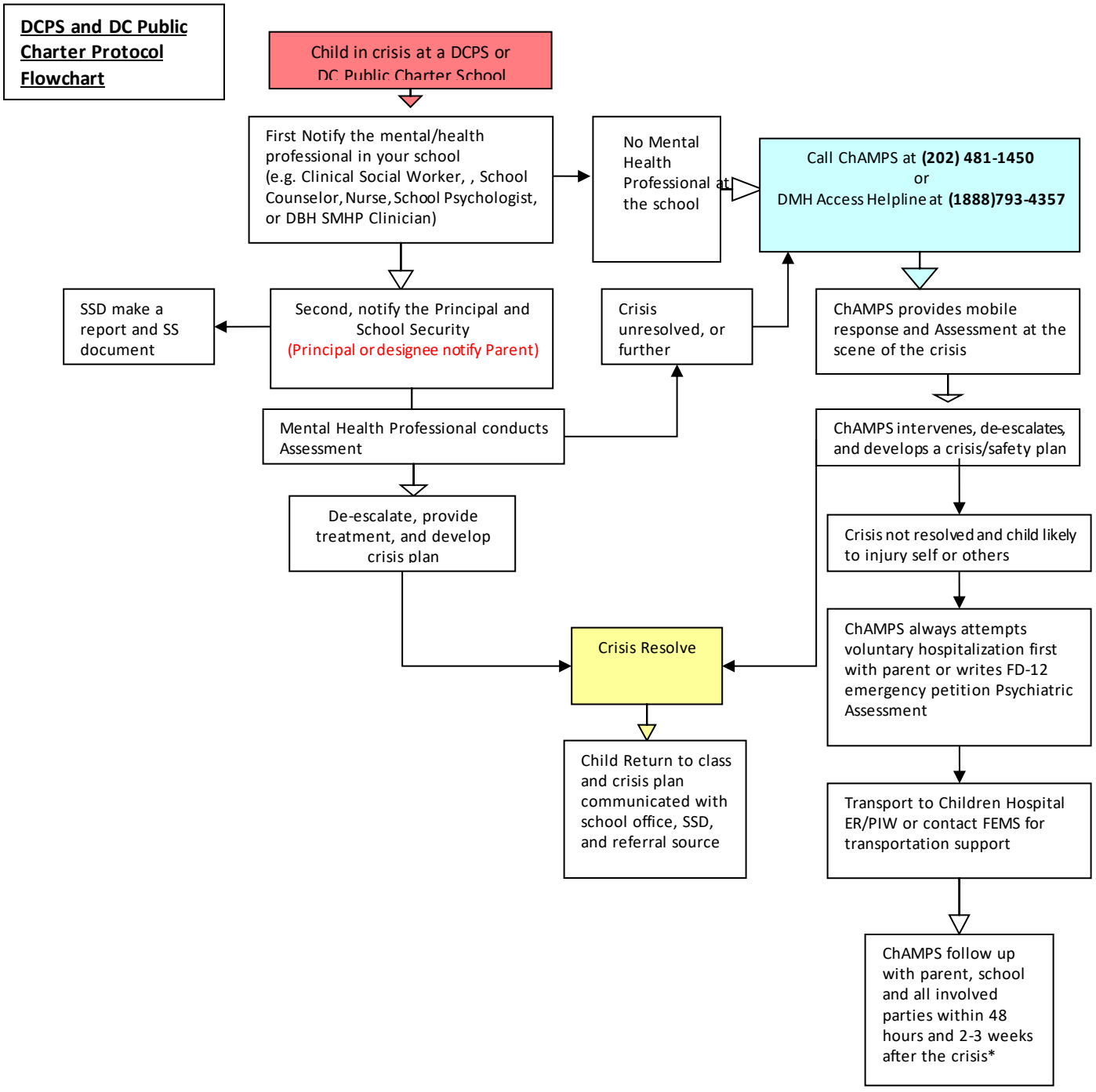
Parent(s)/Guardian:_____

School Representative:_____

If Plan of Care developed without parent(s)/guardian present, provide explanation below:

Note: This form and related information will be maintained for two years in a confidential file, separate from the student's cumulative folder.

DCPS Individual Student Crisis Flowchart



** Crisis/Safety Plan and follow up information shared with school personnel may be limited due to Health Information Portability Accountability Act (HIPAA). Information regarding crisis plan, hospitalization, or mental health services can only be shared with school personnel with a signed consent from the school.*

****

Metropolitan Police Department Statement

Please be advised!

The Metropolitan Police Department (MPD) is obligated to respond to calls. However, DCPS must exercise prudence in accessing MPD and an understanding of what constitutes criminal behavior.

The following considerations should be given prior to any call to emergency response about an individual student crisis. MPD calls for elementary school students generally do not meet the criteria for criminal behavior. All calls to MPD must be vetted through the school Principal or Principal's designee.

MPD should never be called for behavior or disciplinary issues.

Mike Coligan
Captain
School Safety Branch/ISB
Metropolitan Police Department

THREAT ASSESSMENT

Targeted Violence Assessment Instrument

The ***Targeted School Violence Assessment (TSVA)*** is a process tool that is used whenever a student exhibits threatening or concerning behaviors that pose a danger to the safety and well-being of students, staff, or school community. The TSVA is focused specifically on possession, intent, usage or threatened usage of firearms in schools.

The threat assessment process 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. The current DCPS Threat Management Protocol is to follow the guidance of the School Emergency Response Plan and Management Guide ("the Red Book"). Detailed guidance can be found in Section 4: Response Protocols, on pages 57-66 for the following: (a) process for students*, (b) process for employees/ visitors, and (c) trespasser/intruders. School administrators have the responsibility of accurately and expeditiously conveying all critical information regarding events that may compromise the safety and well-being of the school environment. The reporting guidelines should include the following information: (a) Nature of the event, (b) Timeframe (day, date, time) and specific location, (c) How the event was brought to the attention of school-based staff, and (d) Action steps taken.

When there is a verbal or written threat by students toward self, other students, staff, or the school administrators, with the help of student support personnel, must assess the threat. This is a collaborative effort. The district's TSVA administrators will facilitate this process and ultimately classify the threat as Low, Medium, or High Level, and follows the corresponding procedures. Social Workers may be asked to participate in the process but are **NOT** expected to facilitate the threat assessment protocol.

SOURCE: https://www.nasponline.org/resources-and-publications/resources/school-safety-and-crisis/threat-assessment-at-school/threat-assessment-for-school-administrators-and-crisis-teams

Threat Management & Risk Levels

Low Level Threat Determination:

Threat is:

- Stated in vague or general manner;
- Often reflects anger, frustration, lack of hope, or distrust;
- Does not include a specific target other than self;
- Does not specify concrete steps to carry out threat; and/or
- Developmentally inappropriate or unrealistic

Initial Response:

Administrator convenes a meeting of the School-Based Crisis Team (i.e. school counselor, school psychologist, and/or school social worker) regarding needs of the student; involvement of the student's parents; and Identification of appropriate referral resources or other involved stakeholders as needed. Notification is provided to school staff regarding strategies for managing low level threats. Refer student to the School-Based Crisis Team as needed. Given the behavioral characteristics of low-level threats the focus is on service provision, identification of resources and care versus disciplinary action. Low-level threat interventions should be documented and follow through should occur at the school. Follow through can involve (a) school-based monitoring with no immediate action, (b) monitoring and the development of a proposed action plan, or (c) a referral to the Central Office Crisis Team. Ideally, action plans should address supports and intervention provided by School-Based Crisis Team. All critical documentation should be housed with the school administrator.

Medium Level Threat Determination:

Threat is:

- Clearly stated, often a function of anger or frustration;
- Uncertain about specific targets of threat;
- Lacking in capacity or resources to act on threat;
- Lacking in concrete steps taken to carry out the threat;
- Suggestive of attention-seeking behavior; and
- Could continue or escalate if not addressed

Initial response:

Administrator contacts school counselor, school psychologist, and/or school social worker to meet immediately with the student. Based on the student meeting. Administrator identifies employee to contact student's parents; Identify and offer appropriate referral resources to parents; and Notify parents of intended victim(s), as appropriate. Student personnel advocate worker and school nurse are involved as needed. Student is referred to the Crisis Team as needed. Administrators may consult with DCPS School Security and MPD. Patrol officer may investigate and refer. The administrator will determine what, if any, disciplinary action is warranted per the District of Columbia Municipal Regulations. All critical documentation should be housed with school administration.

High Level Threat Determination:

Threat is:

- Clearly stated; Targeted to specific individuals or property;
- Identifies behaviors that can realistically be carried out; and
- Implies that concrete steps have been taken to carry out the threat.

Initial Response:

Call Police at 911 and School Security Command Center at 202.576.6950. Notify building security. Administrator initiates the following action steps:

a. Student remains under administrative supervision;
b. Administrator contacts Executive Support Team at Central Office (EST) Manager;
c. Consult police regarding timeframe for notifying parents;
d. Notify parents of student making threats and request their immediate response to the school;

e. Notify parents of the threatened student(s);
f. Administrator contacts school counselor, school psychologist, and/or school social worker to conduct emergency assessment of threat of harm to self, others, or property;
g. School counselor, school psychologist, and/or school social worker reviews record, conducts necessary assessment, and consults with administrator regarding the threat of harm to self, others, or property;
h. Involve the school psychologist in emergency assessment;
i. Offer appropriate referral resources to parents;
j. Offer follow-up support to intended victim(s);
k. Involve school nurse, as needed; and
l. Refer student to the Crisis Team, as appropriate. The administrator will determine what, if any, disciplinary action is warranted per the District of Columbia Municipal Regulations.
m. All critical documentation should be housed with school administration.

SCREENING AREAS

The administrator, a student services member and parent will meet with the student to complete a threat assessment screening (consult with other professional as needed). The questions below should not be read to the student, but rather should be used as a guide while assessing the student.

CATEGORY	SCREENING	YES	NO	COMMENTS
1. What is the student's motive(s) and goal(s)?	a. The student has a violent motive or a belief that an act of violence would be justified or that there is no alternative to violence. b. Does the student have a major grudge or grievance? c. Does the situation or circumstances that led to these statements still exist?			.
2. Have there been any communication suggesting ideas or intent to attack?	a. The student has directly or indirectly communicated thoughts or intent to harm. Communications may be verbal, non-verbal, electronic, written.			.

3. Has the subject shown inappropriate interest in any of the following	a. School attacks or attackers; b. Weapons (including recent acquisition of any relevant weapon)			.

