

## CRISIS REFERRAL RESOURCE GUIDE

### IN AN EMERGENCY OR CRISIS: DIAL 911

<b><u>National Suicide Prevention Lifeline</u></b> 1-800-273-TALK or 1-800-273-8255 (press 1 for veterans, press 2 for Spanish) <b><u>Lifeline Crisis Chat</u></b> <a href="http://www.crisichat.org">www.crisichat.org</a>	<b><u>Crisis Intervention Center,</u></b> The Phone Crisis Line (225) 924-3900 or 1-800-437-0303
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### DOMESTIC VIOLENCE, ABUSE, AND SEXUAL ASSAULT RESOURCES:

<b><u>Childhelp National Child Abuse Hotline</u></b> 1-800-4-A-CHILD (1-800-422-4453)	<b><u>National Child Sexual Abuse Helpline</u></b> Darkness to Light 1-866-FOR-LIGH or 1-866-367-5444
<b><u>National Domestic Violence Hotline</u></b> 1-800-799-SAFE (7233) 1-800-787-3224 (hearing impaired line)	<b><u>National Sexual Assault Hotline</u></b> RAINN, (Rape, Abuse & Incest National Network) 1-800-656-HOPE or 1-800-656-4673 <a href="http://www.rainn.org">www.rainn.org</a>
<b><u>LA Dept. of Children &amp; Family Services,</u></b> Reporting Line for Child Abuse & Neglect ( <a href="http://www.dcfhs.la.gov">www.dcfhs.la.gov</a> ) 1-855-4LA-KIDS (1-855-452-5437)	<b><u>Crisis Text Line</u></b> Text START to 741-741

### SUPPORT RESOURCES

#### GAY, LESBIAN, BISEXUAL, TRANSGENDER SUPPORT RESOURCES

<b><u>GLBT National Help Center</u></b> 1-888-843-4564 1-888-246-7743 for Youth Talkline <a href="http://www.glnh.org">www.glnh.org</a>	<b><u>Trevor Project Crisis Line – LGBTQ Youth</u></b> 1-866-4-U-TREVOR or 1-866-488-7386 <a href="http://www.theTrevorProject.org">www.theTrevorProject.org</a>
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### SELF-HELP RESOURCES AND GROUPS

<b><u>Alcoholics Anonymous</u></b> <a href="http://www.aa.org/pages/en_US/find-aa-resources">www.aa.org/pages/en_US/find-aa-resources</a>	<b><u>Narcotics Anonymous</u></b> 1-888-GET-HOPE (438-4673) (Hopeline) <a href="http://www.na.org/meetingsearch">www.na.org/meetingsearch</a>
<b><u>Al-Anon and Alateen Family Groups</u></b> <a href="http://www.al-anon.alateen.org/local-meetings">www.al-anon.alateen.org/local-meetings</a>	<b><u>Nar-Anon Family Groups</u></b> <a href="http://www.nar-anon.org/find-a-group">www.nar-anon.org/find-a-group</a>

# Patient Safety Plan Template

**Step 1: Warning signs (thoughts, images, mood, situation, behavior) that a crisis may be developing:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Step 2: Internal coping strategies - Things I can do to take my mind off my problems without contacting another person (relaxation technique, physical activity):**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Step 3: People and social settings that provide distraction:**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_
3. Place \_\_\_\_\_ 4. Place \_\_\_\_\_

**Step 4: People whom I can ask for help:**

1. Name \_\_\_\_\_ Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_
3. Name \_\_\_\_\_ Phone \_\_\_\_\_

**Step 5: Professionals or agencies I can contact during a crisis:**

1. Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Clinician Pager or Emergency Contact # \_\_\_\_\_
2. Clinician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Clinician Pager or Emergency Contact # \_\_\_\_\_
3. Local \_\_\_\_\_ Urgent \_\_\_\_\_ Care \_\_\_\_\_ Services \_\_\_\_\_  
Urgent \_\_\_\_\_ Care \_\_\_\_\_ Services \_\_\_\_\_ Address \_\_\_\_\_  
Urgent Care Services Phone \_\_\_\_\_
4. Suicide Prevention Lifeline Phone: 1-800-273-TALK (8255)

**Step 6: Making the environment safe:**

1. \_\_\_\_\_
2. \_\_\_\_\_

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The one thing that is most important to me and worth living for is:

\_\_\_\_\_

# INTERVIEW GUIDE

## Self-Injurious/Suicidal

Attachment 2

Student Name: \_\_\_\_\_

Date: \_\_\_\_\_

School: \_\_\_\_\_

Name of person completing the interview: \_\_\_\_\_  
School Counselor, MHP, Social Worker or Psychologist

Summary of findings from interview following a self-injurious or suicidal statement/behavior:

### Outcomes:

- Notified Administration Signature of Principal/designee: \_\_\_\_\_ Date/Time: \_\_\_\_\_
- Notified Parent/Guardian: \_\_\_\_\_ Date/Time: \_\_\_\_\_  
    \_\_\_By phone   \_\_\_In person
- Information provided regarding 24 hour crisis hotlines, 211, and national suicide hotlines
- Conference scheduled or held with parents/guardian Date/Time: \_\_\_\_\_
- Develop/review and revise Plan for Safety and Success
- Develop/review and revise Behavior Intervention Plan
- Recommend parent/guardian that student be evaluated immediately by an outside mental health provider/physician of their choice (use outside agency threat evaluation form)
- Recommend parent/guardian make appointment with provider of choice to assess need for ongoing mental health services
- Refer to School Counselor/MHP for in-school counseling support

Other:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature School Counselor/MHP

\_\_\_\_\_  
Date

## COLUMBIA-SUICIDE SEVERITY RATING SCALE

*Screen Version - Recent*

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

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## Risk Assessment Tool



### **Part 1: Initial Questions to Ask Student**

1. Have you ever thought about killing yourself or someone else? (IDEATION)
  - a. Are you having those thoughts now? If not, when did you think about killing self/other?
  - b. How long have you been having these kinds of thoughts?
  - c. How often do these thoughts occur? Do they last or are they fleeting ideas?

**NOTE:** Thoughts or threats alone, whether direct or indirect, may indicate *LOW RISK*.

2. Have you tried to kill yourself before? (PREVIOUS ATTEMPTS)
  - a. If yes, what happened?
  - b. Have you tried to hurt yourself before like cutting, burning, etc.?
  - c. Have you been doing any risky/dangerous things that might get you hurt or killed?

**NOTE:** Previous attempts or repetitive self-injury may indicate *MODERATE RISK*.

3. Do you have a PLAN to kill yourself or someone else today? (PLAN, METHOD, ACCESS)
  - a. If yes, tell me about your plan.
  - b. How long have you been making this plan?
  - c. Do you have a METHOD to kill yourself or other?
  - d. Do you have ACCESS to firearms, other weapons, or things that can be used in a lethal manner like rope or cord, plastic garment bag, medications, etc.?

**NOTE:** Evidence of a plan and the means to carry it out may indicate *HIGH RISK*.

### **Part 2: Questions to Ask Parent/Guardian, Teachers, and Staff**

1. What warning signs initiated the referral?
2. Has the student demonstrated abrupt changes in behavior?
3. What is the support system that surrounds this child? Is child isolated or rejected?
4. Is there a history of mental illness including depression, bi-polar or other mood disorder, substance abuse, conduct or anxiety disorder?
5. Is there a history of recent grief/losses, trauma, or victimization?