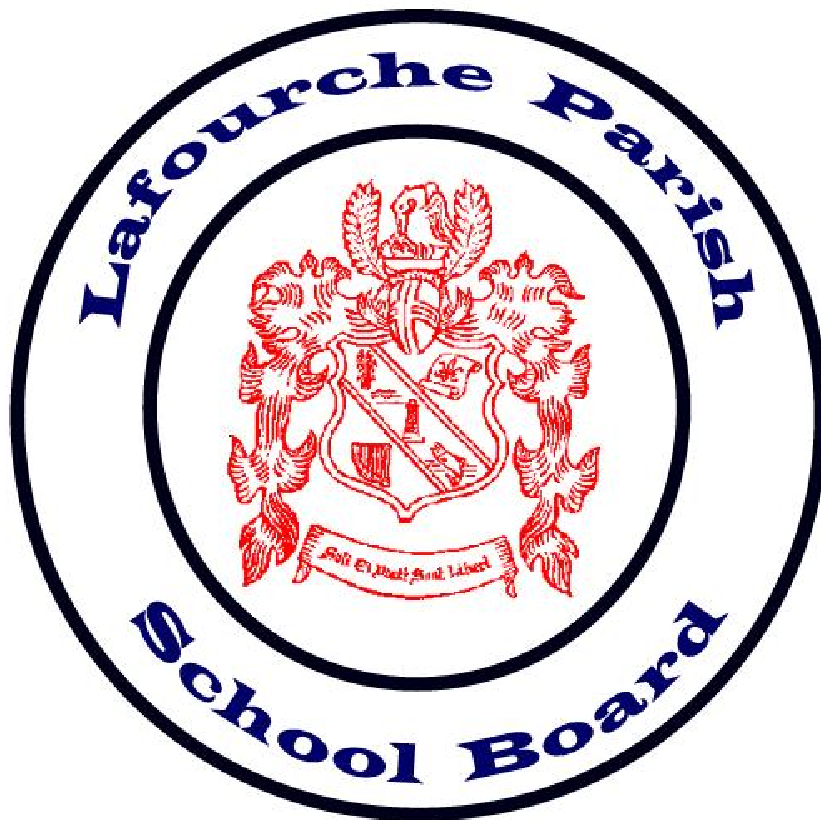
PAC CRISIS RESPONSE

&

INTERVENTION MANUAL



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Superintendent

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SECTION I

INTRODUCTION

PURPOSE AND POLICY STATEMENT

Due to various forms of crisis and safety issues, it is in the best interest of our school district to have a well-defined policy to address the needs should any arise. In addition to a clearly defined policy, we shall provide ongoing training to our crisis and safety response teams. Currently, the Lafourche Parish Safety Department is responsible for addressing crisis involving school facilities, a natural or accidental disaster, and national emergencies.

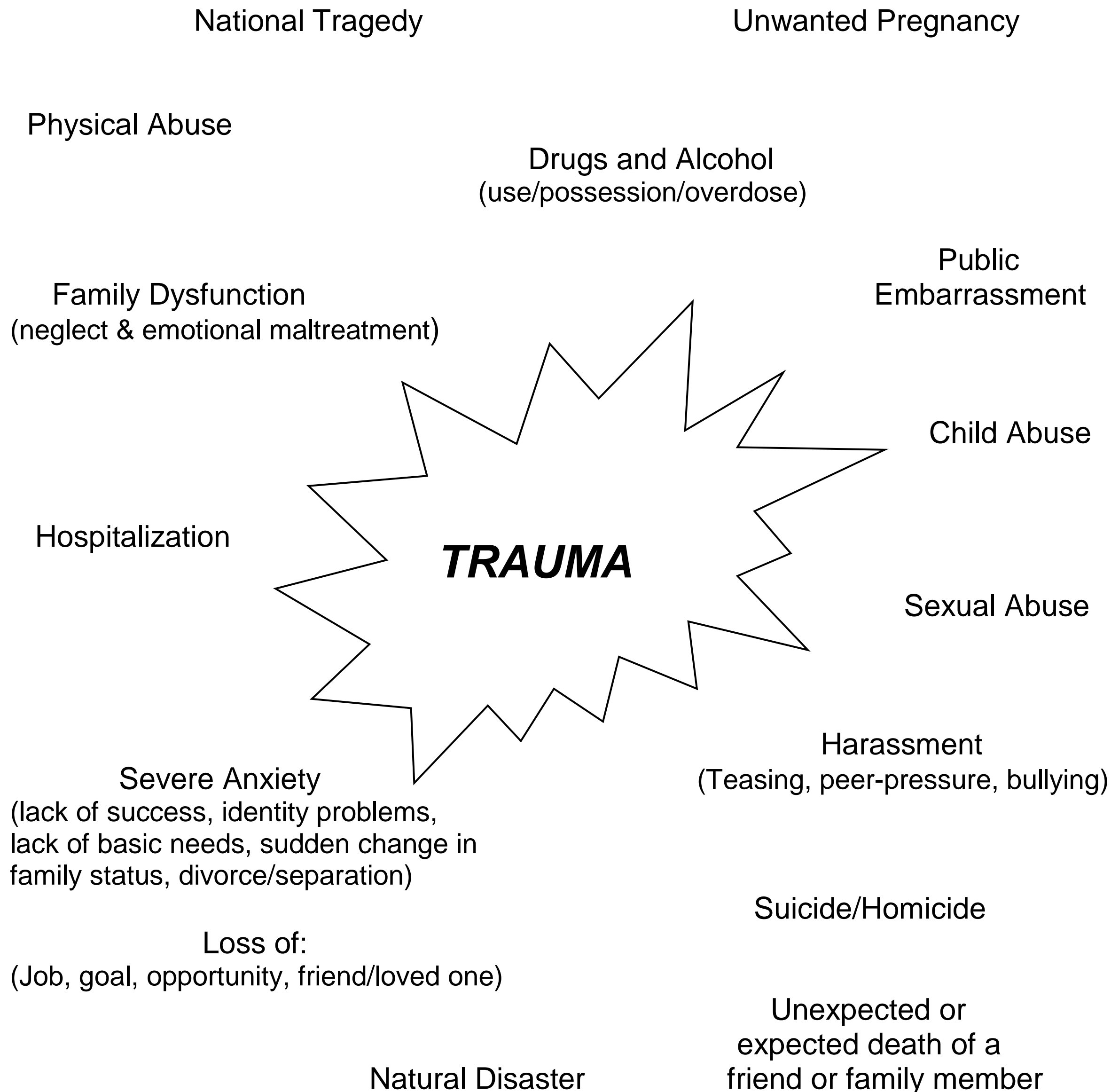
For the purpose of this manual, the operational definition of a crisis situation includes but is not limited to situations involving the death of a student, staff member, or a member of a student's immediate family by means of suicide, substance abuse, illness, or accident. A crisis can also include situations involving sexual abuse, child abuse, real or threats of harm to students or personnel and any other life-threatening or potentially life-threatening situation.

Crisis situations often cause individuals to lose rationality because the person seeking help perceives an event as so threatening that it leaves them incapable of functioning effectively. Typically, crises are of short duration.

The original policy for the Lafourche Parish School System was developed during the 1987- 88 school term by a parish-wide task force composed of school counselors, school psychologists, school administrators, nurses and community representatives. There have been subsequent revisions of the policy to include prevention, intervention, and postvention guidelines for crisis and safety situations in Lafourche Parish Schools. However, the PAC Crisis Response & Intervention manual is a new creation and will be updated annually by the Pupil Appraisal Center office and published on the PAC website.

A trauma is an objective event.

A crisis is a subjective reaction to that event.



These and many other unlisted traumas can result in a crisis situation for an individual. The determining factor as to whether the trauma will result into a crisis is: the degree of vulnerability of the person, the person's perception of the trauma, the person's ability to handle the pain that the trauma created on the environmental supports available, and the psychological health of the person prior to experiencing the trauma.

OVERVIEW OF CRISIS/SAFETY RESPONSE TEAM (C/SRT)

The C/SRT in each school is responsible for crisis/safety awareness education for its students, faculty, and parents. It functions as a unit for crisis prevention, intervention and postvention purposes.

A given crisis has the potential of disrupting the educational process for days to weeks. To deal with the possible physical and emotional needs of students who are affected by a crisis event, a crisis/safety team will be trained and ready to respond. The result of this intervention strategy will be a speedy return to normal operations and to the business of education. Each of the schools in Lafourche Parish shall have a Crisis/Safety Response Team (C/SRT).

The Crisis/Safety Response Team should be composed of but not limited to:

- Principal - Mandatory
- Designated Representative(s) - Staff member(s) skilled in: health and safety issues, first aid (CPR), and Nonviolent Crisis Intervention (CPI)
- Secretary
- Professional School Counselor
- Pupil Appraisal Center School Psychologist and/or School Social Worker

SECTION II

LEVELS OF RESPONSE

LEVELS OF RESPONSE

This section pertains to the role of school personnel in responding to concerns of potential life-threatening situations. The following pages include guidelines for determining level of risk and responsibilities for assessment and decision making.

The school's role is to detect and refer students in crisis to receive the help they need. When a student has acknowledged or has been identified as being in crisis, our responsibility is to clearly notify the parents and help them to increase the supervision of their child. This notification must take place regardless of how capable we see the family of responding in a helping manner. Our task is to help them respond in such a manner. Behavioral contracting, monitoring, and counseling in a life-threatening situation are all very desirable activities, but they must not take the place of parental notification and referral outside the public school.

The plan (ABC) determination will be made by the principal and/or the designee of the Pupil Appraisal Center. The following criteria will be utilized in all crisis situations.

At-Risk - Use Plan A

- concern by others
- thought but no plan; no explicit threat
- depression or unexplained mood changes
- some threat
- minor changes in recent behavior (appetite, sleeping patterns, etc.)
- depression or unexplained mood swings
- multiple referrals

Life Threatening - Use Plan B

- very specific threat
- plan is immediate or in progress
- previous suicide attempt; gross disturbances in recent behavior
- sign(s) of severe stress (depression, hysteria, etc.)
- socially isolated; severe drug reaction
- high suicide-risk history
- high risk taker
- accident prone

On site death or school-wide trauma – Use Plan C

Note: Additional crisis suggestions/information are included in the appendix.

INTERVENTION
CRISIS/SAFETY RESPONSE TEAM

Plan A (To be used with at-risk clients):

Team Member	Responsibility
Principal/Designee	• Call 911 (if necessary). • Notifies Pupil Appraisal Center's Manager (447-8181), Supervisor of Special Education (446-5631), or Supervisor of Child Welfare (446-5631). Contact must be made with one of the above in designated order. Principal's designee should make contact in the absence of the principal (if necessary). • Notifies Pupil Appraisal Center assigned SSP and SSW • Notifies appropriate C/SRT team members • Notifies parents and requests meeting with them along Pupil Appraisal and/or Professional School Counselor • Initials tracking sheet (See Appendix A.2)
Pupil Appraisal	• Consults with Principal or administration on plan of action • Initiates assessments required • May recommend support services or other referral
Pupil Appraisal/ Professional School Counselor	• Gathers information from all teachers/school personnel involved • Assists with initial assessment (Threat Assessments)(See Appendices A; A.1; B; B.1; and B.2) • Documents action on tracking sheet (See Appendix A) • Maintains records, keeps minutes of proceedings and assures accessibility to all team members • Keeps the referring person involved • Does counseling as needed • Notifies administration on actions taken and any plan
Nurse	• May assist in assessment • Makes medical evaluation if necessary
Referring Person	• Notifies counselor/principal/head of Crisis/Safety Response Team/Pupil Appraisal Center Staff • Specifies concerns
Parent(s) of Client	• Provides information • Attends meeting with principal • Participates in plan of action

INTERVENTION
CRISIS/SAFETY RESPONSE TEAM

Plan B (To be used with life-threatening behavior within school):

Team Member	Responsibility
Principal/Designee	• Call 911 (if necessary). • Notifies Pupil Appraisal Center's Manager (447-8181), Supervisor of Special Education (446-5631), and/or Supervisor of Child Welfare (446-5631). Contact must be made with one of the above in designated order. Principal's designee should make contact in the absence of the principal. • Notifies appropriate C/SRT team members immediately • Calls parent with speed and discretion • Maintains crowd control • Coordinates medical response (See Emergency Plan – Appendix D) • Follows up after 24 hours with an assessment by Crisis Intervention (Pupil Appraisal Center) person as to the need for postvention activity • Assures accessibility to all team members
Secretary	• Coordinates all incoming and outgoing calls (in-service secretary in plan) (See Appendix E) • If approached by media . . . refers all calls to the Communication Specialist in the Central Office (Refer to Appendix E)
Pupil Appraisal	• Consults with Principal or administration on plan of action • Participates in any assessments (See Appendices A, B, C & I if applicable) • May recommend support services or referral to outside agencies • Assists in making appropriate referrals (See Appendix F)
***The C/SRT will determine which/if any of the following procedures are necessary.**	
Professional School Counselor/Pupil Appraisal	• Gathers information from all school personnel involved • Participates in assessment (See Appendices A, B, C & I if applicable) • Notifies principal immediately • Assists in making appropriate referrals (Appendices A.1 & F) • Documents action on tracking sheet (See Appendix A) • Keeps the referring person involved • Does counseling as needed • Stays with subject

Nurse	• Participates in assessment if necessary • Makes medical evaluation if necessary • Stays with the subject if indicated
Referring Person	• Notifies principal and specifies concerns • Notifies counselor • Stays with subject if indicated
Parent(s) of Client	• Provides information • Comes to the school or designated referral site immediately • Participates in the plan of action

INTERVENTION
CRISIS/SAFETY RESPONSE TEAM

Plan C (To be used in response to a student or staff crisis resulting in death or school-wide trauma)

The referring person should:
1. Make the initial assessment
2. Contact the principal's office

EMERGENCY PROCEDURES

Team Member	Responsibility
Principal/Designee	• C/SRT members report to the office, or report to the site and make an assessment. • Call 911. Request that they attempt to minimize radio traffic. • Call parent with speed and discretion • Call Pupil Appraisal Center Manager (447-8181), Supervisor of Special Education (446-5631), or Supervisor of Child Welfare (446-5631). Contact must be made with one of the above in designated order. • Call Superintendent, Communications Specialist, and other key personnel • Clear immediate area; move students to a neutral site • Restrict class movement: no bells; low-key announcements • Secure area: pull blinds, secure entrance to emergency site • Meet and escort personnel from emergency unit • Prepare briefing area for media away from crisis area. Have a team member present to monitor • Prepare a separate holding area for parents coming onto campus with a team member present to monitor • Review plan A & B • Review Appendices H, I, and L. **Principal to initiate emergency procedure**

Plan C (Continued)

Team Member	Responsibility
Secretary	• Coordinates all incoming and outgoing calls (See Appendix E) • If approached by media. . . refers all calls to the Communication Specialist in the Central Office (See Appendix E)
Custodians	• Secure building • Keep driveways clear
Nurse	• Initiates first aid procedures (in the absence of a nurse, a P.E. teacher or staff member with first aid and/or C.P.R. training initiates first aid)
Pupil Appraisal/Professional School Counselor	• Report to the principal • Coordinate with the counselor regarding services needed • Gather relevant information • Address family needs • Review Appendices H & I
Teacher(s)	• Plan for stand-by at each period to supervise his/her class • Report to neutral site and serve as support person for the class and teacher at emergency site • Review Appendices H & I
Referring Person	• Remain at emergency site until relieved • Remain accessible to provide information

*These procedures may be adapted for other crisis situations.