4. Has the student engaged in attack-related behaviors?	These behaviors might include: a. Developing an attack plan or idea; b. Making efforts to acquire or practice with weapons; c. Casing or checking out, possible sites and areas for attack; and d. Rehearsing attacks or ambushes.			.
5. Does the student have the capacity to carry out an act of targeted violence?	a. The student has a plan to carry out an act of targeted violence. b. The student is in the process of planning an act of violence (researching methods, seeking out how to get weapons, etc.). c. The student has the means to carry out the plan (access to or possession of weapons). d. Are those who know the student concerned about a specific target?			
6. Is the student experiencing hopelessness, depression and/or despair?	2) Is there information to suggest that the student is experiencing desperation and/or despair? 3) Has the student experienced failure, loss and/or loss of status? 4) Is the student known to be having difficulty coping with a stressful event? 5) Is the student now, or has the student ever been suicidal or "accident-prone"? 6) Has the student engaged in behavior that suggests that			

	he/she/they has considered ending their life?			
7. Does the student have a trusting relationship with at least one responsible adult?	a. Does the student have at least one relationship with an adult where the student feels that he/she/they can confide in the adult and believes that the adult will listen without judging or jumping to conclusion?			
8. Does the student see violence as an acceptable or desirable or only way to solve a problem?	a. Does the setting around the student (friends, fellow students, parents, teachers, adults, etc.) explicitly or implicitly support or endorse violence as a way of resolving problems or disputes?			
9. Is the student's conversation and "story" consistent with his/her/their actions?	a. Does the information from collateral interviews and from the student's own behavior confirm or dispute what the student says is going on?			
10. Substance Use	a. Drug or Alcohol Use (prescribed or elicit substances)			
11. Mental Health History	a. The student's comments or behaviors imply paranoia or other psychosis. b. The student has a known history of a diagnosed psychiatric disorder. *If so, name diagnosis under the other section*			

12. Protective Factors	7) The student has positive school, home, community or religious relationships. 8) The student desires a positive resolution. 9) The student exhibits appropriate coping and problem-solving skills. 10) The student understands and respects rules, guidelines and policies. 11) The student has significant supportive adults in their lives.			
Other Relevant Factors (sudden changes in academic performance, social interactions, and/or behaviors				

Screeners Assessment Results: **LOW** **MODERATE** **HIGH**

Action Taken:

Security and safety concerns identified and resolution steps:

1.
2.
3.

DCPS Individual Student Safety Plan completed: Yes [ ] No [ ]

Team Member Name (Printed)	Team Member Role	Signature	Date

SOURCE: District of Columbia Public Schools – School Emergency Response Plan and Management Guide ("the Red Book")

Data Management and Reporting

DCPS is committed to being an active participant in the formulation of best practice to meet the need for safe and healthy schools. Each school professional, in their crisis roles as assigned, is responsible for contributing to the accurate and timely recording of all aspects of a critical event. This data will be utilized to inform continued safe and effective management of traumatic incidents and the subsequent debilitating effects on students and staff.

The Central Crisis Response Coordinator will hold the responsibility for collection, collation, and analysis of data documentation from critical events. The Central Crisis Response Coordinators will produce an annual report. The findings in this report, drafted in conjunction with empirical data gathering events (round tables, tabletops, debriefings), will generate recommendations that will formalize continued efforts for improvements in safety, reduction in disruptive and debilitating mental health responses and the formulation of best practices for DCPS.

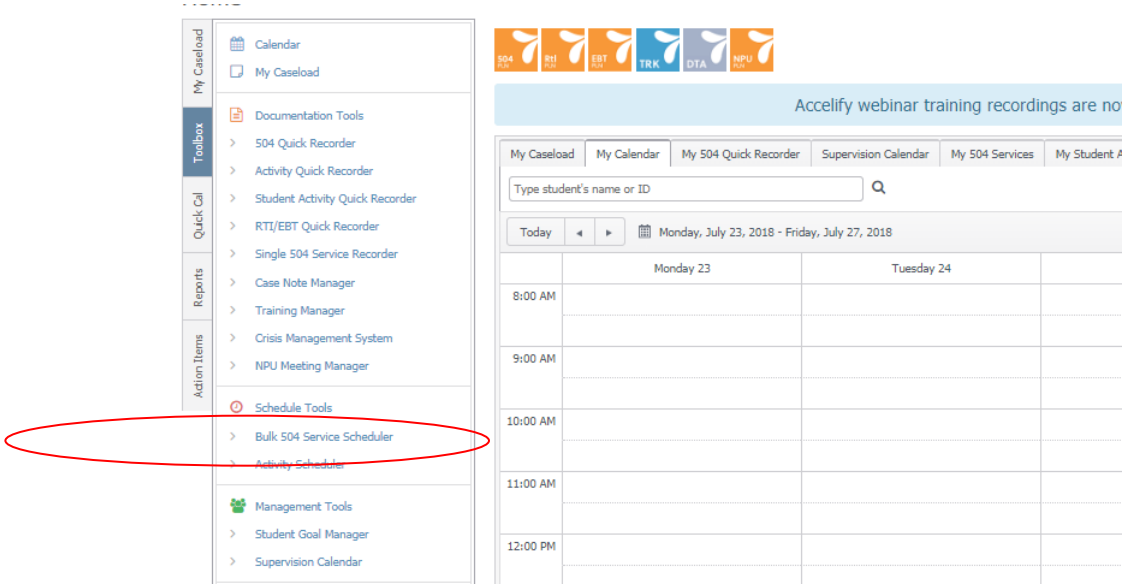
USE OF FRONTLINE FOR CRISIS DOCUMENTATION

Crisis Manager: Recording a Level 1 Crisis Response

Level One School Crises (School Team Manages Response)

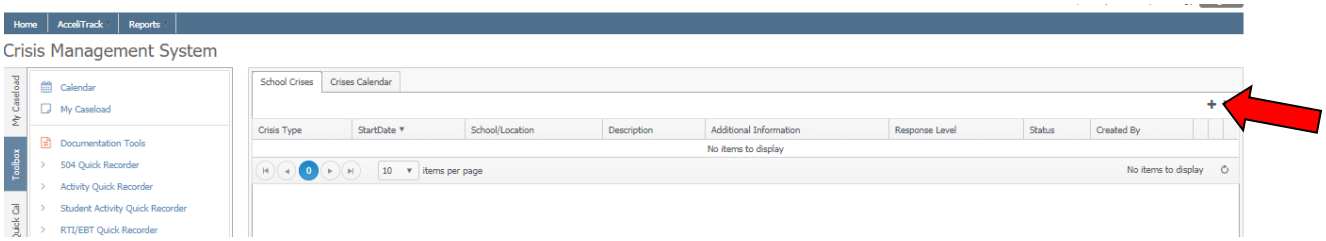
Designate one provider to document a Level 1 Crisis as crisis lead to account for the involvement and time of other providers involved at your school on the Frontline Calendar to prevent duplicate data in aggregate reports.

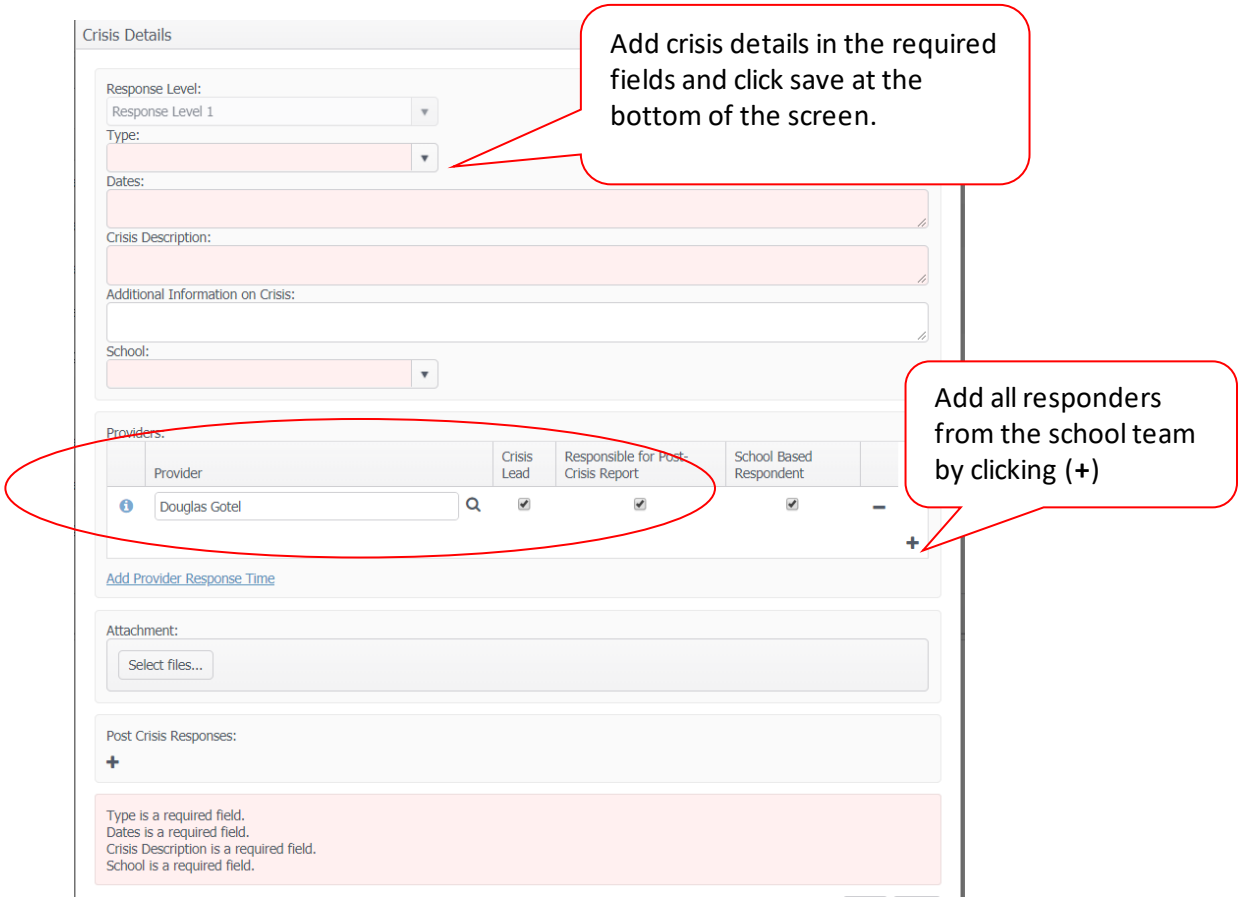
Use the **Crisis Management System** in the Frontline toolbox **to document a Level 1 Crisis (staff/student death, community violence, staff assault, suicide ideation/attempt)**.



Do not use "student activity" to document a Level 1 School Crisis; instead, use **Student Activity** for an individual student crisis (fighting, elopement, psychosis, medical emergency).

