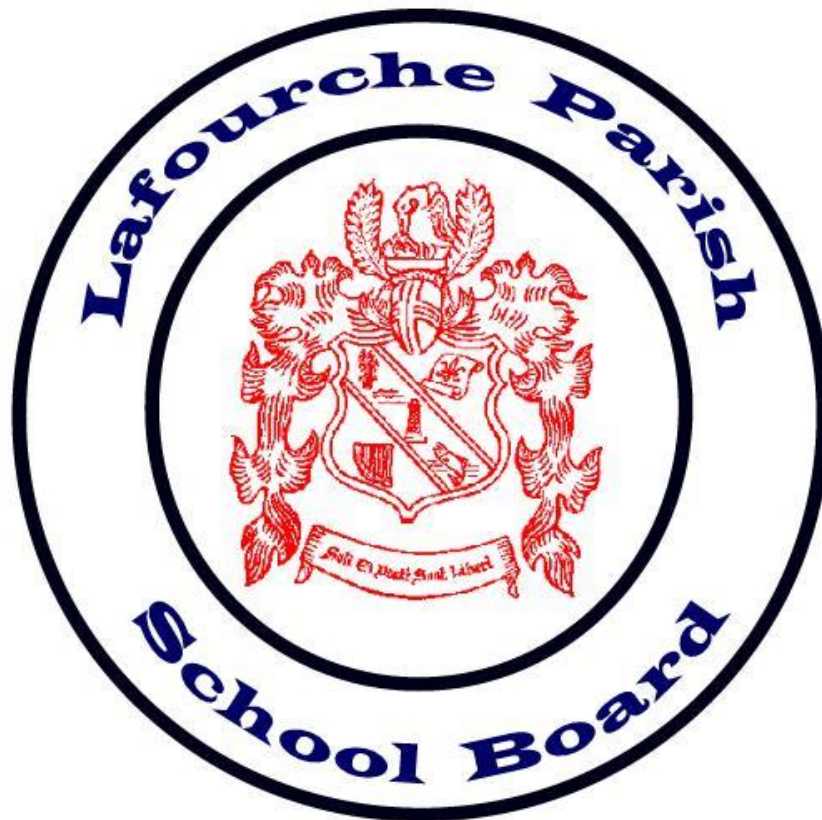


PAC CRISIS RESPONSE
&
INTERVENTION MANUAL
PACKET



Jarod W. Martin
Superintendent

Developed 2014

Revised Spring 2019

CRISIS/SAFETY RESPONSE TEAM TRACKING FORM

STUDENT: _____

DATE OF INCIDENT: _____ **DATE REFERRAL RECEIVED:** _____

REFERRAL SOURCE: _____ **SCHOOL:** _____

TIME ASSESSMENT BEGAN: _____ **TIME ASSESSMENT ENDED:** _____

TEAM MEMBERS: _____

DESCRIPTION OF INCIDENT: _____

CRISIS MANAGEMENT DECISIONS:

- Contact School Administration
- Conduct **THREAT ASSESSMENT – Student Form** (Appendix B)
- Conduct **THREAT ASSESSMENT – Staff Form** (Appendix B.1)
- Conduct **THREAT ASSESSMENT – Parent Form** (Appendix B.2)
- Conduct **EMERGENCY CONFERENCE** with Parent/Guardian (Appendix A.1)
- Provide **Agencies/Emergency Numbers/Providers** to Parent/Guardian (Appendix F)
- Educate parent/guardian on **Means Restriction** (page 58)
- Educate parent/guardian on **Protective Watch** (pages 59-60)
- Complete **My Crisis Safety Plan and Contract** (Appendix C)
- Obtain permission for **Reciprocal Release** of medical information (Appendix K)
- Notify SRO/Law Enforcement
- Make referral to ER at local hospital
- Provide copy of **all** documentation from assessment to parent/guardian
- File 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)/legal guardian(s) of _____, was/were involved in a conference with school personnel at _____. I/We have been

informed that my/our child made the following threat(s): Threat To Self
 Threat to Other(s)