SECTION III

POSTVENTION PROCEDURES

POSTVENTION

This section pertains to postvention activities: those actions taken following a crisis. It is important that clear guidelines and procedures be established by the school administration and the Pupil Appraisal Center in the event that such a crisis occurs.

Pupil Appraisal Center will assign staff to the school to consult and help develop an implement a school specific action plan based upon the need of the crisis event.

POSTVENTION

In-School Deaths/School-wide Trauma

Follow-up Postvention Procedures for In-School Deaths/School-wide Trauma

PRINCIPAL	C/SRT
1. Inform faculty and then student body of untimely death/school-wide trauma through a prepared statement 2. Call a faculty meeting before the next school day 3. Make contact with the family/ families 4. Public address system should not be utilized to communicate information of this nature 5. Review Appendix I	1. Arrange for follow-up grief sessions as indicated in Appendix I 2. Assist parents/guardians in finding resources 3. Assess needs of other school-age family members and make recommendations to parents; notify principals if other schools are involved 4. Do appropriate follow-up and complete tracking sheet (See Appendix A)

Off-Campus Deaths/School-wide Trauma

Follow up Postvention Procedures for Off-Campus Deaths/School-wide Trauma

PRINCIPAL	C/SRT
1. Call a meeting of the Crisis/Safety Response Team (C/SRT) 2. Gather information from primary sources (e.g., coroner's determination of death) 3. Call a faculty meeting on or before the next school day 4. Inform student body of untimely death through a prepared statement 5. Invite close associates to a group meeting at a specified site with an appropriate staff for support 6. Have a school representative make contact with the family as soon as possible and maintain follow-up 7. Review Appendix I	1. Arrange for follow-up grief sessions as indicated in Appendix I 2. Assist parents/guardians in finding resources 3. Assess needs of other school-age family members and make recommendations to parents; notify principals if other schools are involved 4. Do appropriate follow-up and complete tracking sheet

***IMPORTANT NOTE** All crisis information concerning students and staff is confidential information and must be kept in a confidential file in the principal's office under lock and key at all times. This file should be labeled with the date of the crisis. (Refer to Appendix G). In addition, refer to Appendix L. for Postvention suggestions.

SECTION IV

APPENDICES

A. Crisis/Safety Response Team Tracking Form
A.1 Notification of Emergency Conference Form
A.2 Crisis/Safety Response Team Follow-up Form

B. Threat Assessment – Student Form
B.1 Threat Assessment – Staff Form
B.2 Threat Assessment – Parent Form

C. Crisis Contracting
D. Emergency Plan
E. Statements to Parents and Media
F. Emergency Medical Services/Providers
G. Guidelines for Storage of Records
H. Actions Following the Death of Staff or Student
I. Grief Counseling After a Crisis
J. Crisis Response Documentation Form
K. Lafourche Parish's Consent to Release Information Form
L. Suicide Postvention Checklist
M. Guidelines for Use of Restraint

Appendix A

CRISIS/SAFETY RESPONSE TEAM TRACKING FORM

DATE: _____________ **TIME:** __________ **PLACE:** ___________________

STUDENT: __________________________

TEAM MEMBER(S): ____

DESCRIPTION OF INCIDENT:

____

____

____

____

____

____

CRISIS MANAGEMENT DECISIONS:

- **Contact School Administration**
- **Complete Student Assessment** (Appendix B)
- **Complete Staff Assessment** (Appendix B.1)
- **Complete Parent Assessment** (Appendix B.2)
- **Conduct Emergency Conference with Parent/Gua**rdian (Appendix A.1)
- **Educate Guardian(s) on Means Restriction** (page 58)
- **Educate Guardian(s) on Protective Watch** (pages 59 – 60)
- **Complete Safety Plan & Contract** (Appendix C)
- **Complete Reciprocal Release** (Appendix K)
- **Notify SRO/Law Enforcement**
- **Make referral to ER at local Hospital**
- **A copy of ALL documentation to include assessments should be provided to the parents or legal guardian.**
- **Keep copy of all documentation in CONFIDENTIAL School Crisis Binder**
- **OTHER:**

Appendix A.1

LAFOURCHE PARISH SCHOOL BOARD
Office of Superintendent
P. O. Box 879
Thibodaux, Louisiana 70302

Date: ________________

NOTIFICATION OF EMERGENCY CONFERENCE

I/we, ____, the

parent(s) of ____, was/ were

involved in a conference with school personnel at _________________________

______________________________. I/We have been advised that my/our child was

assessed for:

☐ Threat To Self

☐ Threat to Others

☐ Other ____

____

I/We have been further advised that I/we consider seeking medical/psychological/ psychiatric consultation immediately. I/We have been provided with a list of agencies and emergency numbers. I/We understand that the school district is not responsible for the provision of these services, but is alerting me/us to this emergency just as they would inform me/us of any health problem.

_____________________________ _____________________________
Parent or Legal Guardian School Personnel, Title

_____________________________ _____________________________
Parent or Legal Guardian School Personnel, Title

_______ Parent refused to sign. _____________________________
School Administrator

Appendix A.2

CRISIS/SAFETY RESPONSE TEAM TRACKING FOLLOW-UP FORM

STUDENT NAME: ____

Contact One

DATE: ______________ FOLLOW-UP: ______________________________
____
____
____

SIGNATURE: __________________________ __________________________
(Person taking action) (School Administrator)

Contact Two

DATE: ______________ FOLLOW-UP: ______________________________
____
____
____

SIGNATURE: __________________________ __________________________
(Person taking action) (School Administrator)

Contact Three

DATE: ______________ FOLLOW-UP: ______________________________
____
____
____
____

SIGNATURE: __________________________ __________________________
(Person taking action) (School Administrator))

Appendix B

THREAT ASSESSMENT – STUDENT FORM

Date of Interview: ____________________

Assessment Team: _______________________ **and** _________________________

Student: _______________________ **School:** _________________________

GENERAL QUESTIONS

What has happened to make life so difficult?

Are you feeling helpless, detached from others, depressed? Explain.

Are you feeling angry or revengeful towards others? Explain

Have you thought of hurting yourself or killing yourself?

Have you thought of hurting others or killing others?

THREAT TO SELF QUESTIONS

Do you wish you were no longer here, that you could disappear, go away forever?

Have you been feeling depressed?

Do you have any concerns with who you are physically attracted to or how you identify yourself (sexuality)?

Have you ever engaged in self-injurious behaviors that inflicted pain or harm to yourself?

Are you thinking of suicide?

If yes, how long have you been thinking about suicide (FID)?

Frequency:

Intensity:

Duration:

Do you have a suicide plan? If yes, is there anyone that might be able to stop you from completing your plan?

Do you have access to weapons and/or things you might consider using to harm or kill yourself? What are these things?

Do you have access to drugs and/or alcohol that you might consider using? Where/What?

Do you know someone who has attempted or committed suicide?

Tell me some reasons why you might want to die.

Tell me some reasons why you might want to live.

What do you think death is like?

Have you attempted suicide in the past?

If yes, how long ago was this previous attempt?

Have you experienced significant losses during the past year or earlier losses you've never discussed?

Is there any history of mental illness in your family?

On a scale of 1 to 10, with 1 being low and 10 being high, what is the number that depicts the probability that you will attempt suicide in the next 24 hours?

Is there anyone that you feel would stop you from your attempt?

When you think about yourself and the future, what do you visualize?

THREAT TO OTHERS QUESTIONS

Have you wished you could make an individual or group of individuals disappear, or go away forever?

Have you ever engaged in behaviors that inflicted pain or harm to another individual or group of individuals?

Do you have access to drugs and/or alcohol? Do you use?

Is your behavior impacting your home/community resulting in: intervention by law enforcement, time within the court system, jail time, community service, hospitalization, removal from your home?

Do you have family member(s) in trouble with the law and/or in jail?

Do you enjoy watching violence in movies and/or playing violent video games/music/YouTube videos, etc.…? Explain.

Do you enjoy looking at, talking/writing about, drawing, and/or learning about weapons like knives, guns, and/or explosives?

Do you treat animals/pets violently?

Are you a member of a group of individuals that: have a common goal; have feelings like you? Explain.

Do you have access to weapons and/or things that could be used to harm others?

Have you ever brought a weapon to school?

Do you feel misunderstood and/or disrespected by others?

Do you consider yourself to be a victim of teasing or abuse?

Are you witness to violence and/or abuse? Is this currently impacting you?

Have you ever been told that you have trouble controlling your temper/anger?

Do you feel that you have trouble controlling your temper/anger?

Have you experienced a traumatic event in your life (i.e., shooting, stealing, physical assault/abuse, bullying, family violence, death, suicide, natural disaster)? How is this currently impacting you?

Are you afraid of others because of a recent or past experience?

Have you ever been hospitalized for psychiatric reasons? Tell me about it.

Do you have a current psychiatric diagnoses?

Are you being prescribed medication by a doctor?

Do you have family member(s) hospitalized for psychiatric reasons?

Have you been getting into more behavioral incidents recently?

Have you made any destructive or threatening statements verbally, in writing, or through art?

Do you feel you have a reason to be upset with any one individual or group of individuals?

Have you had a recent violent episode as the aggressor in an encounter with a peer, etc.…?

Do you have a plan for how you would go about hurting/killing any one individual or group of individuals?

On a scale of 1 to 10, with 1 being low and 10 being high, what is the number that best depicts the probability that you will attempt to hurt or kill another person or group of people in the next 24 hours, 48 hours?

When you think about yourself and your future, what do you see?

A copy of ALL documentation to include assessments should be provided to the parents or legal guardian, the professionals working the case for their personal notes, and placed in the School Crisis binder. The School Crisis binder should be housed under lock in key (confidential information) in the school administration office.

Appendix B.1

THREAT ASSESSMENT – STAFF FORM

STUDENT NAME: ______________________________ AGE: _____ SCHOOL: ________________

TEACHER NAME COMPLETING FORM: ___________________________DATE:______________

A. Background

1. Does the student have a history of violence, criminal behavior, or anger problems?

2. Does the student have a preoccupation with violence/weapons?

3. Has the student ever brought a weapon to school?

4. Are you aware if any family members are worried or afraid of the student? Whom?

5. Are you aware if any other students are worried or afraid of the student? Whom?

B. Environmental Stressors

1. Has the student had a recent humiliating experience?

2. Is the student involved with a group of people or a person that is or has been involved in violent or aggressive activities in the past?

3. Is the student teased or victimized frequently by her/his peer group?

4. Has the student experienced a recent trauma in her/his life?

C. Social/Emotional

1. Is the student preoccupied or dwelling on past or recent rejection, injustices, or unrealistic fears?

2. Does the student ever show empathy?

3. How does the student typically show anger?

C. Social/Emotional – Continued

4. How does the student typically cope with conflict (disappointments, arguments, other stressors)?

5. Does the student typically follow school rules?

6. How does the student typically respond to authority?

7. Does the student behave as though he/she is superior to others?

D. Behavioral Observations

1. Has the student had recent and significant mood changes?

2. Has the student ever mentioned they attempted or thought of suicide or hurting others?

3. Has the student made any destructive or threatening statements verbally, through writing, or through art?

4. Has the student made statements that she/he may have reasons or opportunities to become violent?

5. Has the student identified a target for violence (i.e. a potential victim)?

6. Has the student intentionally frightened people?

7. Has the student been stalking or following one or more people?

8. Has the student become increasingly angry or violent over time?

9. Has the student been recently involved in a violent episode, either as the aggressor/victim?

10. Does the student have a homicidal plan?

A copy of ALL documentation to include assessments should be provided to the parents or legal guardian, the professionals working the case for their personal notes, and placed in the School Crisis binder. The School Crisis binder should be housed under lock in key (confidential information) in the school administration office.

Appendix B.2

THREAT ASSESSMENT – PARENT FORM

STUDENT IN CRISIS: ______________________________ AGE: __________SCHOOL: _________________

PARENT(S): ____ DATE: ______________

A. Background

1. Does the child have a history of violence, criminal behavior, or severe anger problems?

2. Is there a family history of criminal behavior?

3. Does your child have a history of violence toward pets or animals?

4. Does your child have a preoccupation with violence/weapons?

5. Has your child ever brought a weapon to school?

6. Are you aware if any family members are worried of afraid of your child? Whom? Why?

B. Environmental Stressors

1. Has your child had a recent humiliating experience?

2. Is your child involved with a group of people or a person that is or has been involved in violent or aggressive activities in the past?

3. Is your child teased or victimized frequently by her/his peer group/family members?

4. Has your child experienced a recent trauma in her/his life?

C. Medical

1. Is there a history of mental health issues in the family?

2. Has your child ever been hospitalized for psychiatric reasons?

3. Does your child use alcohol? Has the use increased recently?

4. Does your child use illegal drugs? Has the use increased recently?

D. Social/Emotional

1. Does your child show empathy?

2. How does your child typically show anger?

3. How does your child typically cope with conflict (disappointments, arguments, other stressors)?

4. How does your child typically respond to authority?

5. Is your child preoccupied or dwelling on past or recent rejection, injustices, or unrealistic fears?

E. Behavioral Observations

1. Has your child had recent and significant mood changes?

2. Has your child ever mentioned they attempted or thought of suicide or hurting others?

E. Behavioral Observations - Continued

3. Has your child made any destructive or threatening statements verbally, through writing, or through art?

4. Has your child made statements that she/he may have reasons or opportunities to become violent?

5. Has your child identified a target for violence (i.e. a potential victim)?

6. Has your child intentionally frightened people?

7. Has your child been stalking or following one or more people?

8. Has your child become increasingly angry or violent over time?

9. Has your child been recently involved in a violent episode, either as the aggressor or the victim?

10. Does your child have a homicidal plan?

A copy of ALL documentation to include assessments should be provided to the parents or legal guardian, the professionals working the case for their personal notes, and placed in the School Crisis binder. The School Crisis binder should be housed under lock in key (confidential information) in the school administration office.

Appendix C

CRISIS CONTRACTING

The crisis team should have any student who appears to be at risk based on his/her responses on the Threat Assessment(s) to sign a contract assuming responsibility to ensure his/her own safety and the safety of others. The contract should be written up individually and signed by the student and crisis team members. The essential information required in all crisis contracts is provided below:

The person in crisis should be required to agree:

- that they will not attempt suicide or homicide;
- that they will obtain a healthy amount of food and sleep;
- that they will remove items from their possession that could be used in a suicide attempt (guns, weapons, medications, etc…);
- that they will call a crisis counselor or a crisis center if there is a temptation to break the contract or attempt suicide;
- that they will write down the phone numbers of people to contact if the feeling of crisis escalates; and
- that they will specify ways their time will be structured (walks, talks, reading, etc…) upon returning home.