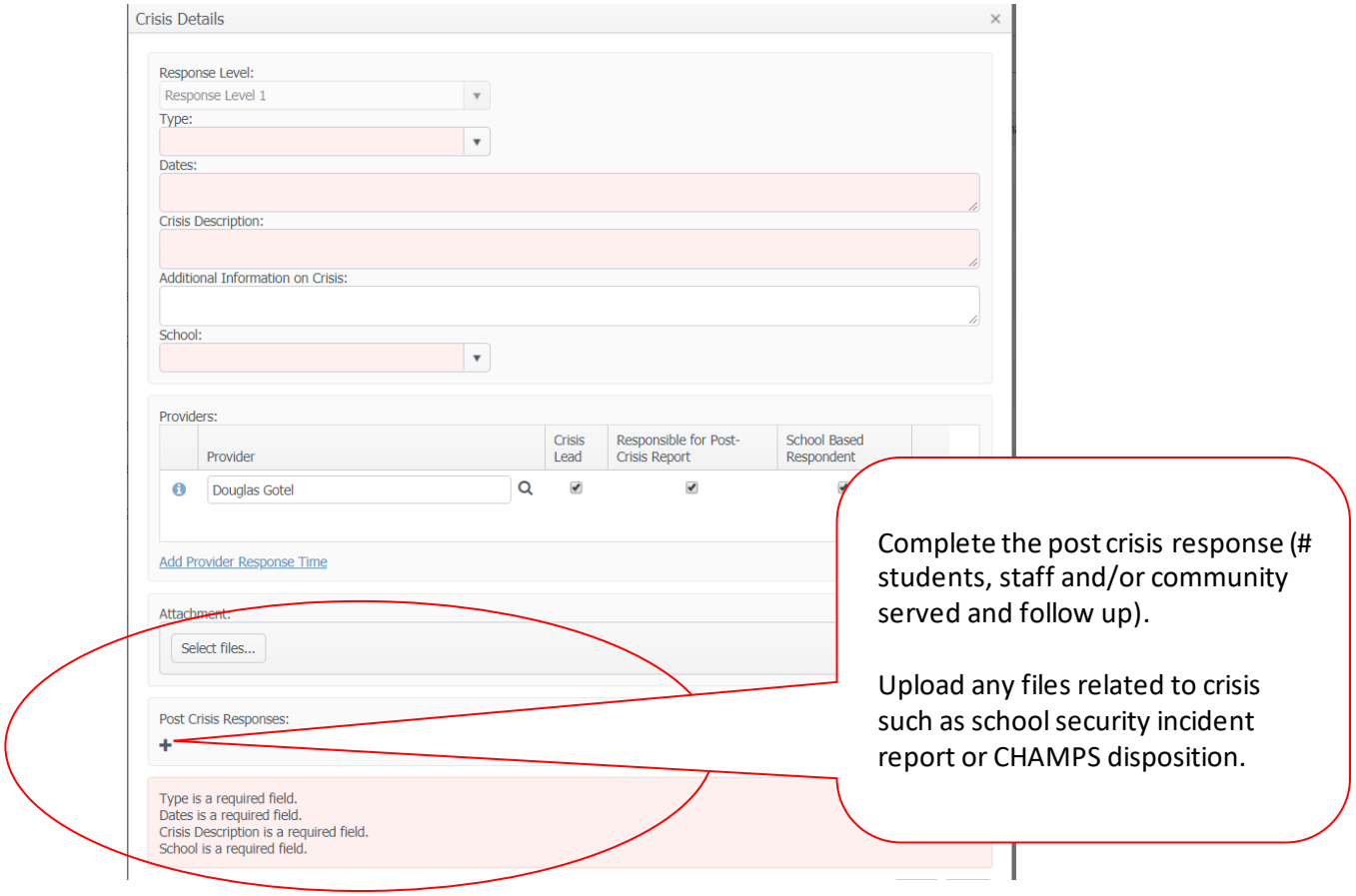
Add Crisis Event and Save. In the "Crisis Details" Screen, provider who is crisis lead must add other providers involved on the provider list. This will allow you add time to each provider's TRACK calendar.



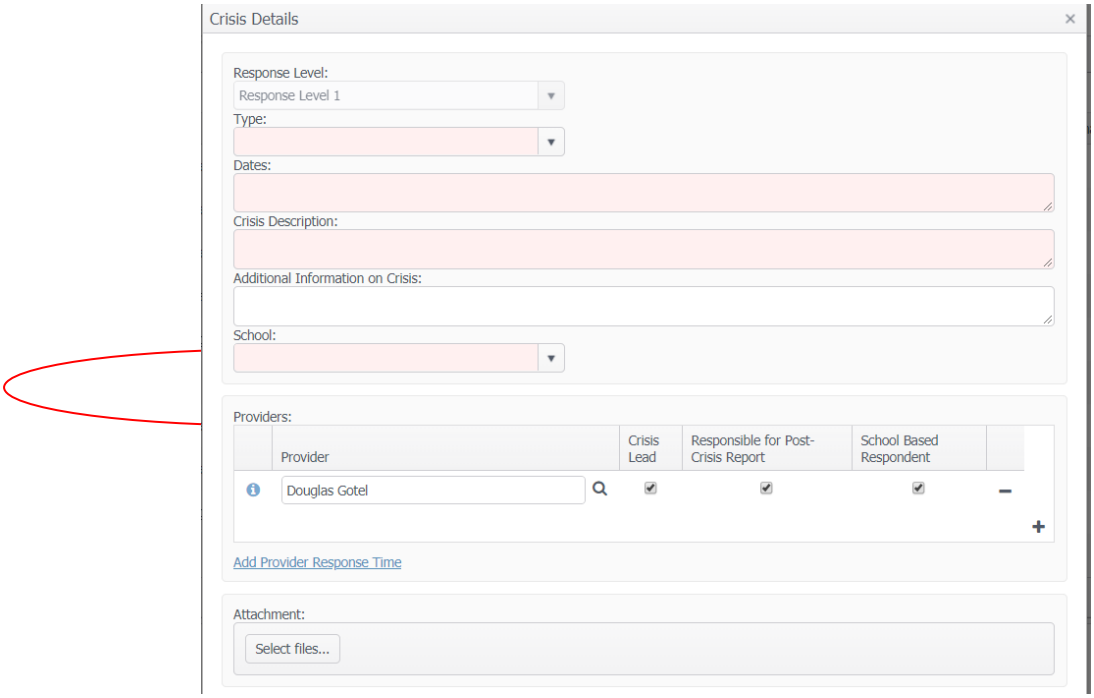


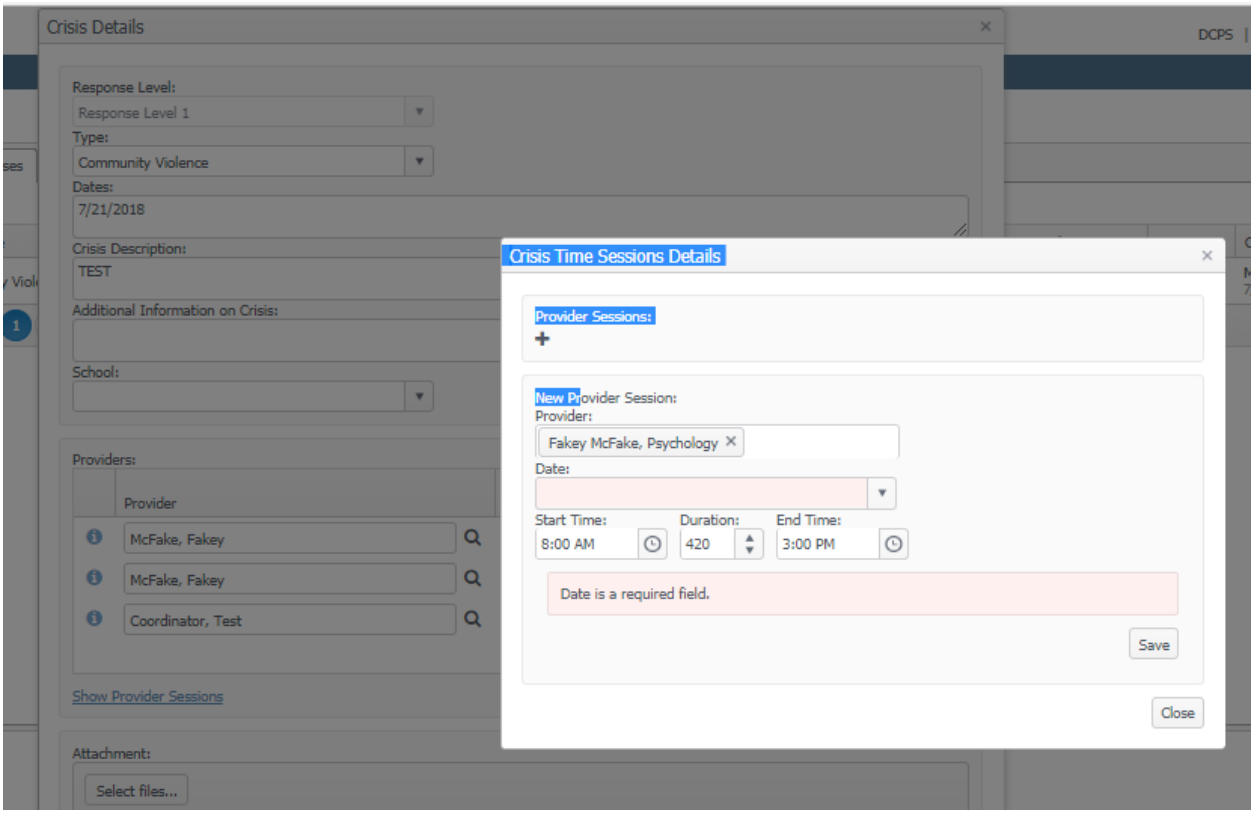
3. **After the crisis, the lead must complete two tasks** to close the crisis event.

Update the Crisis Details screen and **complete the "Post Crisis Response"** to record number of students, staff and community members served.



Click **"Add Provider Response Time"** in the Crisis detail and record the duration of each responders' time involved for the Level 1 School crisis. Once a provider session is saved, the time spent on the crisis response will populate on each provider's calendar.





Level 2 Crises: (Central Office Manages Response)

Providers should <u>not</u> enter any time on the Frontline calendar when they are deployed/participate in a Level 2 Response to prevent duplicate data in aggregate reports. If you are deployed for a level 2 crisis, the Central Services Crisis Lead will document the crisis and post crisis report to the Crisis Manager.

III. FORMS

Critical Incident Response Request: Phone-Based Needs Assessment

THIS FORM IS TO BE COMPLETED BY THE PERSON FIRST INFORMED OF THE SCHOOL CRISIS. IN MOST CASES, IT WILL BE THE MENTAL HEALTH CRISIS RESPONSE COORDINATOR.

District of Columbia Public Schools/Department of Behavioral Health

Person Taking Call: _____ Date: _____ Time of Call: _____
Name of Person-calling: _____ Phone Number: _____
Name of On-Site Contact: _____ Phone Number: _____
Address of Response Site: _____

1. **What** happened/what was the crisis event?

2. **When** did it occur?
   Date: Time of day:

3. **Where** did the crisis/event occur?

