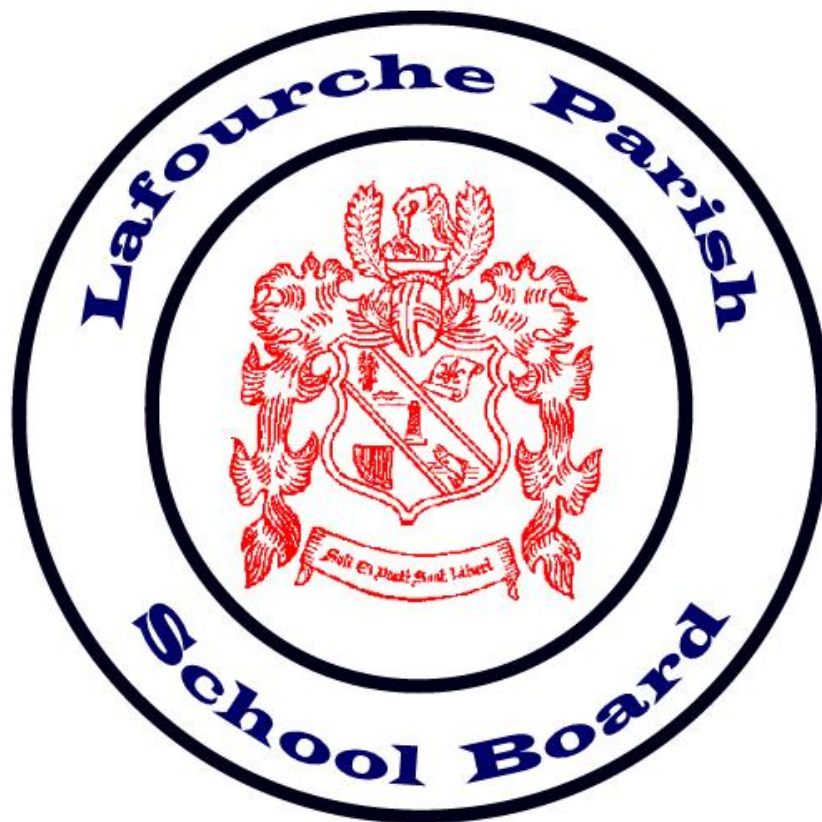


PAC CRISIS RESPONSE & INTERVENTION MANUAL



Jo Ann Mathews
Superintendent

Developed 2014
Revised Summer 2018

CRISIS/SAFETY RESPONSE TEAM TRACKING FORM

DATE: _____ **TIME:** _____ **PLACE:** _____

STUDENT: _____

TEAM MEMBER(S): _____

DESCRIPTION OF INCIDENT:

CRISIS MANAGEMENT DECISIONS:

- **Contact School Administration**
- **Complete Threat Assessment – Student Form** (Appendix B)
- **Complete Threat Assessment – Staff Form** (Appendix B.1)
- **Complete Threat Assessment – Parent Form** (Appendix B.2)
- **Conduct Emergency Conference with Parent/Guardian** (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:**

**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.

THREAT ASSESSMENT – STAFF FORM

Student: _____ **Age:** _____ **School:** _____

Teacher 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)?
 1. Does the student typically follow school rules?
 2. How does the student typically respond to authority?
 3. 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.

THREAT ASSESSMENT – PARENT FORM

Student: _____ **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?

1. 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.

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

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.bayouautism.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. 5 th 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 Fauchaux, LPC, LMFT 102 East 5 th St. Thibodaux, La. 70301	Counseling:	(985) 447 - 5383
Thomas Galjour, M.A., L.P.C. Galjour Counseing 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 8 th 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