The crisis team members, the person in crisis, and available family members should sign the contract. A copy of the contract should be given to the person in crisis and the legal guardian in attendance.

A Sample contract are provided with the necessary elements incorporated. The sample contract will need to be individualized by the need and services available at the time of the crisis.

My Crisis Safety Plan and Contract

______________________________ ______________________________

Student Name School/Facility

Some things make me very upset and unhappy. When I think about these things or have to deal with these things, I sometimes think of hurting myself and/or hurting others.
The things listed below have made me very upset and unhappy:

____

____

I may not always be able to avoid things that upset me and make me unhappy. I know my body gives me warning signs when I become so upset and so unhappy that I might begin to think of hurting myself and/or someone else.
The warning signs from my body that I am becoming more and more upset include:

____

____

I may not always have someone immediately around me to help me when things happen that will upset me and make me unhappy. When I have to face the things that upset me and make me unhappy, there are things I can do to remain calm and not let things continue to get worse.
The things I can do to remain calm and keep myself and others safe include:

____

____

I want to be healthy and safe. I want to take care of myself. There are many things I enjoy that will keep my mind clear so I can stay healthy and safe.
The things listed below have helped me clear my mind and will keep me healthy and safe:

____

____

I choose to take responsibility for my welfare and agree not to harm myself or others in any way. I will make sure that I provide my body with a healthy amount of rest and food to insure my health. I also agree to have my parent /legal guardian help me to remove any items that I might think to use if I feel like I want to hurt myself or others.

If I am unable to remain calm and my thoughts bring me closer to a crisis moment, I agree to first tell my parent or legal guardian and then I will contact the South Central Louisiana Human Services Authority at (985) 537 - 6823 or the Office of Mental Health's Crisis Hotline at 1 – 800 – 535 - 3694 (hotline used after 4:30 p.m. weekdays and any time on the weekend).

In signing this contract, I agree to abide by it and I agree to check in with my school counselor tomorrow to let them know how I am doing/feeling.

______________________________ ______________________________

Student Name Date Parent or Legal Guardian Date

______________________________ ______________________________

Witness Date Witness Date

Appendix D

EMERGENCY PROCEDURES

I. Give immediate first aid if indicated. Refer to established Emergency Guide Wall Chart.

2. If emergency or lifesaving measures are indicated, call 911 and request that they attempt to minimize radio traffic. Then, call parent or guardian and school nurse. The individual at risk will be taken to the nearest hospital unless directed otherwise. The family is responsible for ambulance fees.

3. The emergency room of the hospital should be called and alerted to the transfer of the patient to the hospital.

4. The parent(s) or a responsible adult should meet the ambulance at the emergency room if they have not accompanied the person being transferred. The ambulance driver's report should be signed by a parent, responsible adult, or police -- **NOT BY SCHOOL PERSONNEL.**

5. In emergency situations that include loss of bodily fluids, refer to HIV/AIDS policy.

All decisions shall be made by the acting campus administrator with and if available the school nurse.

Appendix E

STATEMENTS TO PARENTS AND MEDIA

If parents and media call the school or go to the school following a crisis event, the following procedures should be followed:

- ⇒ Secretaries or other personnel who receive calls or visitors to the school should not give any information about the incident. Instead, they should refer these parties to the Communications Specialist at the School Board Office at 446-5631. If the parties continue to seek information from the school the following statement should be made: "the principal is unavailable at this time, but I can take your name and telephone number and ask him/her to return your call.
- ⇒ The Principal should designate an area at the school where parents can go for instructions following an incident. (The objective is to keep the office area clear.) A teacher or other school staff member should be assigned to monitor the area.
- ⇒ Another area should be designated for the media should it become necessary. This area should be separate from parents and should be monitored by a teacher or other school staff member.

Appendix F

AGENCIES AND EMERGENCY NUMBERS

EMERGENCY MEDICAL SERVICES

Medical, police, fire emergencies 911
Acadian Ambulance .... 311 or 1-800-259-2222
Lafourche Ambulance District #1 (10th Ward) 632-7191
Chabert Medical Center (Houma) 873-2200
Lady of the Sea General Hospital (Galliano) 632-6401
Ochsner St. Anne General Hospital (Mathews) 537-6841
Terrebonne General Medical Center (Houma)………. 1-800-456-9121 or 873-4141
Thibodaux Regional Medical Center 447-5500

MENTAL HEALTH SERVICES

Lafourche Behavioral Health Center (Mathews) 537-6823
Options For Independence……………………………………..868-2620
Gulf Coast Social Services……………………………………...851-4488
Magnolia Family Services (Thibodaux)…………………………......449-4055
Bayou Oaks Health Services…………………………………… .446-4116
Nicholls Psychology Training Clinic.. 448-4362
Nicholls State University – Family Services…………………………...493-2490
Coroner's Office (Dr. King) 537-7055
Crisis Hotline (after 4:30 and weekends) 1-800-535-3694
Behavioral Medicine at LOS Hospital (Galliano) 632-8385
Medicaid Transportation (requires 2 days notice)…………………... 1-800-447-5885
Teche Action Clinic (Houma)……………………………………851-1717
The Autism Center at Children's Hospital (Calhoun Campus)…………504-896-7272
1-800-864-6034
1-800-259-1944

SUBSTANCE ABUSE COUNSELING

Bayou Council on Alcoholism and Drug Abuse (Thibodaux)........................ 446-0643
Thibodaux Addictive Disorders Clinic.. 447-0851
Alcohol and Drug Abuse Council (ADAC) (Houma) free assessment.............. 879-2273
Alcohol Abuse Focus on Recovery Helpline and Treatment 1-800-222-0199
Safe and Drug Free Schools and Communities Coordinator –
Lafourche Parish School Board Media Center.. 532-2951
Fairview Juvenile Outpatient Treatment Center (Morgan City) 399-4555
Terrebonne Addictive Disorders Clinic -TADAC(Houma) 857-3612

TO REPORT ABUSE AND NEGLECT

Department of Child and Family Services (DCFS) 447-0945
The Haven (Houma) – for abused women …………………………………...872-0757
Domestic violence.. 1-800-915-0045
Sexual assault 1-800-777-8868
Child Abuse Hotline …………………………………………………..1-800-422-4453

ASSISTANCE FOR BATTERED PERSONS

Chez Hope (Houma) (Counseling, support groups, temporary shelter for battered persons)……………………………………….….853-0360 or 1-800-331-5303

The Haven (Houma)….………………………………………………………872-0757
Lafourche Outreach Office…………………………………………………..438-1238

PARENTING INFORMATION AND SUPPORT

Bayou Land Families Helping Families (Advocacy, Autism resources, Lending library, Education and Training)………………………………………………...447-4461
(BLFHF) Toll Free 1-800-331-5570
Families in Focus (Thibodaux) 446-0643
Title I Parent/Family Literacy Training.. 532-2508
Family Resource Center………………………………..1-800-259-8226 or 448-4301
South Central Human Services Authority……………………………………447-0912
Autism Society LA State Chapter (www.lastateautism.org).....................800-955-3760

Autism Society Bayou (monthly support meetings, 5k Run/Walk for autism awareness) www.bayou autism.org

MENTAL HEALTH HOSPITALS

River Oaks Psychiatric Hospital 733-CARE
Fairview Juvenile Outpatient Treatment Center (Morgan City)……………395-6750
Children's Hospital (New Orleans)……………………………………….594-896-7200
Brentwood Hospital (Shreveport)………………………………………….318-678-7500
Crossroads Regional Hospital……………………………………………..318-445-5111
Liberty Healthcare System………………………………………………….318-281-2248

OTHER

Child Adolescent Response Team (CART)………………………………..985-537-6823
Assistance for children and parents experiencing and emotional crisis
157 Twin Oaks Drive, Raceland, Louisiana 70394
Ms. Joyce Hadley – program representative

INDIVIDUAL PROVIDERS

Please note that this is not an exhaustive list of providers, some providers listed may no longer be providing services.

PROVIDER	SERVICES	PHONE
Gail Aycock, LCSW 911 Verret St. Houma, La. 70360	Counseling: Children, Adolescents, Family	(985) 851-6237
Mary Vice Soignet, LCSW & Celeste Shelby, LPC, LMFT 102 E. 5th Street Thibodaux, La. 70301	Counseling: Children, Adolescents, Family	(985) 447 - 5383
Heidi Irwin, LCSW, BACS 3135 Hwy 1 Raceland, LA 70394	Counseling	(985) 863 - 4148
Zoe Tanner, PhD, LPC LMFT	Counseling Services	(985) 449 - 0950
Janet Buescher, LCSW 1203 Barrow St. Houma, La. 70360	Counseling: Children and Family; ADHD; Behavior Problem	(985) 873 - 7221
Brett Faucheaux, LPC, LMFT 102 East 5th St. Thibodaux, La. 70301	Counseling:	(985) 447 - 5383
Thomas Galjour, M.A., L.P.C. Galjour Counsleing Services 6496 E. Main St. Houma, LA 70363	Counseling: Individual, Family, Adolescents, Delinquent Youths	(985) 851 - 2565
Paul Ganier, Ph.D., L.P.C. Psychologist 301 Abby Road Thibodaux, LA 70301	Counseling: Marriage & Family Therapy, School Related Counseling	(985) 448 - 0764
Lynn Guidry, Ph.D. Psychologist 820 North 8th Street Thibodaux, LA	Counseling: Therapy, Psychological Testing, Consultation, Divorce Mediation, Crisis Management, Behavioral & Academic Evaluation	(985) 446 - 2300
Kim Thompson, LCSW 604 N. Acadia Road Ste. 201 Thibodaux, LA 70301	Counseling	(985) 493 - 9304
Tanya Breaux, LPC 604 N. Acadia Road Ste. 201 Thibodaux, LA 70301	Counseling	(985) 209 - 5193
Patricia Perry, LCSW 3135 Hwy 1 Raceland, LA 70394	Counseling	(985) 688 - 3136

INDIVIDUAL PROVIDERS

PROVIDER	SERVICES	PHONE
Nancy Diedrich, LPC Catherine Klingman, LCSW Diocese of Houma Thibodaux 2779 Hwy 311 Schriever, Louisiana 70395	Counseling on a sliding fee scale	(985) 868 - 7720
Carl Mangum, Ed. D., L.C.S.W., BCD - Social Worker 7224 Main St. Houma, LA 70360	Counseling: Individual, Family, Adolescent, Child	(985) 868 - 2799
Rob Norman, L.C.S.W. Social worker 620 School Street Houma, LA 70360	Resolution Counseling: Alcohol/ Co-dependency, Abuse, Family, Stress Management	(985) 876 - 2964
Michael L. & June M. Oase, L.C.S.W. Social Worker Oase Counseling Inc. 620 School Street Houma, LA 70360	Counseling: Sexual Trauma, Sex Offenders, Sexual Addictions	(985) 851 - 3971
Judith Pringle, LCSW 911 Ridgefield Rd. Thibodaux, La. 70301	Counseling	(985) 448-1919
Katie Scanio, LCSW 14064 W. Main St. Cut Off, La. 70345	Counseling	(985) 693-3800
Lisa Block Matherne, LCSW 60 North Acadia Road Thibodaux, Louisiana 70301	Counseling	(985) 493 -5383
Anna M. Wellman, JD, LCSW 311 St. Mary Street Thibodaux, La. 70301	Individual, Couples, and Group Counseling: Anxiety, Depression, Bi-polar, and Family Mediation	(504) 264 - 9214
Kalvin DeHart, LPC, NCC 504 Cherry Street Thibodaux, LA 70301	Counseling Services	(985) 860 - 4908
Gail D. Thomas Paramount Concepts & Wellness, LLC.	Counseling Services	(985) 709 - 7786

INDIVIDUAL PROVIDERS

PROVIDER	SERVICES	PHONE
Dr. Milton Anderson Dr. Cheryll Bowers-Stephens 1514 Jeffereson Hwy. New Orleans, La. 70121	Child and Adolescent Psychiatry Oschner Clinic Foundation	(504) 842 - 4025
Dr. Maria Cruse 504 North Acadia Rd, Suite 2 Thibodaux, La. 70301	Psychiatrist	(985) 493 - 9304
Dr. Stephanie Gravois-Rupe 1440 Canal St. New Orleans, La. 70112	Child Psychiatrist	(985) 537 - 2273
Dr. Brandi Gilmore 4608 Hwy. 1 Raceland, La. 70394	Child Psychiatrist Oschner General Hospital	(985) 537 - 6841
Dr. Kristopher Kaliebe St. Charles Mental Health 843 Milling Ave. Luling, la. 70070	Psychiatrist: Medication monitoring, Psychotherapy, and Cognitive Behavioral Therapy	(985) 785 - 9881
Dr. Monique Matherne 3705 Coliseum St. New Orleans, La. 70115	Clinical Psychologist: Therapy and Evaluation of Adults, Adolescents, and Children	(504) 289 - 7878
Dr. Paul Pelts 1539 Jackson Ave. Suite 300 New Orleans, La. 70130	Child, Adolescent, and Adult Psychiatry	(504) 581 - 3933
Integrated Behavioral Health Dr. Morgan Feibleman 400 Poydras St. #1950 New Orleans, La.	Psychiatric Services: Medication Management, Assessments, Counseling	(504) 322 - 3837
Psychological Healthcare of Southeast Louisiana 1016 Houma St. Houma, La.	Psychologists-Evaluations Dr. Chris Rachal Ernest Ellender Carmen Broussard	(985) 873 - 8683
Dr. Jason Wuttke 1539 Jackson Ave. Suite 300 New Orleans, La. 70130	Child, Adolescent, and Adult Psychiatry	(504) 581 - 3933
Dr. James Lowe 1040 Calhoun Street New Orleans, LA 70118	Psychiatrist	(504) 891 - 9363
Dr. Angie Pellegrin 8120 Main St. Houma, La. 70360	Clinical Psychologist: Therapy and Evaluation	(985) 868 - 2756
Dr. Mark Sands, MD Mercy Family Center Houma, LA 70005	Psychiatrist	(985) 838 - 8283

INDIVIDUAL PROVIDERS

PROVIDER	SERVICES	PHONE
Dr. Griselda Gutnisky, MD #5 Security Blvd. Houma, La. 70360	Psychiatrist	(985) 851 - 0646
Karen Guidry, LPC 1340 West Tunnel Blvd. #323 Houma, LA 70360	Counseling	(985) 872 - 9244
Billie H. Wilson, LPC 101 Bayou Bend Drive Houma, LA 70364	Counseling	(985) 688 - 0151
Julie Landry, LPC Bayou Region Counseling	Counseling	(985) 438 - 1177
New Beginings Family Therapy, LLC. Jaret Hubbell, LPC	Counseling	(985) 446 – 1086
New Beginings Family Therapy, LLC. Lester J. Olinde, Jr. MA, LPC	Counseling	(985) 464 - 4912
Kimberely Reynolds, LPC 604 N. Acadia Ste. 201 Thibodaux, LA 70301	Counseling	(985) 221 - 4532

Appendix G

GUIDELINES FOR USE AND STORAGE OF CRISIS/SAFETY RESPONSE TEAM RECORDS

1. Every effort will be made to maintain the confidentiality of students discussed by the Crisis/Safety Response Team. To help maintain the confidentiality, Crisis/Safety Response Team records will be kept in a locked file in the **principal's office.**

2. As "public records," they must be preserved and retained for at least three years from the last active date.

3. Crisis/Safety Response Team members, employed by the school system, who have legitimate educational interests in the records, may have access to particular Crisis/Safety Response Team records. In addition to the above, there are several exceptions:

   A. Referring person on Crisis/Safety Response Team, if not employed by the school system, does not have access to records.