4. **Who** was **directly** involved or affected (person witnessed event, was a close family member/friend, a victim, etc.)? Please specify **how** the individuals were involved or affected and how many people/classrooms are affected.

   Age groups:

   Primary language:

5. **Who** was **indirectly** involved or affected (community, neighborhood, school, classmates, etc.): Please specify **how** the individuals were involved or affected and how many people/classrooms are affected.

   Age groups:

   Primary language:

6. Do you have an internal crisis management team and/or School Counselors?
YES _____ NO _____

What actions/interventions have been completed (has information been provided to students/staff, have any groups been held, etc.):

Results:

(If applicable, please provide copies of information available if/when team arrives):

7. What other agencies/offices are involved or have been contacted (police, fire department, DOH, DCPS, DBH etc.):

Please provide the contact person/number for the agency:

List the services/interventions/support they are providing:

Results:

8. Has any information about the crisis been disseminated to the various population affected by the crisis (letter sent home to parents, town meeting, media, etc.)? *Please have copies available if/when team arrives.*

9. What type(s) of support or services are you requesting?

_____ Provide information/materials
_____ Presentations
_____ Debriefings
_____ Crisis counseling/stabilization
_____ Bilingual Counselor/translator
_____ Do not know/unsure
_____ Other_____

10. Is there any other information that you would like to add that might be helpful to our response team?

_____

For Internal Purposes Only:

Does this call require an immediate deployment of staff? _____ Yes ____ No

What other agencies/offices need to be contacted? _____

NOTE: Fax this form to CENTRAL CRISIS TEAM Leader. If incomplete, Leader needs to complete form once at the school.) Fax number:_____

Needs Assessment Planning and Intervention Recommendations

Students	*School Staff*
Classroom Presentation: **Topic/Focus:** **_____** ____# Classrooms ____# Clinicians needed List grade levels: _____ **Small Support Group** _____# Groups (support) _____# Clinicians needed List grade levels: _____ **Individual Session** **_____**# Students _____# Clinicians needed **Additional Language Support Needed** _____ _____ _____	**Fan Out/Faculty Information Meeting** _____# Clinicians needed **Operational Debriefing** _____# Clinicians needed **Small Support Group** _____# Groups (support) _____# Clinicians needed **Individual Session** **_____**# Staff _____# Clinicians needed **Additional Language Support Needed** _____ _____ _____
Community	***Parents/Families***
Town Hall Meeting **Topic/Focus:** **_____** _____# People attending _____# Clinicians needed **Additional Language Support Needed** _____ _____ _____	**_____Letters Sent Home** **_____ Translation Needs** **Small Support Group** _____#Parents/adult family members _____#Clinicians needed **Individual Session** **_____**# Adults _____# Clinicians needed **Additional Language Support Needed** _____ _____ _____

DIRECTLY IMPACTED (victim, witnessed event, close friend, family member of victim)

Students	*School Staff*

Small Support Group/Defusing (grades Pre-K-5) _____# Groups (defusing) _____# Groups (support) _____# Clinicians needed List grade levels: _____ **Small Support Group/Debriefing (grades 6-12)** _____# Groups (debriefing) _____# Groups (support) _____# Clinicians needed List grade levels: _____ **Individual Session** **_____**# Students _____# Clinicians needed **Additional Language Support Needed** _____ _____ _____	**Debriefing** **_____**# Teachers _____# Administrators _____# Support Staff _____# Clinicians needed **Individual Session** **_____**# Staff _____# Clinicians needed **Additional Language Support Needed** _____ _____ _____
Parents/Families	***Community***
Debriefing _____#Parents/adults _____#Clinicians needed **Individual Session** **_____**# Adults _____# Clinicians needed **Additional Language Support Needed** _____ _____ _____	**Debriefing** _____# People involved _____# Clinicians needed **Additional Language Support Needed** _____ _____ _____

Daily Intervention Sheet

Intervention Site (include address/phone)

_____

Circle one: Day one Day two Day three Day four Additional Days_____

STUDENTS

# Implemented	# Not implemented*	
_____	_____	Classroom Presentation(s)
_____	_____	Small Support Group
_____	_____	Debriefing/Defusing
_____	_____	Individual Sessions
	_____	***Total # students seen***

STAFF

# Implemented	# Not implemented*

_____	_____	Operational Debriefing
_____	_____	Small Support Group
_____	_____	Small Group Debriefing
_____	_____	Individual Sessions
		_____ ***Total # staff seen***

PARENTS/FAMILY

# Implemented	# Not implemented*	
_____	_____	Letter sent home
_____	_____	Debriefing
_____	_____	Individual Sessions
		_____ ***Total # parents/family members seen***

COMMUNITY

# Implemented	# Not implemented*	
_____	_____	Town hall meeting
_____	_____	Debriefing
		_____ ***Total # community members seen***

****Which interventions were recommended but NOT implemented, and why:***

_____
_____
_____
_____

Please describe what was effective:

_____
_____
_____
_____

Please describe what was challenging and issues that were raised:

_____
_____
_____

Central Crisis Team Sign-In Sheet

School: _____ Date: _____

NAME		POSITION	PHONE NUMBER	SIGN IN/SIGN OUT
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				

Crisis Response Student Sign–In Sheet

School_____ Date_____

Name of Student Seen	Teachers Name/Grade	Services Received			Follow up Needed?
		Individual	Group	Debriefing	
					__Yes __No
					__Yes __No
					__Yes __No
					__Yes __No
					__Yes __No

					__Yes __No
					__Yes __No
					__Yes __No
					__Yes __No
					__Yes __No
					__Yes __No
					__Yes __No
Staff Member Name	**Grade Level**	**Position**			**Follow Up Needed?**
					__Yes __No
					__Yes __No
					__Yes __No
					__Yes __No

Crisis Response Follow-Up Student Identification Sheet

School_____ Date_____

Student/Teacher Referring	**Reason for Referral**	**Who Saw Them**	**Type of Follow up**

Critical Incident After-Report

THIS INFORMATION SHOULD BE COLLECTED AND ENTERED INTO ACCELIFY AT THE END OF THE IMPLEMENTATION OF SERVICES BY THE CRISIS TEAM LEADER AND CRISIS COORDINATOR WHO GATHERED INFORMATION AND COORDINATED THE INTERVENTIONS.

Name of Person(s) Completing Form: _____ Date of Report: _____

Intervention Site (include address): _____

Date(s) of Intervention(s): _____Central Crisis Team Leaders(s) if appropriate: _____

School Contact Person: _____

Brief Description of Critical Incident: _____

_____

_____

_____
_____

Names of Clinicians Involved:	Total # Hrs	Role of Clinicians:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List action(s)/interventions the site/school implemented prior to CRISIS TEAM response:

_____
_____
_____

List other agencies involved/present:

_____
_____
_____

Describe services other agencies provided:

_____
_____
_____

Summary of Interventions

STUDENTS

# Implemented	# Not implemented*	
_____	_____	Classroom Presentation(s)
_____	_____	Small Support Group
_____	_____	Debriefing/Defusing
_____	_____	Individual Sessions
		_____ ***Total # students seen***

STAFF

# Implemented	# Not implemented*	
_____	_____	Operational Debriefing
_____	_____	Small Support Group
_____	_____	Small Group Debriefing
_____	_____	Individual Sessions
		_____ ***Total # staff seen***

PARENTS/FAMILY

# Implemented	# Not implemented*	
_____	_____	Letter sent home
_____	_____	Debriefing
_____	_____	Individual Sessions
		_____ ***Total # parents/family members seen***

COMMUNITY

# Implemented	# Not implemented*	
_____	_____	Town hall meeting
_____	_____	Debriefing
		_____ ***Total # community members seen***

****Interventions that were recommended but NOT implemented, and why:***

_____
_____
_____

Please describe what was effective:

_____
_____

Please describe what was challenging and issues that were raised:

_____

_____

Follow-up Recommendations for the Response Site

_____ Monitor high-risk students/exposed persons (NOTE: Determine who will follow-up with the high-risk and/or absent students and staff)
_____ Distribute provided information as necessary (e.g. normal reactions to grief)
_____ Link with community resources/refer for additional mental health services (See list of Community-Based Organization) http://dbh.dc.gov/page/list-community-based-service-providers
_____ Contact the Wendt Center for Loss and Healing http://www.wendtcenter.org/
_____ Contact DBH/ACCESS HELPLINE for additional services at 1(888)7WE-HELP or 1-888-793-4357
_____ Other_____

Crisis Team Debriefing

Note: Debriefing should occur at the end of each day in which Central Crisis Team staff is working at a critical incident site
Please include members of SCHOOL CRISIS TEAM if they are assisting with the crisis response

Person Leading the debriefing: _____

Date of debriefing: _____

Staff present at each debriefing:

_____
_____
_____
_____
_____
_____
_____
_____
_____

Please address these points at the debriefing:

Check-in
Emotional reactions
Reassess needs of school/clinicians
If necessary, plan for next day/days and communicate with coordinator/clinicians for next day

IV. Resources to Assist in Responding to a Crisis

Community Resources

INOVA Employee Support Program	1-800-346-0110 www.inova.org/eap
D.C. Mental Health Access Help Line	1-888-793-4357
Children's National Medical Center:	111 Michigan Avenue, NW Washington, D.C. 20010 Referral and Information Service (888) 884-BEAR (2327)
Hospice Care of D.C.	4401 Connecticut Avenue, NW Suite 700 Washington, D.C. 20008 (202) 244-8300
Wendt Center for Loss and Healing:	730 11th Street, NW – Third Fl. Washington, D.C. 20001-4510 (202) 624-0010

General Reactions to Death

For all ages: avoid jargon, clichés, technical terms, or euphemisms when working with students (e.g.: "Tears won't help," or "He or she would have wanted you to…," or "It's nature's way.")
Be direct and use statements such as "died" rather than "passed on," etc.