Upon reviewing data gathered concerning the incident and meeting with my/our child, the following occurred:

- Assessment of Threat – Cumulative data does not indicate a viable threat.
- Threat Assessment conducted for Threat to Self.
- Threat Assessment conducted for 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/Legal Guardian	Date	School Personnel, Title	Date
Parent/Legal Guardian	Date	School Personnel, Title	Date
<input type="checkbox"/> <i>Parent/Legal Guardian(s) refused to sign.</i>		School Administrator	Date

CRISIS / SAFETY RESPONSE TEAM TRACKING FOLLOW-UP FORM

STUDENT NAME: _____

Contact One

DATE: _____ **FOLLOW-UP:** _____

SIGNATURE _____
(Individual conducting follow-up) (School Administrator)

Contact Two

DATE: _____ **FOLLOW-UP:** _____

SIGNATURE _____
(Individual conducting follow-up) (School Administrator)

Contact Three

DATE: _____ **FOLLOW-UP:** _____

SIGNATURE _____
(Individual conducting follow-up) (School Administrator)

THREAT ASSESSMENT – Student Form

Date of Interview: _____

Assessment Team: _____ **and** _____

Student: _____ **School:** _____

What has happened to make life so difficult? _____

Are you feeling helpless, detached from others, depressed? No Yes, explain further:

Have you thought of hurting yourself or killing yourself? No Yes, explain further:

Are you feeling angry or revengeful towards others? No Yes, explain further:

Have you thought of hurting others or killing others? No Yes, explain further:

ACTION:

- Student Interview and cumulative data received does not indicate a viable threat has been made; therefore, no further assessment is deemed necessary at this time.
- Proceed with Threat Assessment for **Threat to Self**.
- Proceed with Threat Assessment for **Threat to Others**.
- Other: _____

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 To Self

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

No Yes, explain further: _____

Have you been feeling depressed? No Yes, explain further: _____

Do you have any concerns with who you are physically attracted to or how you identify yourself (sexuality)? No Yes, explain further: _____

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

No Yes, explain further: _____

Are you thinking of suicide? No Yes, explain further: _____

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

Frequency _____

Intensity _____

Duration _____

Do you have a suicide plan? No Yes: What is your plan? _____

If yes, is there someone that might be able to stop you from completing your plan?

No Yes: Who and why? _____

Do you have access to weapons and/or things you might consider using to harm or kill yourself? No Yes: What/Where are these things? _____

Do you use drugs and/or drink alcohol? No Yes

Do you have access to drugs and/or alcohol that you might consider using?
No Yes: What/Where? _____

Is there any history of mental illness in your family? No Yes, explain further: _____

Do you know someone who has attempted to kill themselves or has committed suicide?
No Yes: Who? _____

What do you think death is like? _____

Tell me some reasons why you might want to die: _____

Tell me some reasons why you might want to live: _____

Have you attempted suicide in the past? No Yes, explain further: _____

If yes, how long ago was this previous attempt? _____

Have you experienced significant losses during the past year or earlier losses you have not been able to talk about? No Yes: Can you talk about it right now? _____

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? _____ 48 hrs? _____
When you think about yourself and the 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 To Others

Have you wished you could make an individual or group of individuals disappear, go away forever? No Yes, explain further: _____

Have you ever engaged in behaviors that inflicted pain or harm to another individual or group of individuals? No Yes, explain further: _____

Do you use drugs and/or drink alcohol? No Yes

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

No Yes: What/Where? _____

Is your behavior within your home/community resulting in: intervention by law enforcement, time within the court system, jail time, community service, hospitalization, removal from your home? No Yes, explain further: _____

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

No Yes, explain further: _____

Do you enjoy watching violence in movies and/or playing violent video games/ music/ YouTube videos, etc....? No Yes, explain further: _____

Do you enjoy looking at, talking/writing about, drawing, and/or learning about weapons like knives, guns, and/or explosives? No Yes, explain further: _____

Do you treat animals/pets violently? No Yes, explain further: _____

Are you a member of a group of individuals that have a common goal or share similar beliefs and/or feelings to yours? No Yes, explain further: _____

Do you have access to weapons and/or things you might consider using to harm or kill others? No Yes: What/Where are these things? _____

Have you ever brought, or thought about bringing, a weapon to school?