   B. Additional limited access to records is specified below:

      (1) Other school officials, including teachers with the educational institution or local educational agency, who have been determined by such agency or institution to have legitimate educational interest;

      (2) State and local officials or authorities to whom such information is specifically required to be reported or disclosed pursuant to state statute adopted prior to November 19, 1974;

      (3) Parents or legal tutor of the student in question; and

      (4) Subject to regulations of the Secretary, in connection with an emergency, appropriate persons if the knowledge of such information is necessary to protect the health and safety of the student or other persons. (Family Educational Rights and Privacy) Act 20 USC Sec. 1232 (g) (b) (1) (A)

4. Individual crisis response records can be transferred to officials of other schools or school systems in which the student seeks or intends to enroll upon condition that student's parents be notified of the transfer, receive a copy of the record if desired, and have an opportunity for a hearing to challenge the contents of the records." (20 USC Sec. g. 1-6)

Appendix H

SUGGESTED ADMINISTRATIVE ACTIONS FOLLOWING DEATH OF A STUDENT OR FACULTY MEMBER

Some or all of the following suggestions may be used:

1. Lockers cleared by administration and sealed. Contents kept secure until notified by police to release to family.
2. Extra guidance/pupil appraisal personnel – ministers (Grief Counseling – Appendix I).
3. Additional parents on campus in order to free faculty.
4. Faculty meetings with details and responsibilities.
5. Students and personnel released to assist family of deceased. Students must have written parental permission.
6. School records sealed immediately by administration.
7. Central office notified and kept informed.
8. Faculty and staff released for funeral. Students must have written parental permission. However, school remains in regular session.
9. Moment of silence observed at an appropriate time.
10. Any available pictures furnished to parents.
11. Memorial to be directed at the discretion of principal and/or C/SRT – (use caution not to glamorize or glorify should be taken in cases of suicide).
12. Graduation:
    a) ordered things canceled or given or paid
    b) parents given reserved seating
    c) parents recognized
13. Awards/Banquets - Athletic/Band/FFA - parents like to be included.

NOTE: Review Appendix L. for additional Postvention actions.

Appendix I

Grief Counseling After a Crisis

The school administrator should contact the Pupil Appraisal Center Coordinator at 447-8181 to determine the exact number of support personnel needed for their particular crisis situation. The school administrator should arrange for the necessary classroom(s) in which the counseling is to take place. Typically there should be at least one classroom for every two support personnel/counselors.

Prior to the start of the grief counseling sessions, the school staff and students should be informed of the location(s) and time of the support service. *Each school will need to develop their procedure for students accessing and returning from the counseling services*. This procedure is very important so that the school can continue to function as orderly and efficiently as possible.

Pupil Appraisal Center support personnel will arrive at the school and will need to communicate with an administrator who can quickly advise them of the following:

- the facts and important information of the crisis situation;
- the location(s) of the grief counseling sessions;
- the school's plan for arranging for students to arrive and depart from the counseling sessions and if necessary the school campus; and
- any other information necessary (i.e., funeral arrangements, etc...)

At the end of the day, the PAC support personnel should make arrangements with the school administrator and school guidance counselor(s) as to the need for any follow up support. This support should be arranged at this time. PAC staff may choose to remain on call if necessary.

NOTE: PAC Staff will follow CISM procedures in managing the crisis (located in the PAC Handbook).

Key Activities in Grief Counseling

1. INTRODUCTION

   a. Counselor introduces self and why here today
   b. Counselor may choose to make the following statements:

   "I understand that some of you are here by choice and others may have been sent here. Our plan is to help you deal with your reactions to the crisis situation (name it). I want to encourage everyone to participate by talking in the group. Hopefully talking with the group will help you better understand your feelings."

2. STUDENT INTRODUCTION

   a. Have each student in the group state his/her name and grade level
   b. Make sure to welcome each student into the group (make eye contact)
   c. Have each student make a brief statement as to their relationship to the person(s) involved in the trauma
   d. As new students arrive have them introduce themselves to the group

3. GIVING FACTS

   a. The counselor(s) should share what it is that has happened. Provide only the facts do not speculate.
   b. Remind the group that there may be gossip in the school about the situation, but they should only concern themselves with the facts.

4. GUIDING THE GROUP

   a. The counselor should help **individuals** in the group to discuss the following:

      - I wonder what you first thought when you heard what happened. I wonder what meaning you put to that.
      - I wonder how everybody is coping with this – how have you been?
      - What have you done as a result of the situation?

   b. The counselor should help the **group** to discuss the following:

      - I wonder what part of this is the most upsetting to you?

Note: Don't focus on any one individual, reflect/summarize the feelings of the whole group. This helps the group to hear that they are not alone in the crisis.

Key Activities in Grief Counseling Continued

5. GUIDING THE GROUP

   c. The counselor should help **individuals** in the group to discuss their behavior:

   - I wonder if you notice anything differently that you are doing?
   - Do you notice anything different in your behavior or thinking?

Note: Bring up anxiety, depression, and other behaviors in order to normalize group member's behavioral responses. Counselors may choose to make a statement like:

   - "I know this is hard to believe, but these emotions and feelings that you have are expected at times like these."

   d. The counselor should help the **group** to normalize their emotions (establishing a cognitive anchor):

   - Eventually you won't feel so _______________(name the emotions). As time goes on you will never forget this, but you will learn to cope with it.

6. CLOSING PROCESS

   a. The counselor should close the group by asking the **individuals** of the group:

   - How can you cope today?
   - How can you get yourself through today?
   - How can/will you say "goodbye"?

   b. Offer the group suggestions to your questions if they fail to respond

   c. The counselor should make a last effort to have everyone participate in the discussion by addressing the **group** with the following questions:

   - Is anyone leaving with any questions unanswered?
   - Are there any further questions you have or feelings you don't understand?

Remind everyone how they can access future support if they feel they need it.

Remember to return to the beginning of this six-step process as each new member to the group arrives to the session.

Appendix J

Crisis Response Documentation Form

This form should be completed in response to a crisis on a school campus or at a School related event in which multiple students, staff, or others are involved.

SCHOOL: **DATE:**

TIME	SITUATION	RESPONSE	INITIALS

Appendix K

Consent to Release Information Form

Instructions: The individual obtaining a release of information form from a client will review the form with the client and insure that the person understands the content and purpose of the form. If the person is illiterate or does not read or does not understand English, provisions should be made to supply him/her the information in a form that he/she can understand, (i.e., interpreter for the deaf, blind, foreign language, etc.).

PREPARATION

1. The name, address, and date of birth of the person whose record you wish to have released appears here.
2. Complete with the name and address of the facility or physician releasing the information.
3. Complete with the name and address of the facility or agency the information is to be released to.*
4. This space is for the designation of the specific information being released (i.e., the specific items of information being released must be named as such: diagnosis, copy of the psychological evaluation, copy of treatment plan, record of attendance for scheduled appointments, etc..). General catch-all categories, such as medical records or present condition, do not meet Federal requirements of specificity.
5. An HIV Test Result is the original document, or copy thereof, transmitted to the medical record from the laboratory or other testing site with the result of an HIV-related test. It does not include any other note, notation, diagnosis, report, or other writing or document. An HIV-related test is a test which is performed solely for the purpose of identifying the presence of antibodies or antigens indicative of infection with Human Immunodeficiency Virus.
6. The purpose for which the information is to be used is to be explained here and must be specific.
7. Date, event, or condition at which point consent will automatically expire. The time limit should be as brief as is possible with a period no longer than 60 days being recommended; however, certain agencies, facilities, or units may need a longer time allowance. This time limit should never be more than one year. It is recommended that an attempt be made to obtain written revocation.
8. This space bears the representative's signature. Form shall be completed prior to any signatures and shall be dated.
9. The signature of the minor patient/client is applicable if the minor has received treatment for substance abuse, venereal disease pregnancy, abortion or family planning. However, it is recommended that the minor's signature be obtained in all cases, if possible.
10. This form shall contain the signature of at least one witness.

* A separate consent form is required for each agency/facility to which information will be released.

FINAL 11/06

STATE OF LOUISIANA

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

TO BE COMPLETED BY PARENT/LEGAL GUARDIAN

PART 1: CONTACT INFORMATION

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

Parent/Legal Guardian ______________________ Telephone # __________

Mailing Address ______________________

PART 2: RECORD REQUEST

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

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

- ❑ COMPLETE RECORD(S)
- ❑ Discharge Summary
- ❑ History & Physical
- ❑ Operative Report
- ❑ Consultation
- ❑ Progress Notes
- ❑ Cardiopulmonary
- ❑ Emergency Room
- ❑ Lab
- ❑ Pathology
- ❑ Radiology Results
- ❑ Other ________

____

(Indicate EKG, Stress Test, Sleep Study)

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

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

____
Initials of parent/legal guardian

PART 3: AUTHORIZATION

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

I authorize:
Name: ______________________ (School System)

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

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

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

For treatment date(s): __________

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

- ❑ Evaluation to determine eligibility or continued eligibility for special education services
- ❑ Providing physical therapy treatment
- ❑ Providing occupational therapy treatment
- ❑ Designing an individual educational program
- ❑ Determining appropriate placement for treatment needs
- ❑ ______________________

I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing and present my written revocation to the same medical records department receiving this authorization form. I understand that the revocation will not apply to information that has already been released in response to this authorization. Unless otherwise revoked, this authorization will expire on the following date, event or condition: __________________.
If I fail to specify an expiration date, event or condition, this authorization will expire in nine (9) months from the date of authorization. An authorization is voluntary. I will not be required to sign an authorization as a condition of receiving treatment services or payment, enrollment, or eligibility for health care services. Information used or disclosed by this authorization may be re-disclosed by the recipient and will no longer be protected under the Health Insurance Portability & Accountability Act of 1996.

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

______________________	__________
Signature of Witness	Date

PAC CRISIS RESPONSE & INTERVENTION MANUAL

Appendix L

FINS
504 West 2nd Street, Suite 2
Thibodaux, LA 70301
985-449-0919
Fax 985-446-0860

MEMO

All Principals and Counselors

From: Lani Tarr, FINS Coordinator

Date: July 27, 2011

Re: FINS Referrals

Message:

In our ongoing efforts to help the families of this parish, we are making some changes to our referral process. We are asking that the enclosed RISK Indicator I and II be filled out by school personnel (teacher, counselor etc.) and turned in with each referral. This has been suggested by the Supreme Court who oversees all FINS programs. To date, it has been a big help to the parishes that have used it. We are hoping for the same success rates. I can also email the form to anyone if that would be an easier way to get it out. If you have any questions or comments, please call me at 985-449-0919 or you may address Mona Robichaux when she visits your school.

FINS RISK INDICATOR 1

Child:____**School:**____________________

Completed by:____________________________________**Date:**____________________

Defiant
- ☐ Argues with authority figures
- ☐ Uses obscene language or gestures
- ☐ Other

Aggressive
- ☐ Bullies/threatens/intimidates others
- ☐ Hits/Bites peers or teachers
- ☐ Breaks or throws objects

Parental Attitudes
- ☐ Minimizes child's problems
- ☐ Blames others for child's behavior
- ☐ Unresponsive to attempt to contact
- ☐ Other

Emotional Response
- ☐ Inappropriate response to correction
- ☐ Lack of empathy
- ☐ Flat affect-just stares
- ☐ Does not express joy
- ☐ Other

Risk Taking Behaviors
- ☐ Harms self intentionally
- ☐ Sexually acting out
- ☐ Suspected substance use/experiment.
- ☐ Risky physical behaviors
- ☐ Steals
- ☐ Other

Developmental Issues
- ☐ Sucks thumb
- ☐ Enuresis
- ☐ Sleeps at inappropriate times
- ☐ Eating problems
- ☐ Speech/language/hearing problems
- ☐ Other

Manipulative
- ☐ Sneaky
- ☐ Distorts truth
- ☐ Blames others for mistakes
- ☐ Other

Isolated
- ☐ Ignored by peers
- ☐ Rejected by peers
- ☐ Withdrawn
- ☐ Other

Attention Seeker
- ☐ Wants teacher's undivided attention
- ☐ Causes class disruptions
- ☐ Talks at inappropriate times
- ☐ Other

Unmotivated
- ☐ No desire to learn
- ☐ Not prepared daily
- ☐ Frequently has no homework
- ☐ Exhibits little curiosity
- ☐ Other

Unstable Home Life
- ☐ Poor Hygiene
- ☐ Regularly complains of hunger
- ☐ Inappropriate clothing for weather
- ☐ Suspected substance abuse by adult
- ☐ Chronic illness/lack of medical care
- ☐ Other

Hyperactivity
- ☐ Can't sit still
- ☐ Short attention span for age/grade
- ☐ Other

FINS RISK INDICATOR 2

Child:________________________________**School:**________________

Completed by:____________________________**Date:**________________

Medical

- ☐ Lack of required immunizations
- ☐ Asthma
- ☐ Head lice
- ☐ No medical doctor's excuse
- ☐ Parental health problems
- ☐ Medication compliance issues
- ☐ Medical equipment needs
- ☐ Dental health problems
- ☐ No documentation of health problems
- ☐ Other chronic health concerns

Financial

- ☐ Lack of utilities
- ☐ Insufficient housing
- ☐ Insufficient food
- ☐ Transportation problems
- ☐ Insufficient income
- ☐ Inadequate clothing/uniforms
- ☐ Reduced/free lunch
- ☐ Other financial concerns

Educational Problems Not Yet Identified

- ☐ Need for evaluation
- ☐ Need for tutoring
- ☐ School transportation services
- ☐ Need for school counseling/social work services
- ☐ Other educational needs

Family Social Support

- ☐ Lack of appropriate child care
- ☐ Poor parenting practices
- ☐ Lack of parental support for school attachment
- ☐ Suspected child abuse
- ☐ Suspected child neglect
- ☐ Suspected parental gambling problem
- ☐ Suspected illegal activity in household
- ☐ Other family support problems

Transient Related Problems

- ☐ No permanent address
- ☐ No birth certificate
- ☐ No social security card
- ☐ Multiple school transfers
- ☐ Other transient related problems

Mental Health Related Problems

- ☐ Parental Substance abuse
- ☐ Child substance abuse
- ☐ Sibling or other family member substance abuse
- ☐ Parental diagnosed-treated
- ☐ Parental diagnosed-untreated
- ☐ Parental undiagnosed
- ☐ Child diagnosed-treated
- ☐ Child diagnosed-untreated
- ☐ Child undiagnosed
- ☐ Siblings/other family member mental health issue
- ☐ Other mental health issue

SECTION V

RELATED INFORMATION

Clues to Suicide Potential

- Verbal Clues
- Behavioral Clues
- Situational Clues

Assessing the Severity Level of a Suicidal Person – Threat to Self

Means Restriction Strategy

Establishing an Effective Protective Watch

Key Actions of the Protective Watch Team

Conducting a Lethality Assessment – Threat to Others

Referring Students to Lafourche Parish Mental Health

- Suicidal
- Homicidal
- Delusional
- What IF Scenarios

School Safety Checklist

CLUES TO SUICIDE POTENTIAL

Most suicidal persons do not want to die. Because they are ambivalent about living or dying, most communicate their suicidal intentions through clues. For our purposes, the clues are categorized under three headings: verbal, behavioral, and situational.