Age	They Think	They Feel	They Do	Interventions
3-5 years	Death is temporary and reversible Finality of death is not evident Death means deceased taking a trip, sleeping Or wonder what deceased is doing	Sad Anxious Withdrawn Confused about changes Angry Scared Cranky (feelings are acted out in play)	Cry Fight Show interest in dead things Act as if death never happened	Provide them with words for some of their feelings: grief, sadness, numbness Answer correctly and lovingly. Be honest. Don't tell half-truths Short-term regressive behaviors are normal Say to children, "Let's see what we can do to make this less scary for you"
6-9 years	• About the finality of death • About the biological processes of death • Death is related to mutilation • A spirit gets you when you die • About who will care for them if a parent dies • Their actions and words caused the death	Sad Anxious Withdrawn Confused about the changes Angry Scared Cranky (feelings acted out in play)	Behave aggressively Appear withdrawn Experience nightmares Act as if death never happened Lack concentration Have a decline in grades	Children need permission to concentrate on mourning before they can be expected to move forward Offer constructive ways to express their feelings Offer support groups can be very helpful
9-12 years	About and understand the finality of death Death is hard to talk about That death may happen again About what will happen if their parent(s) die Their actions and words caused death	Vulnerable Anxious Scared Lonely Confused Angry Sad Abandoned Guilty Fearful Worried Isolated	Behave aggressively Appear withdrawn Talk about physical aspects of death Act like it never happened, not show feelings Experience nightmares Lack concentration Have a decline in grades Joke about death	Permit them to talk or role play Acknowledge normalcy of feelings and reactions Encourage expressions of emotions Help them to share worries. Reassure them with realistic information Acknowledge the physical sensations as part of their reactions to stress (e.g., stomach aches, headaches, weakness, dizziness, rapid heartbeat)

				Discuss student's concerns with their parents Encourage constructive activities on behalf of the injured or deceased (e.g., cards, memory books, and posters) Help them to retain positive memories
12- Up	About and understand the finality of death If they show their feelings, they will be weak They need to be in control of their feelings Only about life before or after death Their actions and words caused death	Vulnerable Anxious Scared Lonely Confused Angry Sad Abandoned Guilty Fearful Worried Isolated	Behave impulsively Argue, scream, fight Allow themselves to be in dangerous situations Grieve for what might have been Experience nightmares Act as if it never happened Lack concentration Have a decline in grades Exhibit acting out behaviors Exhibit self-centered thoughts and behaviors, which may become exaggerated	Acknowledge normalcy of feelings and reactions Encourage expressions of emotions Help them to share worries. Reassure them with realistic information Acknowledge the physical sensations as part of their reactions to stress (e.g., stomach aches, headaches, weakness, dizziness, rapid heart beat) Discuss student's concerns with their parents Encourage constructive activities on behalf of the injured or deceased (e.g., cards, memory books, and posters) Help them to retain positive memories

Student Reactions to Suicide

WHAT THEY THINK:

Students often question why the person committed suicide.
Students often question what might have been done to prevent the suicide.
Students most affected may struggle with how they will be viewed by others.

Students may have death-related or suicidal thoughts.

WHAT THEY FEEL:

- Students may experience a stronger sense of guilt, shame, and anger.
- Students may feel a diminished sense of reality.
- Students may experience a strong sense of shock and confusion.

WHAT THEY DO:

Students may experience sudden changes in personality.
Students may experience sudden changes in weight or appearance.
Students may experience sudden changes in grades or participation in school activities.
Students may experience social withdrawal and isolation.
Students may experience heightened risk-taking behaviors.
Students may experience prolonged and/or complicated grief reactions.

INTERVENTIONS:

- Identify students at-risk for suicide.
- Provide support to students' grief reactions and assist them in coping with the loss. Do not challenge these feelings.
- Educate students on ways to get help with depression and suicidal thoughts.
- Send a strong anti-suicide message.
- Provide appropriate resources to assist students with suicidal feelings.
- Permit students to talk, write, draw, or use other constructive means to express their emotions.
- Have the School Social Worker, Psychologist or Counselor follow-up with students who exhibit prolonged grief reactions.

Guidelines for Making a Referral

Although there is no timeline for grieving, there are times when a student or staff member's response may warrant additional support services. The following list of behaviors warrants monitoring:

Complete and continued absence of any grief reaction
Clinginess
Panicky behavior

Symptoms of separation anxiety – increased fear of being separated from primary caregivers
Threats or attempts to harm themselves
Distancing self from family and friends
Drug or alcohol abuse
Abusive behavior towards others or animals
Extreme changes in behavior, such as lying, failing in school, fighting, regression, delinquent behavior, sexual acting out, eating and sleeping disturbance

A grief reaction may be complicated when the person:

Has been lied to regarding the death or circumstances surrounding the death and later learns the truth
Had a difficult relationship with the deceased
Has existing emotional problems
Has a history of family problems
Has had other recent losses

If a student exhibits several of these behaviors for an extended period of time following the loss, it is recommended that the School Social Worker, School Counselor or School Psychologist follow-up with the student's family.

In the case of a staff member; the School Social Worker, School Psychologist or School Counselor should discuss with the staff member how to seek additional support services. Should a staff member need additional support; the INOVA Employee Support Program is available. Please follow this link for additional information http://www.inova.org/eap

Adapted From: Prince George's County Public Schools Crisis Response Handbook

Sample Script for Faculty Information Meeting

The (name of school) Family has suffered a tremendous loss with the death of (name of person). (Name of student) in (grade level) grade was killed by gunfire this morning as he was walking to school.

Whereas we are saddened by this unfortunate incident with one of our students, other students in the school will be greatly affected by this tragedy as well. To help you through this day, we offer you the following suggestions:

Social Workers, School Counselors and/or School Psychologists are in the building to support you. Please send word to the office if you need assistance and/or coverage:
for yourself
to take student(s) out who need counseling
A script for communicating this information to students will be provided to you.
If you need a Counselor to talk with your class, please send word to the office
If student(s) need(s) a time out place, please send student(s) to the _____ .
A loss may often trigger memories of other losses children have experienced. Continue to be extra sensitive to any changes in behavior among your students. Some behaviors may include:

acting out	crying	clinging	denial
withdrawal	excessive talking		nervous laughter

Some suggestions for dealing with grief:

Allow children the space and the time to grieve.
It is okay for them to see you cry.
Be flexible in the day's agenda.
Allow children time to talk about the tragedy. (Remember, they will deal at their developmental level)
Assist them in finding ways of expressing their grief (e.g., art, cards to the family, letter, scrapbook, pictures, etc.)
Some students may wish to plan some type of memorial. Help guide them. (except if it's a suicide)
Grief may be on-going and expressed in different ways.

A short staff meeting will be held immediately following dismissal to discuss further actions.

Adapted from Howard County Public Schools Crisis Response Handbook

Strategies for School Staff when Dealing with a Crisis

Due to our continued reactions to local violence, all of us may be more vulnerable to stress. There are a number of common reactions to the kind of stress you may be currently experiencing. They include, but are not limited to:

Difficulty focusing or concentrating
Recurring thoughts, dreams or flashbacks to other traumatic events
Sleeplessness or fatigue

Change in appetite, upset stomach
Crying, sadness
Irritability
Grief, anger, shock, disbelief
Feelings of guilt, self-reproach, quick temper
Headache, tightness in chest, shallow or heavy breathing
Alcohol or other drug use

Coping Strategies

If you are experiencing any of these reactions, take care of yourself! You can:

Take several slow, deep breaths to alleviate the feelings of anxiety
Talk about what is happening
Talk about your feelings with friends and loved ones
Create a daily routine so you feel in control
Eat balanced meals, even if you're not hungry, so your body has the energy to deal with stress
Take time to let your body relax and recover
Cry when you need to
Let anger out by participating in a safe, exhausting physical activity or exercise
Avoid the use of alcohol and other drugs and limit caffeine intake
Turn off the TV if watching the incident is upsetting to you
Draw, paint, or journal
Avoid making any major decisions

Adapted from Montgomery County Public Schools Crisis Response Handbook

Instructions for Teachers

To: All Teachers

From: The Principal

Subject: Announcing the Death of a Student to the Class

Please read this message to yourself **then** we would like this message to be read aloud to your class:

Sample*: It is with great sadness that I inform you that yesterday, _____, an 11th grade student at _____ High School, died as a result of a fall and the internal injuries that resulted. She was transported to Shock Trauma, but efforts to save her failed. A police investigation of the circumstances is currently underway, and, until its conclusion, we will have no further information to share with you .*

NOTE: If you do not feel comfortable reading this to the class or if you would like to have a support person in the room while you read this, please let a member of the Crisis Intervention Team, a Counselor or an administrator know.

After you read this message, go on to say, *"As you respond to_____ death, be aware that it is not unusual for people to feel confused, upset, perhaps even angry or guilty when they think about incidents like this. Today, our guidance School Counselors and members of the Central Crisis Intervention Team will be available in the Guidance Resource Center throughout this morning for anyone who wants to talk about his or her feelings. Students who feel that they need to leave class at any time throughout the day to see a Counselor should let their teachers know, and they will receive a pass to go to the Guidance Resource Center.*

As further information on funeral and/or memorial services becomes available, this information will be shared. In the meantime, we will set up baskets in the Front Office and Guidance Office for any cards that you would like to have delivered to _____ family . "

If a student appears to need individual attention, please send him/her to the Guidance Resource Center. If you feel that you need some time to yourself, ask a Crisis Intervention Team member to relieve you so that you can seek assistance.

Guidelines for a Classroom Presentation

When conducting a classroom discussion about a serious or crisis event, it is important to utilize a structure that permits students to:

Become aware of the facts and share their reactions/feelings about the incident. **(Introduction)**
Generate strategies for coping effectively with their reactions/feelings **(Education/Normalize)**
Transition back to their normal school routine **(Conclusion)**

Points to Remember:

During the conversation, it is important to respect different perspectives and to be sensitive to the experiences of those previously affected by violence and/or loss.
Let students know that they may be differently affected by this based on their own experiences with violence and/or loss.
Student comments will, of course, vary in many ways.
Endeavor to respect each student's feelings and comments.
Be sensitive to students who may become upset by the discussion.

Introduction Phase - (Provides factual information, minimizes rumors and misperceptions using developmentally appropriate language and amount of detail. This information helps acknowledge and normalize students' feelings as they are shared. Read the sample statement and then discuss the ground rules.)

• Sample Statement: *It is with great sadness that I inform you that yesterday, Timmy Turner, a third-grade student at our school, died as a result of a gunshot wound he suffered while walking home from school.*

You may be having many thoughts and feelings about this, or you may not have been thinking much about it at all. All of these reactions are not unusual. Your thoughts or feelings may scare you because they might be new to you or seem strong. We are going to take a few minutes to talk about your feelings.

It's important to talk about how you feel with someone you trust. This could be your parents/guardians, a teacher, a friend, or a Counselor. We can also talk some now in class and answer your questions.

Education/Normalize Phase - (Generates a list of coping strategies that students may use, conveys confidence that coping is possible, informs students how to access help if necessary, and provides opportunities to identify those needing additional support.)

It may not be unusual for many of you to be quiet, or want to talk, to be sleepy or very wide awake, be very tired, or need to be very active, or just feel very sad or angry.

You may not be feeling anything and/or are not ready to talk about your feelings yet.

What other feelings or thoughts do you have? (Consider charting)

If it seems hard for you to concentrate because of any of these thoughts or feelings, please ask to see the Counselor. (Emphasize that it is not unusual to have uncommon thoughts and feelings when something so terrible happens.)

Sometimes when frightening things happen we look for reasons why. This is a time when it is not unusual for us to look for reasons why this happened. A lot of rumors can get started that are not at all helpful to the situation. Instead, let's try to help each other and support each other during this difficult time.

What are things you can do to cope with your reactions?