No Yes, explain further: _____

Do you feel misunderstood and/or disrespected by others? No Yes, explain further:

Do you consider yourself to be a victim of teasing or abuse? No Yes, explain further:

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

No Yes: Who tells you this and when? _____

Do you feel you have trouble controlling your temper/anger? No Yes, explain further:

Are you witness to violence and/or abuse? No Yes: How is this impacting you?

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

No Yes: How is this currently impacting you? _____

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

No Yes, explain further: _____

Do you have family member(s) hospitalized for mental health issues?

No Yes, explain further: _____

Have you ever been hospitalized for psychiatric reasons? No Yes, explain further:

Do you have a current psychiatric diagnosis? No Yes: What is your diagnosis?

Are you being prescribed medication by a doctor? No Yes, explain further: _____

Have you been exhibiting more behavioral incidents recently?

No Yes, explain further: _____

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

No Yes, explain further: _____

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

No Yes, explain further: _____

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

No Yes, explain further: _____

Do you have a plan for how you would go about hurting/killing any one individual or group of individuals? No Yes, explain further: _____

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 hrs? _____

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

Date of Interview: _____

Staff/Teacher completing form: _____

Student: _____ **School:** _____

A. Background

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

No Yes, explain further: _____

Does the student have a preoccupation with violence/weapons?

No Yes, explain further: _____

Has the student ever brought a weapon to school? No Yes: What happened?

Are you aware if any family member is afraid of or worried about being around the student?

No Yes: Who and why? _____

Are you aware if any staff/faculty/student is afraid of or worried about being around the student?

No Yes: Who and why? _____

B. Environmental Stressors

Has the student experienced a recent humiliating experience? No Yes, explain further:

Has the student experienced a recent trauma in her/his life? No Yes, explain further:

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

No Yes, explain further: _____

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?

No Yes, explain further: _____

C. Social/Emotional

Is the student preoccupied or dwelling on past or recent rejection, injustices, or unrealistic fears? No Yes, explain further: _____

Does the student ever show empathy? Yes No
How does the student typically show anger? _____

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

Does the student typically follow school rules? Yes No
How does the student typically respond to authority? _____

Does the student demean others or behave as though superior to others? No Yes

D. Behavioral Observations

Has the student recently exhibited significant mood changes? No Yes

Has the student become increasingly angry and/or violent over time? No Yes

Has the student been recently involved in a violent episode, either as the aggressor or victim? No Yes, explain further: _____

Has the student made suicidal thoughts/attempt(s) and/or homicidal thoughts/attempt(s)?
 No Yes, explain further: _____

Has the student made any destructive and/or threatening statements verbally, through writing, or through art? No Yes, explain further: _____

Has the student made statements that he/she may have reason and/or opportunity to become violent? No Yes, explain further: _____

Has the student identified one or more targets for violence (i.e. a potential victims)?
 No Yes: Who? Explain further: _____

Has the student intentionally frightened people? No Yes: Who? Explain further: _____

Has the student been stalking or following people? No Yes: Who? Explain further: _____

Does the student have a homicidal plan? No Yes: What is the 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

Date of Interview: _____

Parent(s)/Guardian(s) completing form: _____

Student: _____ Age: _____

A. Background

Does your child have a history of violence, criminal behavior, or severe anger problems?

No Yes, explain further: _____

Is there a family history of criminal behavior? No Yes, explain further: _____

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

No Yes, explain further: _____

Does your child have a preoccupation with violence/weapons?

No Yes, explain further: _____

Has your child ever brought a weapon to school? No Yes: What happened? _____

Are you aware if any family member is afraid of or worried about being around your child?