VERBAL CLUES

These are statements made by suicidal persons that indicate they are thinking of harming themselves. Some statements are direct, such as:

I wish I were dead.

I'm going to kill myself.

I'm going to end it all.

The only way out is for me to die.

You won't be seeing me around anymore.

I'm getting out.

I can't go on any longer.

I'm tired of living.

If……..happens, I'll kill myself.

If……….doesn't happen, I'll kill myself.

Other statements are more direct, but the message may be implied, especially when other clues are present.

No one cares if I live or die.

I'm no good to anybody anymore.

I'm just in everyone's way.

Everyone would be a lot happier if I were gone.

They'd be better off without me.

You are going to regret how you treated me.

I just can't take anymore.

Life has no meaning.

Nobody needs me anymore.

BEHAVIORAL CLUES

These include behaviors exhibited by suicidal persons that suggest or reveal self-destructive thinking. The most pronounced behavioral clue is a previous attempt. It is generally believed that a suicide attempt in the past increases current suicide risk. (Approximately four out of five people who commit suicide have made at least one previous attempt.)

- Any previous suicide attempt
- Depression - feelings of unhappiness, hopelessness, and worthlessness
- Isolation or withdrawal from friends, family, and regular activities
- Giving away valuable possessions
- Buying weapons
- Changes in eating and/or sleeping habits
- Preoccupation with themes of death or dying (includes statements, and can be seen in art work or writing)
- Sudden personality changes and mood swings
- Neglect of physical appearance
- Putting business affairs in order
- Loss of friends
- Acting-out behavior
- Increased risk-taking, frequent accidents
- Abuse of drugs or alcohol
- Fatigue (sleeping in class, lowered energy level)
- Persistent boredom
- Physical complaints
- Making plans for suicide
- Writing a suicide note

Paradoxically, depression can be most dangerous when it seems to be getting better. As the symptoms subside and the person begins to take interest once again in activities and friends, the risk of suicide may be greater than ever. The reason is that depression often dulls the ability to act. While in the depths of depression, the person may wish to die and may actually plan to end his life, but lacks the willpower to do it. As the depression lifts, the ability to act returns and suicide plans made earlier can now be carried out. Improvement in depression has fooled many people. It should not necessarily be interpreted as meaning that someone is totally out of danger.

- A change in typical behavior, if the onset is sudden, is a possible clue.

- Some of these behavior patterns are present in all adolescents at some point. What should alert a concerned individual is the rapid onset of these symptoms, singly or in combination.

- In evaluating danger, be aware that, as a general rule, the more specific the plan the greater and more imminent the danger.

SITUATIONAL CLUES

The situation itself may lead to a suicidal crisis. Examples of events that may precipitate a crisis include:

- History of suicide in family
- The unexpected death of a loved one
- The end of a significant relationship
- Unemployment
- A recent move or transition
- Recent divorce
- Anniversary of death or loss
- Financial problems
- Getting kicked out of school
- Trouble with the law
- Confrontations
- Sudden illness
- Unwanted pregnancy
- Breakdown in communications with parents or significant others
- Destruction of an ideal or self-esteem
- Violence in the home; physical or sexual abuse
- Alcoholism or drug abuse in family or circle of friends
- High expectations held by parents, teachers, and oneself – a perceived failure in school, family and social situations
- Alienation from the family

ASSESSING THE SEVERITY LEVEL OF A SUICIDAL PERSON (Threat to Self-Assessment)

It is very important that the counselor and a pupil appraisal staff member, either a school social worker or a school psychologist, work together as a team in order to gather first-hand information from the student/client in crisis. The two-member crisis team should assess the situation in a very thorough manner.

The team should incorporate the following steps in their intervention strategy:
Step One: Remember the meaning of the term "***CRISIS MANAGEMENT***".

The word ***CRISIS*** means that the situation is not normal, the usual, or average; circumstances are such that a suicidal person is highly stressed and in considerable emotional discomfort. Students/clients in crisis typically feel very vulnerable, hopeless, angry, low in self-esteem, and at a loss of how to cope with their problems. These individuals can be quite volatile and impulsive.

The word ***MANAGEMENT*** means that the professionals involved must apply skills that are different from those required for preventive or postvention counseling. Students/clients in crisis must be assessed, directed, monitored, and guided for the purpose of preventing an act of self-destruction.

Step Two: Remain calm and supportive. The demeanor and attitude of the helping staff are crucial in the process of offering assistance to the person in crisis.

Step Three: Remain nonjudgmental. Watch your statements to the individual in crisis. A statement such as "I had a similar problem when I was your age and I didn't consider suicide" is totally inappropriate during a crisis situation. The crisis team must respect the student's perception of his/her situation, and his/her expression of feelings (depression, frustration, fear, or helplessness). Judgmental, unaccepting, responses and comments only serve to further damage the student's already impaired sense of self-esteem and decrease their willingness to communicate.

Step Four: Encourage self-disclosure. Having the student talk about painful emotions and difficult circumstances is the first step in what can become the healing process.

Step Five: Acknowledge the reality of suicide as a choice - but do not normalize suicide as a choice. The crisis team should let the student know that he/she is not alone and isolated with respect to suicidal preoccupation. The crisis team should also communicate the idea that suicide is a choice, a problem-solving option, but that there are other choices and options. An example of how to convey the essential ideas to a person contemplating suicide is to say, "It is not unusual for people to be so upset with _____________(e.g. relationships, circumstances, etc…) that thoughts of suicide occur; this does not mean that you are weird or strange. I am glad that we have you in here, so that you can tell us how you're feeling and what you are thinking. You have made a good choice since now you can begin exploring other ways to solve or cope with your problem(s)."

Step Six: Actively listen and positively reinforce the student. Being heard, and respected is a powerful experience for anyone who is feeling at a loss for how to cope.

Step Seven: Do not attempt in-depth counseling. Counseling therapy cannot really take place during the height of a suicidal crisis. The most important task is to develop a plan to begin lessening the sense of crisis a student may be experiencing.

Step Eight: Complete the Suicidal Assessment Data Sheet (Appendix B - B.2).

*** *The crisis team members should assess the situation in a very thorough manner. At a minimum, all applicable questions listed in Appendix B should be directly asked of the student unless the answers to them are shared during the course of the discussion. The interviewing team must make judgments about the truthfulness of a specific response by considering the response in the total context of the interview.* ***

Step Nine: Make crisis management decisions. If, as a result of an assessment made by at least two professionals, it appears that the student is at risk for suicide, a number of crisis management interventions should be considered:

- Notifying parents (use professional discretion, inform them of any means restriction);
- Writing a contract;
- Considering further assessment by a local mental health clinic;

  Call to local Hospital Emergency Room (ER)
  Completion of Reciprocal Release Form to accompany parents to facility

- Educate the family and organize a protective watch; and
- Any others options available

Step Ten: Follow through with your team's plan.

IMPORTANT NOTE:

A copy of ALL documentation to include assessments should be provided to the parents or legal guardian, the professionals working the case for their personal notes, and placed in the School Crisis binder. The School Crisis binder should be housed under lock in key (confidential information) in the school administration office.

Means Restriction

Means Restriction is a strategy used by counselors and support personnel to help protect potential victims of suicide and or homicide. During the assessment phase of a crisis (suicide or homicide), the counselor establishes whether or not the person in crisis has access to items that he/she can use to harm him/herself or others. The counselor does this by discussing "Means" with the person in crisis.

Means is the third component of an at-risk profile called "JAM" (Jeopardy of, Ability to, and Means by which to carryout out a plan). Means indicates whether or not the person in crisis has access to a weapon of choice (whatever that may be). The counselor gears questioning to uncover any plan and the details of the plan that the person in crisis is considering.

Example: Student states that he is going home and will kill himself with a shotgun.

The counselor should start gearing questions as to the student's ability to:

- access a gun (Do you have a gun – what kind – where will you get the gun, etc.?)
- determine potential victim(s)
- determine specifics of plan (when, where, how and with what)

In many cases the dangerous items that are used are guns, knives, heavy instruments (bats, pipes, etc.), belts, rope, cords (computer cables, appliance cords, etc.) or glass that can be broken into shards. However, other dangerous items can include matches/lighters, flammable liquids (gasoline), hazardous and household chemicals, drugs, alcohol and access to motorized vehicles.

Once the counselor establishes "Means", he or she can alert the family and necessary persons as to the removal or suspension of potentially hazardous items from the person in crisis.

Establishing an Effective Protective Watch

In the event that the local mental health center referral does not result in immediate hospitalization or service for a person contemplating suicide, it may be necessary for you to help educate this person's family in developing a "Protective Watch" strategy.

A "Protective Watch" is defined for our purpose as close supervision for a designated time so that the person in crisis will not engage in activities that could be potentially dangerous and or lethal to him/herself or others.

Parents, relatives, and friends will all need to be utilized to supervise in the watch. It is essential to have as part of the protective watch team the individual that the student identified in response to the question, "Is there anyone to stop you?"

Help the parents develop a list of suitable persons to supervise and a schedule so that the person in crisis is never left unattended in the home. In the opinion of leading researchers on the topic of suicide, it is never a good idea to depend on a family member alone to carry out a suicide watch; it is usually too difficult for family members to retain perspective.

There is no set length of time of the protective watch. This watch should at least be set up for the first 24 to 48 hours to insure that the crisis has subsided and long-term counseling or therapy has begun. It is also important to gauge the duration of the watch upon the child's ability to discuss his/her problems openly and his/her ability to return to some sort of practical routine.

Key Actions of the Protective Watch Team

Parents will want to know what they can do to prevent their child from committing suicide.

Inform the parents that all suicidal ideation should be taken seriously, particularly if the student has a suicide plan. Never have the parents dismiss their child's behavior as simply attention-seeking.

Have the parents ensure the physical safety of the child. Physical safety includes the removal or locked storage of potential weapons, lethal chemicals, alcohol and or drugs; and the limiting of access to dangerous areas (major roadways, waterways, and potential high falls).

Inform the parents to make themselves available to support their child. Parents should be caring but not too over-protective. Parents should provide close supervision but not be too intrusive.

Parents should discuss issues relating to the suicidal ideation or suicide attempt only at the initiative of the child. Parents should stay away from any form of interrogation!

Provide parents with Appendix F (Agencies and Emergency Numbers) and have them call for help if they feel it is necessary.

Conducting a Lethality Assessment – Threat to Others Assessment

Homicide in the schools is a topic that must be addressed by school professionals. These professionals must prepare themselves to the best of their ability to effectively respond to homicidal threats in the schools. The Threat to Others section of the Threat Assessment contained in the Appendix B of this crisis manual is meant to be a guide for school personnel to use when responding to a threat of homicide.

While it is difficult to predict whether a child will become violent there are early warning signs and risk factors that when present increase the likelihood of the child engaging in a violent episode.

The mentor research center in Portland, Oregon identifies three levels of concern with which people assessing the risk of violence in children should be familiar.

The first level of concern is the warning signs that are present very early in a child’s life. The most significant of these concerns are fire starting, cruelty to animals, and bed wetting. The most effective way to address this level of concern is through early and intense intervention.

The second level of concern is the risk of violence taking place in the near future. Some general warning signs at this level include social isolation or withdrawal, behavior easily influenced by peers, victimization by peer group, and fascination with weapons, dwelling on experiences of rejection, etc. This level of concern requires school personnel to intervene in an attempt to prevent the student’s behavior from escalating and to attempt to assist the student learn to cope with everyday environmental stressors through effective means. This level of concern may or may not be treated as a crisis at the school level. This determination will be made at the discretion of the school’s crisis response team.

The third level of concern refers to there being an immediate risk of violence. Some general warning signs at this level include recent involvement in a violent episode, having a target for homicidal or destructive behavior, and communicating destructive or violent intent. When this level of concern is present the crisis response team will refer to this crisis manual and complete the lethality assessment form and take appropriate action as a result of the data collected through that assessment.

Timely and appropriate interventions are important keys to preventing violence from occurring at school.

IMPORTANT NOTE:

A copy of ALL documentation to include assessments should be provided to the parents or legal guardian, the professionals working the case for their personal notes, and placed in the School Crisis binder. The School Crisis binder should be housed under lock in key (confidential information) in the school administration office.

**Much of the above information was taken from the Mentor Research Institute in Portland, OR.*

Referring Student's for a Mental Health Assessment

In the past, the school staff would make the initial assessment at the school site and then refer the student and family to the Lafourche Mental Health Center so that they could reassess the case and determine the need for mental health services. Recent changes will now require the school staff to make the initial assessment and then if the assessment findings suggests, a referral to the local emergency room shall be made.

Recent conversation with the Lafourche Behavioral Health Center has revealed that their current staff cannot support episodic crisis assessments. The Lafourche Behavioral Health Center also refers these types of crisis cases to the local hospital's emergency room (ER). Below please find information on how to refer a student to the ER, what information to present to the ER, and will address frequently occurring problems when referring to the ER.

When to refer to the local hospital emergency room:

School personnel will refer students in crisis to the ER under the following circumstances:

1. When the crisis team has completed a suicide assessment data sheet (appendix B) and determined there to be a risk of suicide present; or
2. When the crisis team has conducted a lethality assessment (appendix B-1) and determined there to be a risk of homicide present; or
3. When the crisis team has conducted an assessment and determined that the student is actively hallucinating or experiencing delusions.

How to refer to the hospital emergency room:

1. Contact the student's parent or guardian and request that person to come to school for a conference.

2. When the parent arrives at school have a member of the crisis team speak to the parent and inform them of the situation and the recommended course of action.

3. Contact the local hospital's emergency room and inform them of the situation and that you are referring the student to their site. Refer to either the suicide assessment data form or the lethality assessment form depending on the nature of the crisis and provide the ER worker with the pertinent information contained on the appropriate sheet (student's name, date of birth, nature of referral, pertinent background information such as history of suicidal/homicidal ideation/attempts, etc.).

4. Have the parent sign the reciprocal release of information allowing the team the opportunity to get information regarding the student's mental health treatment.