Exercise
Play with a friend
Read a book
Talk with a family member or adult friend
Play music
Turn off the TV or walk away from it if watching news about the incident is upsetting to you. Play a favorite video or listen to music instead.

- What are things you can do to help others? (Have the students list and add ideas.)

Conclusion Phase - (Notify students of upcoming related activities and transition them back to school routine.)

Remember that there are adults in the building and in your community that you know and trust. These adults are here to keep you safe. What other people or things can you think of that will help you feel safe? While in school if you want to talk about what you are feeling or thinking, just let me know and I will help you find someone to talk to.

(Students may want to make cards, write letters of sympathy to the family.)

If there are no other questions, let's get ready for (tell them the academic activity).

SAMPLE SCRIPT FOR CLASSROOM PRESENTATION

(to be used by Central Crisis Team Members if needed)

Addressing An Incident That Impacts Our School Community

Classroom Presentation-Sample Script Elementary Classrooms

The purpose of this document is to support staff in sharing the news of incidents that impact the school community. It is important to use direct, simple, and compassionate terms when addressing students in the classroom.

The script below serves as a foundation of how you can address a traumatic incident in the classroom without disclosing detailed information.

Sharing with Students
Below is the script you can share with students.

I have some difficult news to share with you and some of you may have heard adults talking about this, may have seen some information on social media, or may have a friend talk to you about this. It is not easy to know what to say or how to act. Sometimes our own feelings and thoughts are so strong that they frighten us. We are going to share about (student name) and answer any questions you may have.

This is what we know so far (describe the incident). It is sad when members of our community are hurt. Sometimes we want to know who was hurt, what happened, and it is normal to be curious. We are going to take a different approach. As a community we are going to share thoughts of love, compassion, and care for the people that were hurt in our community.

Sometimes when we hear about people being hurt this reminds us of people in our lives that have been hurt and sometimes, we feel sad, confused, angry, or not hungry. Our body sometimes gets tight, aches, or we can't sleep. It is normal to have those reactions when we hear sad news. If you want to talk to someone, let me know and I will connect you to our Social Worker/other identified staff. We are also going to watch a video that talks about how we might feel and react when we hear about people being hurt in our community.

Sesame Street Videos
Sesame Street-Violence in Communities. (English Version)
Plaza Sésamo-Violencia en Comunidades (Spanish Version)
This video is helpful in explaining how a traumatic community event impacts the people living in the community. Afterwards, students may have questions or comments about their experience with community violence. If a student begins to share about their experience, you can redirect with the following statement *"(Student) thank you for sharing your feelings and experience. I want to make sure you have someone to talk to, would you like me to connect you with our social worker (Name)?"*

After the Script and Video
After you read the script and watch the Violence in Communities video, it is important to return to the routine of the classroom. Begin with activities the students enjoy doing and resume the regular classroom routine. This provides safety and continuity for the students.

What to expect?
Students, like adults, process their emotions at various times and in diverse ways. Here are some of the common reactions a student goes through as they process events and information.
Preschool
Clinging to caregivers or other trusted adults
Fear of separation
Regressive behaviors such as wetting pants and thumb sucking
Decreased verbalization.
Elementary School
Behavioral difficulties

Decreased concentration
Poor school performance
Depression
Irritability
Withdrawal
Somatic complaints (headaches & stomachaches)
If a student displays multiple symptoms or needs 1:1 support, please reach out to your SEL Team to refer the student to the community-based provider.

Addressing Grief and Loss in The Classroom

Sample Classroom Script-Middle/High School

The purpose of this document is to support staff in sharing the news about the (Student Name). This can be (and is) difficult for adults to share; it is important to use direct, simple, and compassionate terms when speaking about death, grief, and loss.

The script below serves as a foundation for how you can share the news in the classroom and address conceptual questions about death, grief, and loss through the scope of compassion and understanding. It is important to refrain from having open discussions that speculate or judge the circumstances surrounding the incident. We want to respect the family's grief and loss process and reduce the possibility of vicarious (secondary) trauma for students and staff.

Sharing with Students

Below is the script you can share with students.

I have some difficult news to share with you and some of you may have heard adults talking about this, may have seen some information on social media, or may have a friend talk to you about this. It is not easy to know what to say or how to act. Sometimes our own feelings and thoughts are so strong that they frighten us. We are going to share about (student name) and answer any questions you may have.

This is what we know so far (describe the incident). It is sad when members of our community are hurt. Sometimes we want to know who was hurt, what happened, and it is normal to be curious. We are going to take a different approach. As a community we are going to share thoughts of love, compassion, and care for the people that were hurt in our community.

Sometimes when we hear about people being hurt this reminds us of people in our lives that have been hurt and sometimes, we feel sad, confused, angry, or not hungry. Our body sometimes gets tight, aches, or we can't sleep. It is normal to have those reactions when we hear sad news. It is equally important to

practice coping skills that help regulate emotional and physical reactions. We will share some coping strategies in our support circle.

Our support circles are a safe place where we can talk about the news we've shared, ask questions, share memories of (student), and share coping strategies. It is also okay if you want to sit quitely or ask to leave if the conversation feels like it "too much." If you want to talk to someone, let me know and I will connect you to our Social Worker/other identified staff.

Student Support Circles
AM Session-
PM Session-

Referrals for Individual Student Mental Health Support:
During the support circles or the days following a crisis response, if a student begins to share (in detail) about their experience, you can redirect with the following statement *"(Student) thank you for sharing your feelings and experience. I want to make sure you have someone to talk to, would you like me to connect you with our social worker (Name)?"*

After the Script
After you read the script, it is important to return to the routine of the classroom. Begin with activities the students enjoy doing and resume the regular classroom routine. This provides safety and continuity for the students. If students mention information heard on social media, news, or from peers, the teacher can respond *"There is a lot of information being shared. We've shared all that we know. Though we may not have answered all of your questions, we hope that you will not speculate. Instead, we ask that you practice compassion and care. Grief and loss are difficult to go through.*

Common Reactions to Grief and Loss in the Classroom
School-based support and increased understanding are essential when a student experiences the death of a friend or loved one. While each student will be affected differently depending on his, her, their developmental level, cultural beliefs, personal characteristics, family situation, and previous experiences. Below are common reactions to grief and loss that may manifest.
*adapted from nasponline.com

Middle and High School

Do not force students to share their feelings with others, including their peers if they do not feel comfortable. Provide them with opportunities to share their feelings privately.

Students often seek support via social media. Be aware of what is being posted and shared. Encourage students to seek support for a friend in need.

Students in their mid-to-late teens tend to feel more comfortable expressing their feelings and grief similar to adults.

High school students may use physical contact to show their support and empathy (e.g., hugging or touching the arm)

Possible reactions include:

Poor school performance

Anxiety

Depression

High risk behaviors or substance use

Emotional numbing

Suicidal thoughts

Sample of Circle Activity Structure
Student Support Circles

Norms/Purpose

There are similarities with the way people grieve, but just how you're all unique, your grief process is also going to be unique
We're not here to tell you how to grieve, or try to put a silver lining on it because not everything has a silver lining
We don't expect the hard feelings you're having to go away after this time together. This situation is emotionally exhausting and takes time, but this is a healthy part of the grieving process
We're here to support one another in our grief, and support one another and the (Student Name) family with our memories of (Student Name)
We're not using this time to share information that we've heard or seen online, or talk about what we think happened
None of us were there so we don't know the details
Focus is support and compassion for the family, each other, and ourselves
It's important to take care of yourself, so we're going to do a quick activity that you can do sitting down or standing up – Cactus Stretch

Psychoeducation

It is common to experience grief in waves.

Comparison of being in the ocean – sometimes the water is calm, sometimes the waves are manageable, sometimes they knock you down OR comparison to getting caught in a storm – it's sprinkling and uncomfortable, but you can tolerate it and duck under a building for a minute while you wait for it to pass, but sometimes it's pouring, it's windy, waters in your eyes
Similarity – it will pass but remain an experience you carry with you. No one is asking you to "get over it"
Range of feelings that are normal
Crying, missing the person, remembering and memorializing them, celebrating your friend's life
Cannot reiterate enough: seek support and help when you need it from a trusted adult!
Someone in your family, someone at School, if you're religious, someone in your faith community
When it's time to talk to an adult your trust (thoughts of hurting yourself or someone else)

"Activity"/Prompts for discussion

It can be hard to think of things that bring you joy or comfort in situations like these, so start with small prompts – students can come off mute, type in the chat, or keep themselves
What is a song/artist you listen that calms you down or brings you joy?
What is a tv show/movie you watch that calms you down or brings you joy?
What is a game you play that calms you down or brings you joy?
Shift to sentence starters to use for memory sharing
Journal/letter/things you would say to Marquette or his family
Art
Music – playlist in his memory
Photo book

***Developed in collaboration with CBO Partner**

Memorial Guidelines

In the aftermath of a crisis, students, staff, and community members will need a way to express their feelings. Middle and high school students may have a stronger need to do something positive to express their grief. Memorials promote the healing process and help to begin closure to a period of grieving. The following guidelines should be considered before proceeding with a memorial.

The Principal should assist the school in developing a memorial committee with student and staff representatives. Define the roles of the students, staff, and administrators, as well as decide who will make the final decisions. Families and others in the community may desire to develop an independent committee in order to develop their own memorial. If necessary, the memorial committee may consider contacting additional resources available through the English for Speakers of Other Languages or the Equity Assurance Office.

Any activity or memorial sets a precedent for future activities. This is particularly important when considering the circumstances surrounding the crisis. Many times, the life lesson the school has learned from a tragedy is more important than any memorial.

Please confer with the school principal and program manager regarding GoFundMe or any financial support offered to families, prior to any conversation with the family.

Careful consideration should be given to any permanent memorial, such as planting a tree, erecting a memorial garden, hanging plaques or portraits or other permanent remembrances. Instead of permanent memorials, schools are encouraged to consider "consumable" memorials, such as scholarship funds or donations to an organization suggested by the family. The best type of memorial is one that can benefit the entire community.

In the event of a death by suicide, it is imperative that the school not memorializes the victim, but instead do something to prevent other suicides from happening. Developing a suicide prevention program or making a donation to an existing suicide program would be appropriate.

Throughout the planning process, the school should work with the family but not allow the family or community members to dictate if and how a school memorial will be created.

In the event of a crisis, students and others within the school and community may raise funds. The Principal should assist the committee in overseeing and planning for the use of the monies raised. The school needs to determine a plan for distributing donated funds. It is suggested that the school first use the funds to meet the victim's needs such as possible medical or funeral expenses. Any other funds may be considered for a memorial.

If necessary, the school may consult with the local worship communities to gain more information about the family's cultural and religious beliefs. All memorial activities should take into consideration the family's beliefs.

Adapted from the Howard County Public Schools Crisis Response Handbook

Guidelines for School Personnel Regarding Suicide Prevention

What is Suicide?

Suicide is defined as the act or the instance of taking one's own life voluntarily and intentionally.