No Yes: Who and why? _____

B. Environmental Stressors

Has your child experienced a recent humiliating experience? No Yes, explain further:

Has your child experienced a recent trauma in her/his life? No Yes, explain further:

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

No Yes, explain further: _____

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? No Yes, explain further: _____

C. Social/Emotional

Is your child preoccupied or dwelling on past or recent rejection, injustices, or unrealistic fears? No Yes, explain further: _____

Does your child ever show empathy? Yes No
How does your child typically show anger? _____

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

How does your child typically respond to authority? _____

D. Behavioral Observations

Has your child recently exhibited significant mood changes? No Yes
Has your child become increasingly angry and/or violent over time? No Yes
Has your child been recently involved in a violent episode, either as the aggressor or victim?
No Yes, explain further: _____

Has your child made suicidal thoughts/attempt(s) and/or homicidal thoughts/attempt(s)?
No Yes, explain further: _____

Has your child made any destructive and/or threatening statements verbally, through writing, or through art? No Yes, explain further: _____

Has your child made statements that he/she may have reason and/or opportunity to become violent? No Yes, explain further: _____

Has your child identified one or more targets for violence (i.e. a potential victims)?
No Yes: Who? Explain further: _____

Has your child intentionally frightened people? No Yes: Who? Explain further: _____

Has your child been stalking or following people? No Yes: Who? Explain further: _____

Does your child have a homicidal plan? No Yes: What is the plan? _____

E. Medical/Health

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

No Yes, explain further: _____

Has your child been hospitalized for psychiatric reasons? No Yes, explain further:

Does your child have a current psychiatric diagnosis? No Yes: What diagnosis?

Is your child being prescribed medication by a doctor? No Yes, explain further:

Does your child use alcohol?

No Yes: Has his/her use increased recently? Explain further: _____

Does your child use illegal drugs?

No Yes: Has his/her use increased recently? Explain further: _____

My Crisis Safety Plan and Contract

Student Name _____

School/Faculty _____

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 Signature _____ Date _____

Parent/Legal Guardian Signature _____ Date _____

Witness Signature _____ Date _____

Witness Signature _____ Date _____

AGENCIES AND EMERGENCY NUMBERS

EMERGENCY MEDICAL SERVICES	
Medical, Police, Fire (<i>emergencies</i>)	911
Acadian Ambulance	311 1-800-259-2222
Lafourche Ambulance District #1 (10 th Ward)	632-7191
Chabert Medical Center (Houma)	873-2200
Lady of the Sea General Hospital (Galliano)	632-6401
Ochsner St. Anne General Hospital (Matthews)	537-6841
Terrebonne General Medical Center (Houma)	1-800-456-9121 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 (<i>after 4:30pm and weekends</i>)	1-800-535-3694
Behavioral Medicine at LOS Hospital (Galliano)	632-8385
Medicaid Transportation (<i>requires 2 days notice</i>)	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) (<i>free assessment</i>)	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/OR NEGLECT	
Department of Child and Family Services (DCFS)	447-0945
The Haven (Houma) – 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) (<i>Counseling, Support groups, Temporary shelter for battered persons</i>)	853-0360 1-800-331-5303
The Haven (Houma)	872-0757
Lafourche Outreach Office	438-1238
PARENTING INFORMATION AND SUPPORT	
Bayou Land Families Helping Families (<i>Advocacy, Autism resources, Lending library, Education and Training</i>)	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 448-4301
South Central Human Services Authority	447-0912
Autism Society LA State Chapter (www.lastateautism.org)	1-800-955-3760
Autism Society Bayou (<i>Monthly support meetings, 5k Run/Walk for autism awareness</i>) (www.bayouautism.org)	
MENTAL HEALTH HOSPITALS	
River Oaks Psychiatric Hospital	733-2273
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) (Assistance for children and parents experiencing emotional crisis) 157 Twin Oaks Drive, Raceland, Louisiana 70394 Ms. Joyce Hadley – program representative	985-537-6823

INDIVIDUAL PROVIDERS

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

PROVIDER	SERVICE(S)	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
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

PAC CRISIS RESPONSE & INTERVENTION PACKET

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
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

PAC CRISIS RESPONSE & INTERVENTION PACKET

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
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