5. Have the parent transport the student to the local hospital's emergency room. A member of the crisis team may follow the parent to ER to provide information and to support the parent and student; however, this is not required.

What if" questions:

What if the crisis team has determined there to be a risk of suicide but cannot get in touch with the parents?

The team should try all emergency numbers listed on the student data screen. Ask the student if there are any other numbers that are not listed but may allow the school to speak with an adult. If these attempts are unsuccessful, contact the police department and inform them of the situation. Remember, suicide in Louisiana is against the law.

What if the crisis team determines there to be a risk of suicide but the parent refuses to come in for a conference or says that she/he cannot come in for a conference? What if a parent comes in for the conference but refuses to take the student to Mental Health despite there being a clear risk?

Inform the parent that you are required by law to take action and that you will be contacting the local police agency for guidance regarding the situation. Contact the police department and inform them of the situation and request their assistance. The contact person from the school may ask the police at this point if a coroner's hold is appropriate for the situation.

What if the parent comes in for the conference and agrees to have the child seen at the Mental Health Center but does not have transportation?

Ask the parent if there are any relatives or friends that will be available to drive them to Mental Health facility. Ask the parent if they are able to pay for a taxi to transport the student to and from Mental Health. If the parent is unable to pay for this transport then call the police station and inform them of the situation. Tell the police that you need assistance with transporting a student from school to the Mental Health site. The police will tell you that they cannot transport the student without a coroner's hold. Ask the police what you have to do to begin the process of getting a coroner's hold and act accordingly. This process takes a long time and should only be used as a last resort. The police will instruct you as to what is the best and most efficient way to obtain a coroner's hold as this process may be different in separate parts of the parish.

Prior to contacting the police department the crisis team should exhaust all other options. Contacting the police department should be done as a last resort. Getting a coroner's hold may take an extremely long time and the police department cannot transport without one.

SECTION VI

SUBSTANCE ABUSE

INVOLVEMENT AT SCHOOL

CHECKLIST FOR SUSPECTED SUBSTANCE ABUSE WITHOUT KNOWLEDGE OF POSSESSION:

______ 1. NOTIFY PAC SUPPORT STAFF/COUNSELOR

______ 2. INFORM ADMINISTRATOR(S)

______ 3. SEND PUPIL EVALUATION TO ALL OF STUDENT'S TEACHERS

______ 4. GATHER AND ANALYZE INFORMATION

______ 5. IF RESPONSES INDICATE CONCERN:

- ______ NOTIFY PARENTS
- ______ NOTIFY SBLC
- ______ NOTIFY SAFE AND DRUG-FREE SCHOOLS AND COMMUNITIES COORDINATOR

CHECKLIST FOR SUSPECTED USE/POSSESSION/DISTRIBUTION OF AN ILLEGAL SUBSTANCE ON SCHOOL PROPERTY, ON SCHOOL BUS, OR AT SCHOOL EVENT:

______ 1. Notify:
- ______ Administrator
- ______ Drug-Free Schools Intervention Strategist

______ 2. Two Professionals Conduct Search (Same Sex)
- ______ Person
- ______ Personal Belongings
- ______ Locker

______ 3. Administrator Notifies:
- ______ Parents
- ______ Lafourche Parish Sheriff's Office (Note Name of Deputy: ____________)
- ______ Child Welfare and Attendance

______ 4. Complete Lafourche Parish School Board Incident Report
- ______ Send copy to Child Welfare and Attendance
- ______ Send copy to District Attorney
- ______ Retain original in Principal's Confidential File

______ 5. Request police to do field test of the substance

______ 6. Inform parent(s) of the importance of drug testing/screening for their child

______ 7. Have all involved students/professionals write narrative

______ 8. Suspend student(s) pending hearing
- ______ Special Education Permission (if applicable)

______ 9. Notify Safe and Drug-Free Schools and Communities Coordinator

PUPIL EVALUATION (Confidential)

DATE: ________________________

RE: ____

TO: __________________________ __________________________

__________________________ __________________________

__________________________ __________________________

__________________________ __________________________

WE ARE CONCERNED ABOUT THIS STUDENT'S GRADES/BEHAVIOR. PLEASE COMPLETE THE FOLLOWING CHECKLIST AND RETURN TO THE INTERVENTION STRATEGIST

	YES	NO
1. ARE GRADES DECLINING?	_____	_____
TEST GRADES	_____	_____
CLASSWORK	_____	_____
HOMEWORK	_____	_____
2. IS BEHAVIOR DIFFERENT?		
IF YES......		
MOOD SWINGS	_____	_____
INATTENTATIVE	_____	_____
CHANGE OF FRIENDS	_____	_____
SLEEPY	_____	_____
APPEARANCE CHANGE	_____	_____
3. HAVE ABSENCES INCREASED?	_____	_____

Lafourche Parish School Board – Incident Report

Case Number (Refer to Police Report)	School	Investigating Agency	Investigating Officer(s)
	Location of Incident	Date of Incident	Time

*Forward to: (within 24 hours)
1. District Attorney's Office
   P.O. Box 431
   Thibodaux, IA 70301
2. Child Welfare and Attendance
3. Retain copy in School

Student Name	DOB	Age	Grade	Race	Sex	Check where appropriate Accused	Witness	Arrested	Initials of School Attended	Address	Guardian	Phone

Describe Weapon Used	Area Vandalized of Damaged by Fire, Water, or Other

Victim's Name	Student ( ) Non Student ( ) Staff ( )	Race	Sex	Age	DOB	Address	Phone Number

Name of Parent or Guardian Notified	Name of Person Notified at Lafourche Parish School Board Office

Narrative of Incident

School Official Reporting (Signature)	Date Received

Type of Incident Indicate with Check	
Battery - Teacher	
Battery – Aggravated	
Battery – Simple	
Bomb Threat	
Bullets	
Drugs – Alcohol	
Drugs – Cocaine	
Drugs – Marijuana	
Drugs – Pills	
Fire/Arson	
Rape	
Rape – Attemtped	
Robbery	
Robbery – Armed	
Theft	
Theft (Auto)	
Trespassing	
Vandalism	
Vandalism (Auto)	
Weapon – Gun	
Weapon – Knife	
Weapon – Other	
Misc. Incidents	

PROCEDURE FOR SUSPECTED DRUG OVERDOSE ON CAMPUS

(This includes legal, illegal, prescription, and over the counter medicine such as aspirin, Tylenol, sinus medicine, etc.)

1. Designate someone to stay with the student. This should be a CPR trained person who will monitor the student's condition until the nurse arrives.

2. If student is lethargic or disoriented or becomes unconscious, call 911 immediately.

3. Activate the Crisis Response Team procedure.

4. If student is alert and talking, call parent or next person listed on the Student Emergency Information card. (If no one listed on the card can be contacted, call 911.)

5. Do not induce vomiting under any circumstance. This will be done by experienced medical personnel if deemed necessary.

6. Notify Pupil Appraisal of incident. This should be done regardless of the outcome since it is a suicide attempt.

SCHOOL BUILDING LEVEL COMMITTEE REQUEST FOR INFORMATION

TO:

FROM:

REGARDING: Student ____ Grade ______

The above student has been referred to the School Building Level Committee. In order to assist us in assessing the nature of help the committee might provide, please indicate on the form below any behavior you might have noticed within the past 3 months or concerns you may have about the student. Please feel free to make comments where appropriate.

Please return this form to ____ as soon as possible.

PLEASE CHECK RELEVANT ITEMS AND COMMENT:

I. ACADEMIC PERFORMANCE COMMENTS — COMMENTS

_______ Decline in quality of work
_______ Decline in grade earned
_______ Incomplete work
_______ Work not handed in
_______ Failing in this subject

II. CLASSROOM CONDUCT COMMENTS — COMMENTS

_______ Disruptive in class
_______ Inattentiveness
_______ Lack of concentration
_______ Lack of motivation
_______ Sleeping in class
_______ Impaired memory
_______ Extreme negativism
_______ In-school absenteeism (skipping)
_______ Tardiness to class
_______ Defiance; breaking rules
_______ Frequently needs discipline
_______ Cheating
_______ Fighting
_______ Throwing objects
_______ Defiance of authority
_______ Verbally abusive
_______ Obscene language, gestures
_______ Sudden outbursts of temper
_______ Vandalism
_______ Frequent visits to nurse, counselor

_______ Frequent visits to lavatory
_______ Hyperactivity, nervousness

III. OTHER BEHAVIOR COMMENTS

_______ Erratic behavior day-to-day
_______ Change in friends and/or peer group
_______ Sudden, unexplained popularity
_______ Mood swings
_______ Seeks constant adult contact
_______ Seeks adult advice without a specific problem
_______ Time disorientation
_______ Apparent changes in personal values
_______ Depression; low affect
_______ Defensiveness
_______ Withdrawal; a loner; separateness from others
_______ Other students express concern about a possible problem
_______ Fantasizing; daydreaming
_______ Compulsive overachievement; preoccupied with school success
_______ Perfectionism
_______ Difficulty in accepting mistakes
_______ Rigid obedience
_______ Talks freely about drug use; bragging
_______ Associates with known drug users

IV. POSSIBLE AODA-SPECIFIC BEHAVIORS

Witnessed	Suspected	
[ ]	[ ]	Selling; delivering
[ ]	[ ]	Possession of alcohol, drugs
[ ]	[ ]	Possession of drug paraphernalia
[ ]	[ ]	Use of alcohol, drugs
[ ]	[ ]	Intoxication
[ ]	[ ]	Physical signs, symptoms
[ ]	[ ]	Others?

What actions have you already taken? (E.g., shared concern and data with student, initiated consequences, parent contact, etc.).

Adapted from: Anderson, Gary, When Chemicals Come to School, Community Recovery Press, Greenfield, WS 1987.

SECTION VII

CHILD ABUSE

All information below taken from the Department of Child and Family Services Web Site – https://moodle.dcfs.lsagov

Mandatory Reporting

Mandated reporters are obligated to report suspicion of child abuse and neglect due to the nature of their professions. A permitted reporter is any other person who has cause to believe that a child's physical or mental health or welfare is endangered as a result of abuse or neglect. Consequently, they may report the suspected case of abuse or neglect. Permitted reporters are friends, neighbors, or anyone else concerned about a child's care and safety. There are a few circumstances in Louisiana when all persons are mandated to report child abuse:

1. Any person who is 18 years of age and older who witnesses the sexual abuse of a child must report it to either local law enforcement or to DCFS (LA R.S. 14:403(A)).
2. Any person who has knowledge of the commission of a homicide, rape, or sexual abuse of a child must report it to a law enforcement agency or a district attorney (LA R.S. 14?:131.1).

When you have cause to believe or suspect child abuse/neglect exists, or child abuse/neglect arises, it is **your legal obligation to report immediately**, even if you are not completely sure that maltreatment occurred. Although you may not have witnessed the abuse, or you might believe that filing a report may not lead to any benefit to the child, or may place the child at an increased risk of harm, or that the parent may discover your identity, these concerns **will not protect you** from criminal liability for failing to report. Louisiana Law requires immediate reporting of **all SUSPICIONS** (Article R.S. 14:403).

Louisiana Criminal Code (Article R.S. 14:403) – Failure to Report

A. Any person who is required to make a report of child abuse and knowingly and willingly fails to do so will be:

1. Guilty of a misdemeanor;
2. And upon conviction will be:
   - imprisoned up to six months or fined up to $500 or both.

B. Any person who is required to report the sexual abuse of a child, or the abuse or neglect of a child which results in the serious bodily injury, neurological impairment, or death of the child, and the person knowingly and willfully fails to report will be:

1. Imprisoned up to three years,
2. Fined up to $3000,
3. Or both.

NOTE: Any person who in good faith makes a report will have immunity from any civil or criminal liability that otherwise might be incurred or imposed. Generally, a reporter will be in good faith as long as they do not make a report which they know, or have good reason to believe is false (Article 611).

Duty to Warn

All information below taken from the National Conference of State Legislature (NCSL)

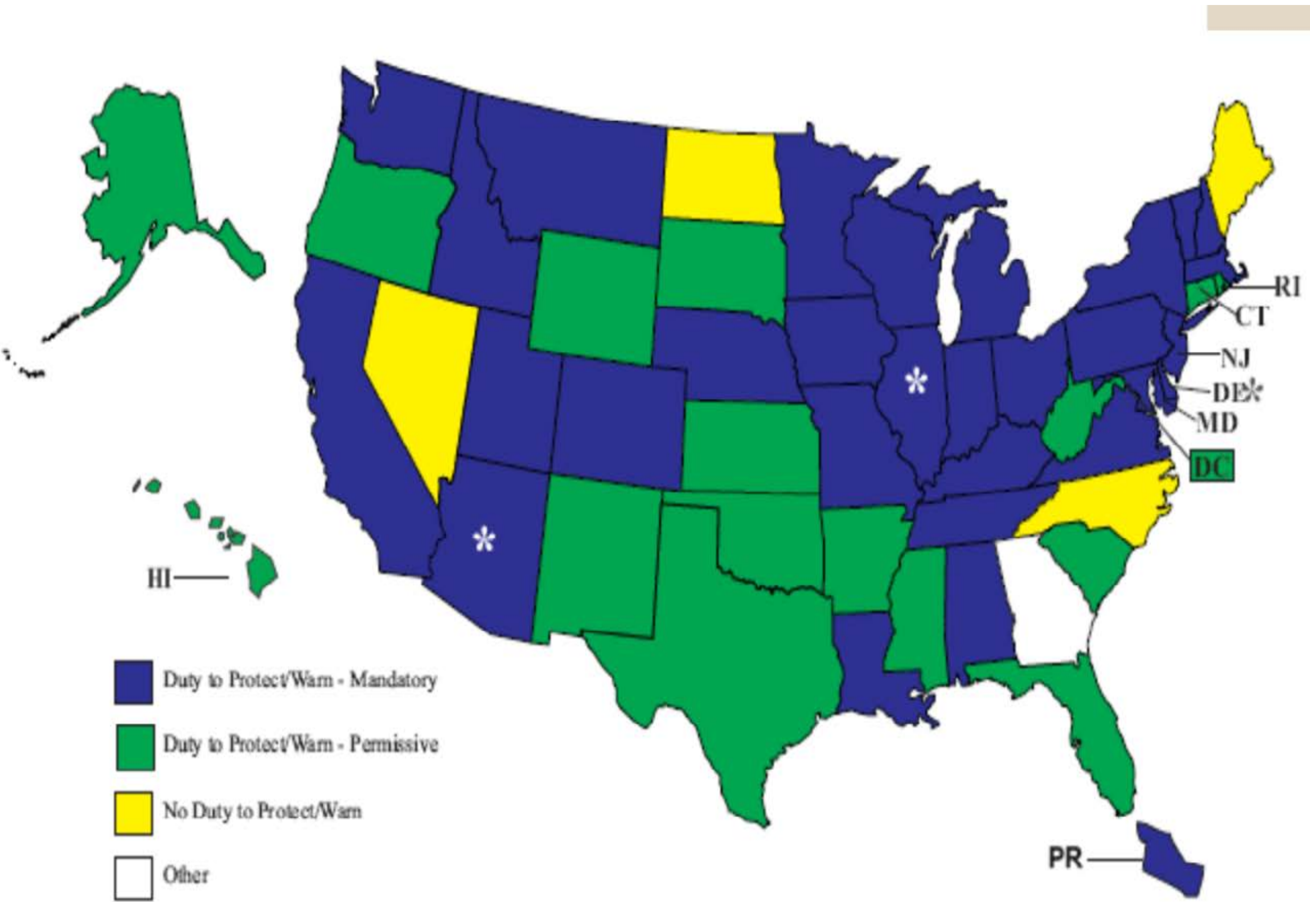
Website: www.ncsl.org

STATE LAWS							
State	Relevant Statutes	Duty Yes/No	Mandatory Permissive	Applies To	Last Modified Effective	Statutory Summary	Interpretation by Case Law
Louisiana	La. Rev. Stat. Ann. §2800.2	Yes	Mandatory	Psychologists, Psychiatrists, Marriage and Family Therapists, Licensed Professional Counselors, and Social Workers.	Jan. 1, 2010	When a patient has communicated a threat of physical violence, which is deemed to be significant in the clinical judgment of the treating psychologist..., against a clearly identified victim or victims, coupled with the apparent intent and ability to carry out such threat, a duty to warn/protect arises. The duty is discharged if the treating professional makes a reasonable effort to communicate the threat to the potential victim or victims and to notify law enforcement authorities in the vicinity of the patient's or potential victim's residence. Also provides for immunity for disclosure.	