Young people who commit suicide usually are not focused on killing themselves; they usually are focused on ending their pain. Young people often believe that the sense of unhappiness they feel is a permanent condition. They often feel that they have limited choices. Those choices are to continue to live in pain or to end the pain by killing themselves. For youth, suicide is a permanent solution to a temporary problem.

Importance in DCPS

Talking about suicide will not put the idea in a student's head. The 2003 Youth Risk Behavior Survey data for the D.C. Public Schools, surveys students in grades 7 through 12. Of the students surveyed, the following results were noted:

14.2 % seriously considered suicide
13.5 % made a suicide plan
12.1 % attempted suicide
3.5 % required medical attention after a suicide attempt

In addition to secondary students surveyed, school data shows that children under the age of 13 have suicidal impulses that they may act on. Schools are important resources for prevention and intervention. Children are more likely to come into contact with a potential rescuer in a school than they are in the community.

Who is at high risk?

Students with low self esteem
Students who are depressed or have other psychiatric disorders
Students who have previously attempted suicide
Students who have experienced recent conflicts at school
Students who are gay or lesbian
Students who have experienced a traumatic event or recent loss
Students who abuse alcohol or other drugs
Students who are socially isolated

Warning Signs

Although suicidal behavior and suicide may occur without warning, often students send clear signals that they are thinking about suicide. These signals include:

Increased joking or talking about suicide
Engaging in risk-taking behavior
Making final arrangements and giving away cherished possessions
Increased use of drugs and alcohol
Neglect of personal appearance
Unexplained accidents leading to self-injury
Major change in mood
Withdrawing from family and friends
Preoccupation with death and dying
Sharp decline in academic performance
Dramatic changes in appearance
Irrational, bizarre behavior
Changes in eating and sleeping patterns

What can adults do when they hear a suicide threat?

Take all threats seriously
Assess the risk for suicide immediately by asking the student directly: "Are you thinking of killing yourself?"
If the answer is yes, ask. ...

- What method they have thought to use
- Find out if they have the means to kill themselves
- Find out when they plan to do it

The more lethal and available the means, and the more definite the time frame, the greater the risk.

Remain calm
Get pertinent information like the student's name, home phone number and parent's work number from the enrollment data form or from school database
Listen to the student non-judgmentally
Do not leave the student alone
Do not promise confidentiality
Call 911 and the school's crisis team
Get the student to agree verbally to a no-suicide contract
Monitor the student's behavior until emergency personnel arrives
Have the administrator or designee contact the student's parent, guardian or emergency contact person
Notify the Office of the Superintendent and appropriate Assistant Superintendent
Contact the Program Managers to determine the need and numbers of mental health providers needed to support students and staff at the local school.

Suicide Attempt in Progress

Do not leave the student alone and assure him that help is on the way

Do not attempt to move the student. Stay calm and provide comfort

Call 911 and have someone contact the administrator in charge

Secure all weapons, pills and notes

Notify school administration

Get the student's emergency contact information from the enrollment data form or SIS

Have the office call the student's parent/guardian and advise them that the student is hurt and that you will contact them with the hospital transport information immediately. Advise the parent to keep the phone line clear

Clear hallways and the classroom if other students are present

Note the time of the event and what the student said or did

Notify the Office of the Superintendent and appropriate Assistant Superintendent

Contact the Coordinator to determine the need and numbers of mental health providers needed to support students and staff at the local school.

What to Do When the Suicide Crisis is Over

Small group discussions for both students and staff members should be held after the suicide attempt crisis is over and the steps listed above have been followed

Students and staff should be encouraged to speak with a mental health professional if the grief reaction is severe

Students and staff should be made aware that grief is normal and that grief reactions may occur months after the initial incident and on anniversary dates of the event

- A general statement should be prepared by administrators or staff with accurate information and the outcome
- Parents should be notified and given numbers for mental health resources in their community
- Students and staff should be encouraged to seek help for family and friends who are at-risk for suicide. They should also be provided them with a crisis hotline number and inform a trusted adult

How School Clinicians Can Support a Teacher who has a High-Risk Student Who Returns to Class

Let the teacher know that the incident has been handled.

Provide pertinent information.

Ask the teacher to return to his/her normal routine.

Ask the teacher to pay special attention to the student throughout the day.

If the child is on medication for depression, put a medical alert in ASPEN and provide the information to the teacher.

Check in with the teacher periodically to see how the student is progressing.

At the end of the day, confer with the teacher to address any ongoing concerns.

Convene a RTI meeting to document a plan of ongoing support for the student, if needed.

Provide staff awareness on the suicide protocol and risk factors.

Suicide Risk Assessment Checklist

Student's Name: _____Date: _____ Interviewer:_____

(Suggested points to cover with student)

1. PAST ATTEMPTS, CURRENT PLANS AND VIEW OF DEATH

- Have you thought about hurting yourself? Y N
- Do you have a plan in mind for hurting yourself? Y N
  If so, what is your plan?

Have you ever tried to hurt or kill yourself? Y N
If so, when, where and what happened? Have you made special arrangements such as giving away prized possessions? Y N

- Do you fantasize about suicide as a way to make others feel guilty or as a way to a happier afterlife? Y N

2. REACTIONS TO PRECIPITATING EVENTS

- Are you experiencing severe emotional distress due to any big changes or losses in your life? Y N

- Have there been major changes in your behavior along with negative feelings and thoughts? Y N

(Such changes are often related to recent loss or threat of loss of significant others or of positive status and opportunity. They also may stem from sexual, physical, or substance abuse. Negative feelings and thoughts are often expressions of a sense of extreme loss, abandonment, failure, sadness, hopelessness, guilt and sometimes inwardly directed anger.)

3. PSYCHOSOCIAL SUPPORT
- Are there people or things that would stop you from hurting yourself? Y N
- Do you have family and/or friends who support you? Y N
- Do you feel isolated from others? Y N

4. HISTORY OF RISK-TAKING BEHAVIOR
- Do you take unnecessary risks or are impulsive? Y N

Use this checklist as an exploratory guide with students about whom you are concerned. Each 'yes' raises the level of risk, but there is no single score indicating high risk. A history of suicide attempts, of course is a sufficient reason for action. High risk also is associated with very detailed plans (when, where, how) that specify a lethal and readily available method, specific time, and a location where it is unlikely the act would be disrupted. Further, high risk indicators include the student having made final arrangements and information about a critical recent loss. Because of the informal nature of this type assessment, it should not be filed as part of a student's regular school records.

Follow Through Steps after Assessing Suicide Risk

__ (1) As part of the process of assessment, efforts should be made to discuss the problem openly and non-judgmentally with the student. Keep in mind how seriously devalued a suicidal student feels. Thus, avoid saying anything demeaning or devaluing, instead convey empathy, warmth and respect. If the student has resisted talking about the matter, it is worth a further effort because the more the student shares, the greater the likelihood of engaging the student in problem solving.

__ (2) Explain to the student the importance of and your responsibility to break confidentiality in the case of suicidal risk. Explore whether the student would prefer taking the Lead or at least be present during the process of informing parents and other concerned parties.

__ (3) If not, be certain the student is in a supportive and understanding environment (not left alone/isolated) while you begin informing others and arranging for help.

__ (4) Try to contact parents by phone to:
a). inform about concerns
b). gather additional information to assess risk
c). provide information about problem

d). offer help in connecting with appropriate resources
Note: if parents are uncooperative, it may be necessary to report child endangerment after taking the following steps (see #8)

__ (5) If a student is considered to be in danger, only release him/her to the parent or someone who is equipped to provide help. In high risk cases, if parents are unavailable (or uncooperative) and no one else is available to help, it becomes necessary to contact local public agencies (e.g., children's services, services for emergency hospitalization, local law enforcement). Agencies will want the following information:
student's name/address/birth date/social security number
data indicating student is a danger to self (see Suicide Assessment--Checklist)
stage of parent notification
language spoken by parent/student
health coverage plan if there is one
where student is to be found

__ (6) Follow-up with student/parents to decide what steps have been taken to minimize risk.
__ (7) Document all steps taken and outcomes. Plan for aftermath intervention and support.
__ (8) Report child endangerment, if necessary.
__ (9) If there is a completed suicide, refer to DCPS School Crisis Response Handbook

V. APPENDIX

A. Provider note and ChAMPS Protocol

B. Special Order: Transporting Pediatric Patients Needing Psychiatric Evaluation and Observation

CHILD and ADOLESCENT MOBILE CRISIS SERVICES (ChAMPS) CRISIS PROTOCOL

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The following is the Children and Adolescent Mobile Crisis Services (ChAMPS) Crisis Protocol.

Please note that DCPS procedural recommendations deviate from those written below. We are asking that the mental health clinician remain in contact with the student in distress and that other team members contact administrators.

****

PREAMBLE

Crisis (krī'sis) n., *a crucial situation or turning point. A crisis may be labeled in several ways—psychiatric crisis, emotional crisis, or behavioral crisis etc.*

A crisis may also be defined within multiple contextual frameworks:

Legal Context (FD-12): a crisis may be defined as any situation or event which a child or adolescent engages in behavior that puts him/herself or other at risk for harm due to the symptoms of mental illness.

Social Context: a crisis may be defined as any situation or event that overwhelms one or more person's ability to cope with stress. This may apply to a child, parent, relevant their party (teacher) or an entire agency.

Behavioral Context: a crisis may be defined as any situation or event that compromises someone's safety as a result of problematic or maladaptive behaviors (i.e. truancy, conduct problems, provocative behaviors, violence/aggression, suicidal/homicidal ideation, etc.)

Protocol (prō'tế-kộl') n., *a detailed plan of procedure.*

The purpose of this children crisis protocol is to establish the procedures for collaboration between Children and Adolescent Mobile Psychiatric Services (ChAMPS), District of Columbia Public Schools (DCPS), DC Public Charter Schools and to clarify the roles and responsibilities of all entities.

This protocol is intended to create and foster a proactive approach to potential crises. It prepares school in a coordinated way to manage all possible impact of destabilizing occurrences. What makes this protocol especially valuable is that it can be applied and adapted to the particular culture and organizational structure of on any school in the District of Columbia.
This protocol includes procedures and resources which serve as a guide to schools as they address multiple crisis situations.

What is a Mental Health Crisis?

A Mental Health Crisis is *"any incident that occurs in a public setting and results in another member of the community being alarmed, distressed, and/or disturbed and which involves a known or perceived mental health issue."* (Joffe, Paul, 2007).

For any child in a school setting, home or community, an event may be considered a psychiatric, emotional and or behavioral emergency when people feel overwhelmed and unable to function effectively in dealing with a problem using their own resources. At times, a situation may involve a child who indicates either verbally and/or behaviorally that he/she is unable to ensure the personal safety of

self or of others; this may include incidents of suicidal or homicidal threat or gesture, psychotic behavior, emotional trauma, or other acting out behavior.