Duty to Warn - Continued

All information below taken from the National Conference of State Legislature (NCSL)

Website: www.ncsl.org



WORKING AGREEMENT

BETWEEN

LAFOURCHE PARISH SCHOOLS

AND

THE DEPARTMENT OF SOCIAL SERVICES,

OFFICE OF COMMUNITY SERVICES

The Louisiana Child Abuse Statute, (LA R.S. 14:403) as amended by Act 595 of the Louisiana Legislature of 1988, requires the inclusion of the name of the alleged abuser, if given to the reporter by the child, allows investigators access into the school in order to interview the child, requires cooperation with investigative procedures, provides penalties, and related matters.

The child abuse law mandates that **all** cases of **suspected** child abuse and neglect be reported, and **it specifically designates all employees of school boards as mandated reporters.** Failure to do so may result in a fine or imprisonment. Reports of child abuse, neglect, sexual abuse, sexual exploitation, or emotional maltreatment or that such was a contributing factor in a child's death, where the abuser is believed to be a caretaker, shall be made to the local child protection unit of the Department of Social Services. Reports in which the abuse is believed to be by someone other than a caretaker and the victim's caretaker is not believed to have any responsibility for the abuse, neglect, or sexual abuse shall be made immediately to the law enforcement agency.

In order to comply with the reporting statute and to coordinate the school's role as mandated reporter with the investigative role of the Office of Community Services, the following agreement between the Lafourche Parish School Board and the Lafourche Parish Department of Social Services, Office of Community Services, is entered into:

(1) When a **mandated reporter (as defined in paragraph two above)** in the Lafourche Parish School System has reason to believe that a child has been abused or neglected, he/she will immediately notify the school principal. The mandated reporter will then, in the presence of the school principal or his designee, telephone the Department of Social Services, Office of Community Services (OCS) at 447-0945 and ask for the Intake Worker. As much information as possible should be provided regarding the child, parents, location, and the reasons that abuse/neglect is suspected. The report shall also name the person or persons who are thought to have contributed to the child's condition, and the report shall contain the name of such person if he is named by the child. Use the **Child Protection Referral Form** provided in this packet as a guide for providing the needed information, (Attachment)

(2) There will be no attempt on the part of the school staff to prove the allegation of abuse/neglect before reporting. All that is required to report is a reasonable suspicion of abuse/neglect. Investigation and determination of the validity or invalidity of a report is the responsibility of the Office of Community Services (OCS)

(3) The school staff **will not** notify the parent or guardian of the abused/neglected child that the Office of Community Services is conducting an investigation. It is this agency's responsibility to notify the parents.

(4) The school staff **will not** notify the child prior to the arrival of the child protection worker.

(5) When the child protection worker wishes to interview the child in the school, he/she, when possible, will telephone the principal or designee verifying that the child is attending school that day. The child protection worker will have a picture I.D., give the principal his/her name and a phone number which can be used to verify the worker's identity. The worker will sign the school visitor's register.

(6) The principal will send for the child and provide a private space for the interview with the child.

(7) A school staff person whom the child knows and with whom he/she feels comfortable may be present during the interview if the child and the OCS worker are in agreement with this. If the child objects, a school staff person will not sit in for the interview.

(8) The child protection worker will contact the child's parent or guardian within twenty-four hours; and if at all possible, prior to the child's return home from school.

(9) In situations where the child protection worker deems that taking the child into custody is necessary, the worker will contact the court to secure a verbal hold order. The principal shall call the court to verify this order prior to releasing the child. The child will be released by the school only after completion of the attached **School Release Verification Form** and **confirmation from the court**. A copy of the form shall be kept in a confidential folder in the school office. (Attachment)

(10) The child protection worker may request of the principal appointment times during which other school staff persons may be interviewed. The principal will arrange for these interviews in as timely a fashion as possible with the least possible disruption to the school schedule.

(11) The school staff person who reported the suspected abuse/neglect to the Office Of Community Services will complete the **Lafourche Parish Schools Child Protection Referral Form** **within five days of report**. (Attachment) The original will be mailed to the Lafourche Parish Department of Social Service, Office of Community Services, 1222 Tiger Dr., Thibodaux, Louisiana 70301. One copy should be kept in the school's **confidential folder** for abuse/neglect. The school board copy will be sent to Child Welfare and Attendance and a copy to the District Attorney's Office.

(12) The child protection worker will report to the school on the **OCS Form 480** on or before sixty days concerning the status of the reported case. (Attachment)

(13) The child protection worker may conduct a follow-up contact with the mandated reporter to obtain additional information about the case. If the case does not meet the OCS legal or policy definition of child abuse or neglect, OCS Form 481 will immediately be sent to the mandated reporter. (Attachment)

(14) Both state law and professional ethics dictate that **confidentiality** shall be maintained regarding the child's name and situation. **Knowledge of the report and the investigation shall be kept in confidence by all school employees. The identity of the mandated reporter shall not be divulged by the child protection worker.**

(15) Whenever there are cases such as alleged sexual abuse, severe physical abuse or fatalities involving children, agreements exist between the Office of Community Services and local law enforcement agencies to conduct joint investigations. In such cases, a juvenile officer may accompany the child protection worker on the visit to the school and participate in the interview with the child. Both agencies may be contacted by the school if deemed necessary.

(16) When school staff are involved in service delivery to the child as part of the agency case plan, they will be invited to participate in staffing and family team conferences. The school staff will make every effort to attend and participate if their schedules permit.

It is hoped that this agreement will facilitate the reporting and investigation of child

abuse/neglect cases and minimize any disruption of the education process.

The Lafourche Office of Community Services and the Lafourche Parish School Board also agree to share applicable in-service training when either is conducting such training. Examples of Office of Community Services training include but are not limited to indicators in the child and parent of child abuse/neglect, interviewing abused/neglected children, risk assessment, and the like. Examples of such school board training include but are not limited to the characteristics and needs of the child in special education, behavior management, assessing educational difficulties, and the like.

Both the school board and the agency will monitor this working agreement on an ongoing basis. The Superintendent or designee and the agency supervisor will meet annually to discuss operations, problems, complaints from staff, suggested improvements, and share pertinent information.

AGREED TO BY:

____
Elmo Broussard
Superintendent
Date
Lafourche Parish Schools

____
Eva S. Jackson
Thibodaux Region III District Supervisor
Date
Department of Social Services
Office of Community Services

____
Social Service Supervisor
Date
Thibodaux Region III
Department of Social Services

Attachments:
- School Release Verification Form
- Lafourche Parish Schools Child Protection Referral Form
- OCS Form 480
- OCS Form 481

CHECKLIST FOR REPORTING SUSPECTED CHILD ABUSE CASES

Child's Name ____________________________ Date ______________

______ 1) Employee (teacher, school counselor, etc.) notify school principal or designee of suspected child abuse/neglect (the employee/reporter should have first hand information from the alleged victim).

______ 2) Employee, in presence of school principal, or designee call Department of Child Family Services (DCFS) at 985-447-0945. Employee will not notify the family or the child that a report has been made to OCS.

***Complete the Department of Social Services, Office of Community Services Written Report form for Mandated Reporters of Child Abuse/Neglect Referral (see attachment) to use as a reference when calling DCFS.**

______ 3) Submit the Department of Social Services, Office of Community Services Written Report form for Mandated Reporters of Child Abuse/Neglect Referral (within 5 days)

______ A) Mail original to DCFS
1416 Tiger Dr.
Thibodaux, LA 70301

______ B) Retain copy at school site in confidential file

***Note: See Working Agreement Between Lafourche Parish Schools and the Department of Social Services Office of Community Services** for complete details on procedures and responsibilities of schools and OCS.

Confidential
Department of Social Services, Office of Community Services
Written Report Form for Mandated Reporters of Child Abuse/Neglect

I understand that I am making a report of child abuse and/or neglect in good faith and in accordance with the Louisiana Children's Code, Article 610 D. which requires me, as a mandated reporter, to send a written report to the Office of Community Services or law enforcement within five days of having made an initial oral report. I understand that I may report suspected abuse and/or neglect in writing instead of an oral report.

Use: This form is available for you to use to make a written report of child abuse and/or neglect to OCS or law enforcement. If you are unable to print out the form, contact any OCS parish or regional office and one will be sent to you.

Completion: Complete each item with information known by you that may be pertinent to the suspected abuse/neglect. **If there are items for which you have no information, please complete with "Unknown". It is not necessary for you to try and get all information requested.** If you need more space, please add a page. Once completed, it may be printed out and mailed or faxed to the OCS office for the parish where the child lives or where you made the report. The local offices, addresses and fax numbers are on this web site (www.dss.state.la.us). If you have not yet made a report to OCS, please fax this form as soon as possible. **Thank you for your interest and commitment to the safety and well being of children.**

This Written Report is: ☐ Initial Written Report to OCS ☐ Report to Law Enforcement
☐ Follow-up to oral report to OCS on: (Date) _________ to (Parish) ________________________ OCS Office

Is there any danger to a worker? ☐ None known ☐ Yes, Explain________________________

Suspected Child Victim(s):

1. Name: ______________________ DOB/Age: __________ Race: ______ Sex: ____
2. Name: ______________________ DOB/Age: __________ Race: ______ Sex: ____
3. Name: ______________________ DOB/Age: __________ Race: ______ Sex: ____

Home Address: ______________________________ Telephone: ____________

Parents/Caretakers Names: ______________________________

Others in Home: ______________________ Age: _________ Race: ______ Sex: ____
(Children & Adults if known) ______________________ Age: _________ Race: ______ Sex: ____
______________________ Age: _________ Race: ______ Sex: ____
______________________ Age: _________ Race: ______ Sex: ____

Suspected Perpetrator(s): ______________________ Relationship to Child: __________
______________________ Relationship to Child: __________

Suspected Perpetrator's Address: ______________________________

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

Page 1

OCS Form CPI-2
Reissued: 6/08 Replacing: 2/06

Suspected Child Victim's Name (from Page 1): ____________________

What is current circumstance/condition of the child victim and are they currently in danger of serious injury or harm? Why?

____

Identity of any child or adult who gave any explanation of the child's injury or condition, along with the date and details of the explanation: ____________________

How and when did this child(ren) victim come to your attention? ____________________

What services and/or referrals have been provided to the child/family by you or your agency/facility? ____________________

Have you previously reported abuse/neglect on this child or any of his siblings? ☐ No ☐ Yes

If yes, please give number of times, approximate dates, persons reported, office to which reported and outcome, if known:

____

What is going well for the family; areas of parenting they handle adequately; and, was there a time when they adequately cared for or protected the child(ren), if known?

____

Other Pertinent Information (other persons with information about the family and way to contact)

____

Reporter's Printed Name: ____________________ Phone # to Contact: ____________________

Signature: ____________________ Date: ____________ Best Contact Time: ____________

Position/Type of Reporter: ____________ Agency/Provider: ____________________

Reporter's Address: ____________________

Page 2

OCS Form CPI-2
Reissued: 6/08 Replacing: 2/06

PHONE NUMBERS TO REPORT

CHILD ABUSE/ASSAULT

Division of Social Services (DCFS)		447-0945
Lafourche Parish Sheriff (Juvenile Officers)	North	446-2255
	Central	532-2255
	South	798-2255
	Bayou Blue	868-2255
Lafourche Parish District Attorney's Office		447-2003
Thibodaux City Police		446-5021
Lockport City Police		532-9799
Golden Meadow City Police		475-5213
Prevent Child Abuse LA		1-800-348-5437
National Child Abuse Hotline		1-800-422-4453
YWCA Rape Crisis Hotline (New Orleans)		504-483-8888
Lafourche Parish School Board (Supervisor of Child Welfare and Attendance)		446-5631

AN OVERVIEW OF CHILD ABUSE

Child abuse includes the following categories:

PHYSICAL ABUSE

NEGLECT

EMOTIONAL ABUSE/MALTREATMENT

SEXUAL ABUSE

The following pages include functional definitions of abuse, physical and behavioral indicators of abuse and coping styles of abused children.

FUNCTIONAL DEFINITIONS

ABUSE

Functional Definition: any of the following acts which seriously endanger the physical, mental, or emotional health and safety of the child:

- The infliction, attempted infliction, or as a result of inadequate supervision, the allowance of the infliction or attempted infliction of physical or mental injury upon the child by a parent or any other person;
- The exploitation or overwork of a child by a parent or any other person;
- The involvement of the child in any sexual act with a parent or any other person, or the aiding or toleration by the parent or the caretaker of the child's sexual involvement with any other person or of the child's involvement in pornographic displays, or any other involvement of a child in sexual activity constituting a crime under the laws of the state.

BEHAVIORAL INDICATORS OF PHYSICAL ABUSE

- WITHDRAWAL: The child may remain aloof physically and emotionally from other children.
- AGGRESSIVENESS: The child bullies or fights with other children, is openly defiant of adult authority, or is destructive of property, animals, other children, or even him/herself; or
- OVER COMPLIANCE: The child is too good, too eager to meet all the expectations of adults.
- The child is afraid to go home or appears frightened of his/her caretakers. This may be evidenced by coming to school early and staying late.
- The child may be absent from school a great deal because of his/her injuries and the need to hide them from others.
- The child is anxious or frightened about normal activities such as napping, being in a room with the door closed, eating, etc.
- The child complains of soreness or appears to move awkwardly, as if in pain.
- The child wears inappropriate clothing in warm weather, such as long sleeves and high necks, which may be covering bruises and injuries.
- The child runs away from home repeatedly.
- Some abused children may be wary of physical contact with adults.
- Some young children, including babies and toddlers, may exhibit a very passive, watchful behavior in which they stay very still, paying close attention to adults' behavior and facial expressions. This is termed "Passive Watchfulness" or "Hypervigilance".