The following procedure represents steps to take when a child/youth is in crisis at a DCPS or DC Public Charter School.

_____

The referral source or person first made aware of the crisis shall:

Notify the mental health professional in the school (i.e. school social worker, DBH SMHP clinician, school counselor etc.)

The referral source shall notify the school principal, school security or MPD school security division

MPD school security division make a report and school security document the crisis

Principal or designee notify the child's parent

_____

The Mental Health Staff in the school shall:

Conducts an assessment

De-escalate the crisis and provide crisis intervention/treatment and develop crisis plan

If the crisis is resolved, the child shall return to class

The crisis plan is communicated with the teacher, school office and other involved parties.

_____

If the crisis requires further support not within the school's mental professional's scope or remains unresolved:

The mental health professional shall:

Call ChAMPS at (202) 481-1440 or DBH Access Helpline at (888)793-4357

_____

If there are no Mental Health professionals in the School:

Notify the Principal and School Security or MPD School Security Division

The Principal shall notify the child's parent

Call ChAMPS at (202) 481-1440 or DBH Access Helpline at (888)793-4357

_____

When ChAMPS responds to a crisis, ChAMPS shall:

Respond to the scene of the crisis within 1 hour

Provide on scene assessment

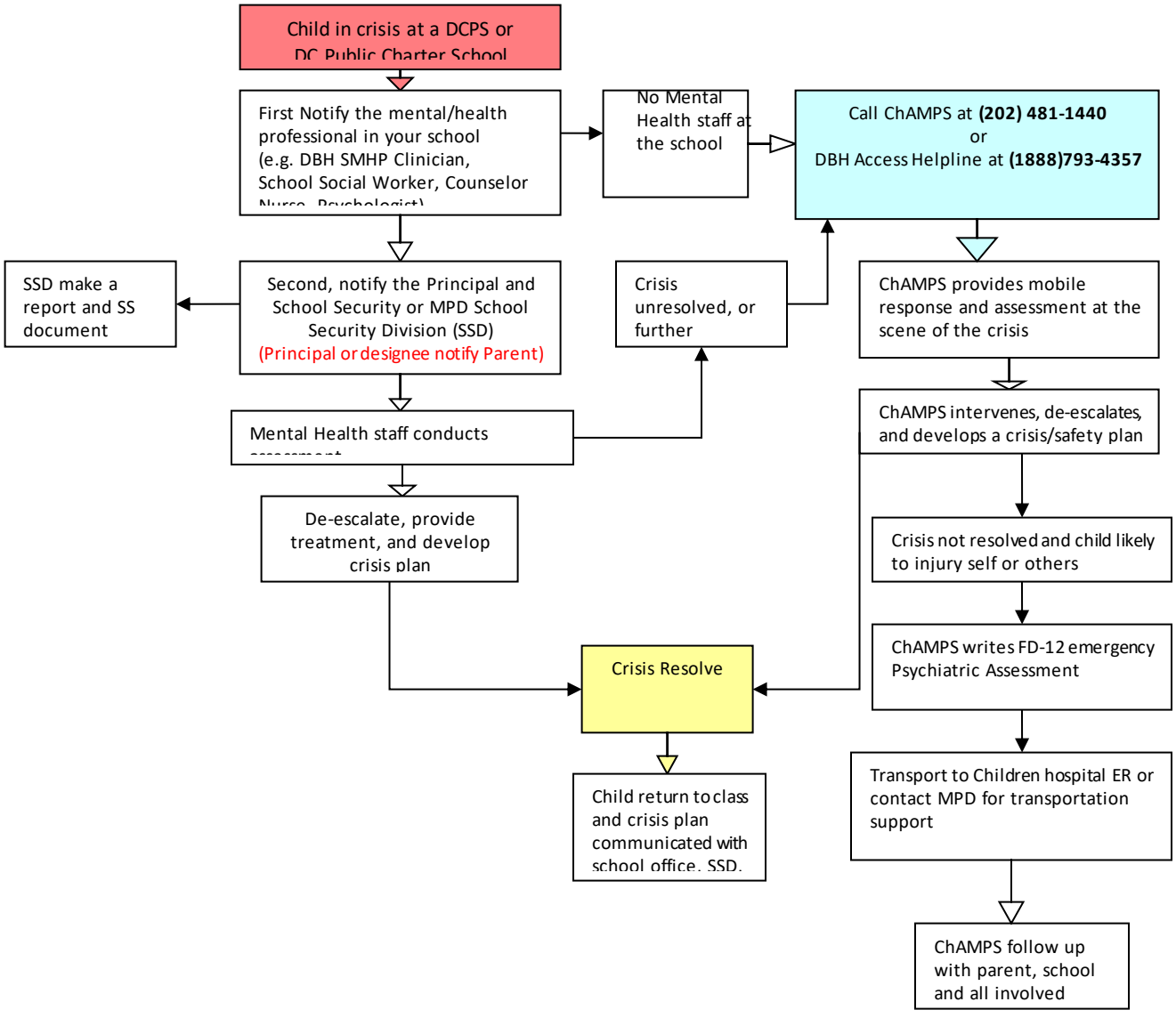
Provide crisis intervention, de-escalate, and develop crisis/safety plan

Resolve crisis and crisis/safety plan communicated with all involved parties

_____

If a child is deemed at-risk to harm self or others ChAMPS shall:

Write a FD-12 for emergency psychiatric evaluation (as deemed necessary)
Accompany child/parent to Children National Medical Center (CNMC) for evaluation
Contact MPD for transportation support
48 hour Follow up with parent, school and all involved parties
Notify the existing DBH Core Service Agency or other mental provider



The following procedure represents steps to take when a child/youth is in crisis at home or in the community.

_____

The referral source or person first made aware of the crisis shall:

Call ChAMPS at (202) 481-1440 or DBH Access Helpline at (888)793-4357

_____

AHL or ChAMPS deploy a crisis team which shall:

Respond to the scene of the crisis within 1 hour
Provide on scene assessment
Provide crisis intervention, de-escalate, and develop crisis/safety plan
Crisis resolved and crisis/safety plan communicated with all involved parties

_____

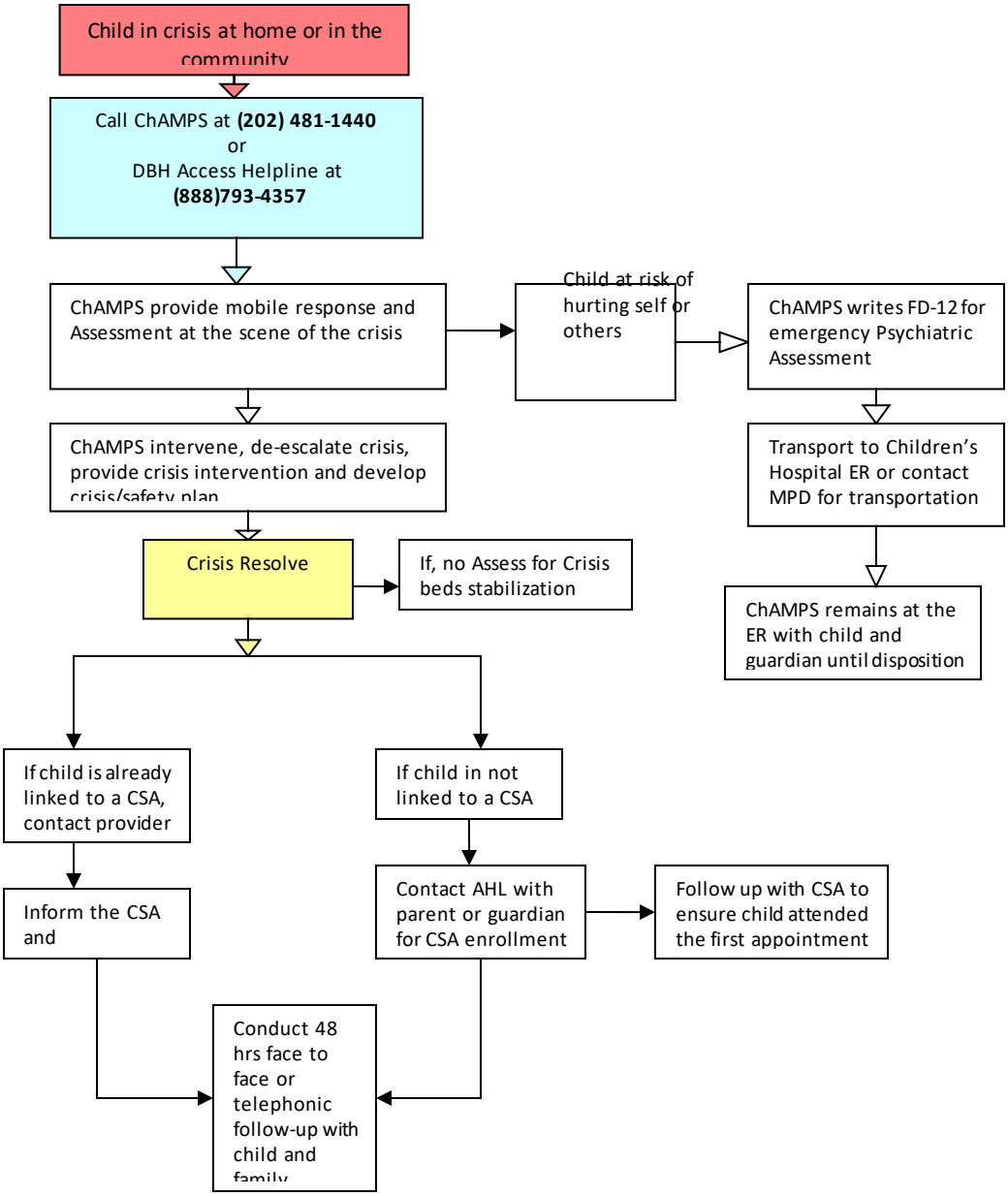
If a child is deemed at-risk to harm self or others ChAMPS shall:

Write a FD-12 for emergency psychiatric evaluation (as deemed necessary)
Accompany child/parent to Children National Medical Center (CNMC) for evaluation
Contact MPD for transportation support
48 hour Follow up with parent, school and all involved parties
Notify the existing DBH Core Service Agency or other mental provider

_____

If the crisis is not resolved ChAMPS shall:

ChAMPS assess the child for crisis/respite bed stabilization
Facilitate CSA enrollment with parent/guardian for unlinked child
Follow up with parent one day before the mental health follow up appointment
Inform existing CSA/mental health provider of the crisis intervention/plan
Conduct 48 hours face to face or telephonic follow up with child and family



References

1. (Paul Joffe, Ph.D., Clinical Psychologist, Counseling Center, University of Illinois, Urbana-Champaign as reported in NASPA and ASJA sponsored webinar, Responding to Troubled and At-Risk Students, October 9, 2007).

B. Special Order: Transporting Pediatric Patients Needing Psychiatric Evaluation and Observation

Order is Attached to PDF Version