NEGLECT

Functional Definition: Failing to give a child proper food, clothing, shelter, general and medical care, supervision, or love and affection. An act of omission by a parent or caretaker which results in harm or the threat of harm to a child.
Physical Indicators of Neglect:

* Abandonment
* Clothing Inadequate
* Dependency
* Drug/Alcohol Abuse
* Failure to Thrive (Nonorganic)
* Food Inadequate
* Lack of Adequate Supervision
* Malnutrition/Starvation
* Medical Neglect
* Shelter Inadequate

BEHAVIORAL, DEVELOPMENTAL AND COGNITIVE INDICATORS OF NEGLECT:

PROBLEMS

- Lack of conscience, which allows the child to break rules & laws or behave aggressively or cruelly without guilt or anxiety
- Poor impulse control, including lack of foresight and short attention span
- Poor self-esteem and seeing him/herself as incapable of change
- Lack of trust
- Indiscriminately affectionate but with no depth of emotion for anyone
- Need to be in control
- Inability to recognize his/her own feelings
- Difficulty in:
  - Expressing feelings appropriately
  - Recognizing feelings in others
  - Understanding cause and effect
  - Abstract and/or logical thinking
- Delays in:
  - Fine- or gross-motor skills
  - Social development

EMOTIONAL MALTREATMENT

Functional Definition: The parent/caretaker's actions result in the deterioration of the child's physical, mental or emotional well being. Exploitation and passive abuse are also forms of maltreatment.

FIVE FORMS OF EMOTIONAL ABUSE/MALTREATMENT

1.) REJECTING

- The adult refuses to see the child's worth and the legitimacy of the child's needs.
- Rejecting parents give their children the message that they may abandon them. With a two to five year old, rejecting includes excluding the child from aspects of family life, such as not being there as a safe base for a child to return to after he/she tentatively begins exploring on his/her own.
- The rejecting parent of the school age child tends to give negative verbal responses to the child, to label him/her negatively, and not to value age-appropriate achievement.
- The rejecting parent of the adolescent criticizes the child, refuses to allow him/her the freedom and responsibilities appropriate for this age, and puts down his/her attempts to establish his/her identity.
- The rejecting parent may literally abandon a child of any age - through leaving home, giving the child to relatives, or placing the child in substitute care.

2.) ISOLATING

- The adult cuts the child off from normal social experiences, prevents the child from forming friendships and makes the child believe that he/she is alone in the world. Isolating parents keep their children out of society as much as they can.
- With infants, isolating parents may be secretive - keeping children in their cribs and away from other people. With a two to five year old, the isolating parent gives the message that the parent is the only significant person for the child.
- Isolating parents of school age children keep these children away from peers and out of as many activities as possible. Adolescents who have

isolating parents are also forbidden or discouraged from having friends but also may be prohibited from dating. The child of any age with an isolating parent does not know how to have appropriate social relationships.

3.) TERRORIZING

- The adult verbally assaults the child, creates a climate of fear, bullies and frightens the child, and makes the child believe that the world is hostile and not safe.

- Terrorizing parents threaten their children in various ways. With an infant, this might include frightening the child and being unpredictable in meeting the child's needs. With a two to five year old child, terrorizing includes verbal threats.

- The terrorizing parent of the school age child tends to be inconsistent in expectations and constantly critical of the child's efforts. The terrorizing parent of the adolescent may prey on the child's attachment to his/her peers by threatening to embarrass or humiliate the child in front of the peers.

- Children of any age who have a terrorizing parent feel as though they have no security.

4.) IGNORING

- The adult deprives the child of essential stimulation and responsiveness, stifling emotional growth and intellectual development. Ignoring parents meet their own needs without responding to the needs of their children, but they do this more passively than do rejecting parents.

- With an infant, the parent ignores the child's development and attainments. The ignoring parent of the two to five year old does not engage or involve the child in his/her life.

- With school age children, the ignoring parent fails in his/her parental role of protecting the child from real or perceived harm. The ignoring parent of the adolescent tends to completely separate from the child by emotionally distancing him/herself.

- Children of any age who have had an ignoring parent feel forgotten and neglected.

5.) CORRUPTING

- The adult "mis-socializes" the child, stimulates the child to engage in destructive antisocial behavior, reinforces the deviance, makes the child unfit for normal social experience.

- With infants, corrupting parents reinforce unusual behaviors or sometimes create unusual behaviors such as dependence on medications. With a two to five year old, the corrupting parent rewards sexual or aggressive behaviors.

- The corrupting parent of a school age child further involves the child in illicit behaviors while punishing the child for refusing to participate in these behaviors. Adolescents with corrupting parents are pushed by these parents into ever more antisocial behavior such as prostitution or drug dealing.

- Children of any age with corrupting parents do not know what appropriate social behaviors or relationships are.

By James Garbarino

SEXUAL ABUSE

Functional Definition: Any contact or interaction between a child or teenager and an adult when the child is used to sexually stimulate the adult.

Sexual interaction can be physical or nonphysical. Physical sexual abuse includes rape, sodomy, and incest, as well as all kinds of sexual touching. Nonphysical sexual abuse includes exposing body parts, talking obscenely, and taking pornographic pictures.

A parent/caretaker uses or allows the child to be used for the sexual gratification of the adult.

Sexual abuse may include:

* Oral Sex
* Prostitution
* Sexual Enticement
* Sexual Exploitation, Pornography
* Sexual Intercourse (Vaginal/Anal)
* Sexual Manipulation or Fondling
* Simulated Intercourse
* Unspecified Sexual Abuse
* Venereal Disease

PHYSICAL INDICATORS OF SEXUAL ABUSE

The physical indicators of sexual abuse fall into two categories: Indicators which can be observed by a knowledgeable lay person, and those which require a medical examination.

Physical indicators are most likely to be observed while changing diapers or bathing an infant or young child. Such observations are often made by a day care worker, baby- sitter, non-abusive parent, or caretaker. They are less likely to be noticed in children who are old enough to bathe themselves. Physical indicators include:

- pain, itching, or bleeding in the genital area;
- genital, anal, or oral bruises;
- torn, stained, bloody underclothing;
- abdominal pain; and
- advanced stage of pregnancy.

Medical indicators would only be detected in the course of a gynecological examination and might require the use of blood tests or other diagnostic tests.

Medical indicators include:

- genital, anal, or oral bruises or bleeding
- swollen or red cervix, vulva, or perineum
- abnormal dilation of the urethra, vagina, or rectal openings
- the presence of semen on genitals, clothing, or mouth
- sexually transmitted diseases such as gonorrhea, syphilis, genital herpes, and AIDS
- early stage of pregnancy

BEHAVIORAL INDICATORS OF SEXUAL ABUSE

Unlike the obvious signs of physical abuse (broken bones, bruises, burns, etc.), the physical signs of sexual abuse are generally hidden under clothing. Therefore, you are more likely to suspect sexual abuse based on behavioral indicators. There is some danger here, since not all children who exhibit these behaviors will be the victims of abuse. However, the presence of the behaviors listed her may be cause for further investigation. The symptoms displayed usually vary according to the general age of the child.

The pre-school age child:

- May exhibit regressive or fantasy behavior. In an effort to escape from the reality of what is happening.
- May try to act like a much younger child, crawling, thumb-sucking, using a bottle, etc.
- Alternately, the child may people his/her world with an array of imaginary characters or pretend he/she is someone else.
- May display habit disorders such as nose picking, sniffing, and nail biting.
- May suffer from enuresis (involuntary discharge of urine, usually during sleep; bed wetting beyond the age when bladder control should have been achieved) or encopresis (incontinence of feces not due to organic defect or illness).
- May masturbate excessively.
- May have night fears and sleep disturbances
- May have an extraordinary fear of adults of the sex of the abuser.

THE FOUR BASIC COPING STYLES OF ABUSED CHILDREN

THE HIDER

This child tries to fade away. He/she may:

- Try to hide behind a chair or in another room;
- Hope to become invisible by hanging his/her head, avoiding eye contact, speaking very softly, or being "good" all the time; and
- Try to avoid abuse by staying out of sight and out of mind.

THE CARETAKER

The child actively heads off trouble by "fixing" problems. He/She may:

- Cater to parents by cooking, fetching drinks, doing chores;
- Care for younger children, even if they are very young;
- Try to keep parents happy to prevent abuse from happening.

THE SCAPEGOAT

This child offers to "take the heat" by assuming blame whenever the abuser is about to get violent. He/she may:

- Assume blame for any problems, whether he/she is at fault or not;
- Present him/herself for the abuse;
- Want to get the abuse over with and protect other children from it; and
- Believe that he/she is bad and deserves the abuse.

THE PROVOKER

This child deliberately "causes" abuse. He/she may:

- Be defiant and disobedient;
- Do exactly those things he/she knows will set the abuser off;
- "Take control" of the abuse by provoking it; and
- Provoke negative results in all situations (school, play, work) with aggression or other unsatisfactory behaviors.

Bullying

Bullying is a common problem among school aged children. Single incidents of bullying may not be considered a crisis situation. However, repeated incidents of bullying may influence the climate of your school and lead to crisis situations if not handled appropriately and quickly. The following section is intended to increase the reader's awareness about bullying, identify some common characteristics of bullies, offer some intervention and prevention techniques to school personnel dealing with bullying behavior, and offer some resources to learn more about reacting to bullying behavior on school campuses.

Some Statistics

The Martial Arts for Peace Website cites the following statistics:

- 30 % of U.S. students in grades 6-10 report being involved in a bullying incident, either as the victim or the aggressor
- There is 1 incident of bullying every 7 minutes on school playgrounds
- Adults intervene in only 4% of bullying incidents
- Peers attempt to intervene in 11% of bullying incidents
- No intervention takes place 85% of bullying incidents
- 2/3 of children believe that schools respond infrequently and ineffectively to bullying (Stop Bullying Now Website)
- 8% of students miss 1 day of instructional time per month due to bullying
- Bullying begins in elementary school, peaks in middle school, and continues into high school (Addressing Problems of Juvenile Bullying, Office of Juvenile Justice and Delinquency Prevention, 2001 as reported on the Martial Arts for Peace Website)

Myths about Bullying

Myth: Bullies are weak people with low self esteem.
Truth: Bullies have strong personalities, high self esteem, are often popular among their peer group, and have little anxiety.

Myth: Bullies engage in bullying behavior to feel better about themselves.
Truth: Bullies often engage in bullying behavior to exert power and control in social situations.

Myth: Students who are bullied will seek an adult to help handle the situation.
Truth: Most incidents of bullying go unreported and students will often accept help from a peer more frequently than they will an adult.

Myth: If students and adults ignore bullying behavior it will eventually go away.
Truth: If bullying behavior is ignored, the provocation will get worse. Bullying behavior requires immediate intervention.

Myth: Victims of bullies are weak people.
Truth: Victims of bullies are often responsible, respectful, emotionally mature, and prefer non-violent methods to resolve conflicts.

The above information was taken from:
Ron Banks, ERIC Clearinghouse on Elementary and Early Childhood Education, Champaign, IL, 1997. ERIC ID# ED 407154.
Bully Online: A UK Website

Intervention

When bullying behavior is identified in your school, immediate intervention is necessary. This intervention must be provided to the victim(s) as well as the aggressor. The Centre for Children and Families in the Justice System of the London Family Court Clinic identifies the following procedure when intervening on bullying behavior: Schools are encouraged to follow a similar process when intervening on bullying behavior on campus.

1. Immediately stop the behavior if the situation allows. If you do not witness it, address the behavior as soon as is feasible.
2. Talk to all students involved, including the bully, separately as soon as possible after the incident. Personnel are discouraged from talking to all involved as some may not wish to give a true account of the situation in the presence of peers.
3. Remind the aggressor of the school's policy on such behavior and the potential consequences for the behavior. Offer alternative behaviors to the aggressor and encourage him/her to demonstrate the expected behavior.
4. Reassure the victim(s) that efforts will be made to prevent such behavior from taking place in the future. Mediation may be conducted with the students involved. Personnel should determine whether this is an appropriate intervention on individual bases (consider victim safety).
5. Contact the parents of all students who are involved. Inform them of the efforts the school is making to address the situation and encourage them to speak to their children about the situation. Allow the parents to have input to the plan of action providing such input is reasonable and is beneficial to all parties involved.
6. Inform the administrators at your school as well as teachers of the involved students, duty teachers, and other staff members of the situation and request that they closely monitor the situation.
7. Monitor the situation and make contact with the aggressor and victim(s) to monitor their perception of the situation.
8. Report any developments to the parents of all involved, administrators and other school personnel.

Prevention

Creating a safe school environment involves putting forth efforts to prevent bullying from occurring on your campus. The following information includes points of interest for educators to consider when addressing bully prevention at school.

<u>Common Characteristics of Bullies</u>

- Need for power and control
- Little empathy for other people
- Defiant/oppositional toward adults
- Break school rules regularly
- High self esteem and low anxiety
- Well known among peer group
- Take little or no responsibility for wrongdoings – typically blame others for provoking them into negative action

<u>Common Characteristics of Victims</u>

- Socially isolated
- Interests are different from the majority of their peer group
- Physically smaller and weaker than peers
- Sensitive
- Typically follows school rules
- Chooses to resolve conflicts with words rather than through physical means
- Relate better to adults than to peers
- Cautious/Anxious

(The above information was taken from The Colorado Anti-Bullying Project website, and the Focus on Adolescent Services website)

Prevention Techniques

- Create a clear policy on how bullying will be handled at school. This policy should be disseminated to all teachers and personnel at the beginning of the school year.
- Educate students of the policy, consequences of bullying behavior, and specific ways for victims of bullies to respond to bullying behavior.
- Build and identify for the students positive support systems at your school that they may access if needed (school counselor, SLC, teachers, support staff, etc.).
- Routinely teach students proactive ways to interact with peers and reinforce evidence of these skills.
- Survey students throughout the school year to determine if bullying is becoming more prevalent on your campus, to identify the need for intervention for groups of students or in certain areas of your campus, and to assess student's opinions regarding the safety of your school.
- Monitor/supervise areas where bullying is known to occur (playground, cafeteria, hallways) and follow up on previously reported cases of bullying.
- Consider recognizing violence prevention week at your school. For more information visit the **S**tudents **A**gainst **V**iolence **E**verywhere website at www.nationalsave.org.

Resources on Bullying

- The Bully Free Classroom. Allan L. Beane, Ph.D. Free Spirit Publishing.
- Olweus' Core Program Against Bullying and Antisocial Behavior: A Teacher Handbook. Dan Olweus, University of Bergen.
- Discipline Learning Packets: Bully Packets. The Advantage Press.
- www.bullyonline.org
- www.kidsource/kidsorce/content3/bullies.k12.2.html
- www.stopbullyingnow.com
- www.safechild.org
- www.tolerance.org
- www.jointogether.org