

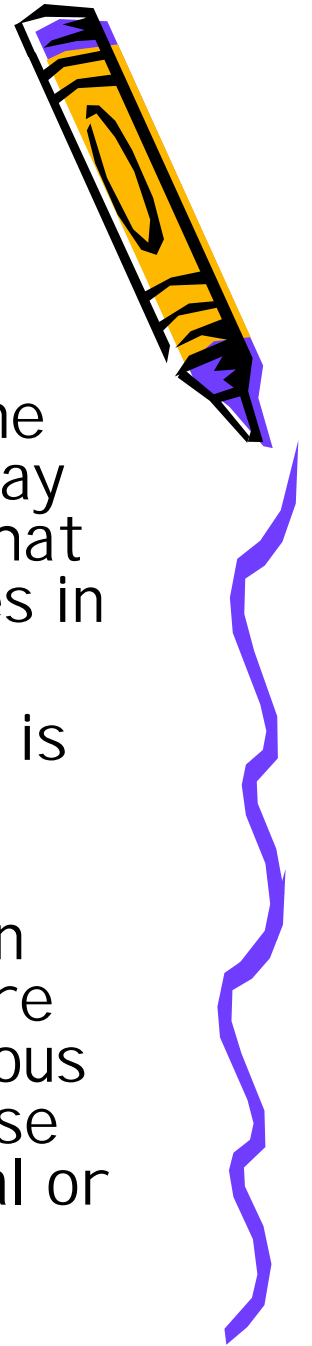


Indicator #10: Is there a clear and effective protocol to assist your clinical decision making and care for more serious situations (e.g., abuse and neglect reports, self-reporting of suicidal/homicidal ideation) ?



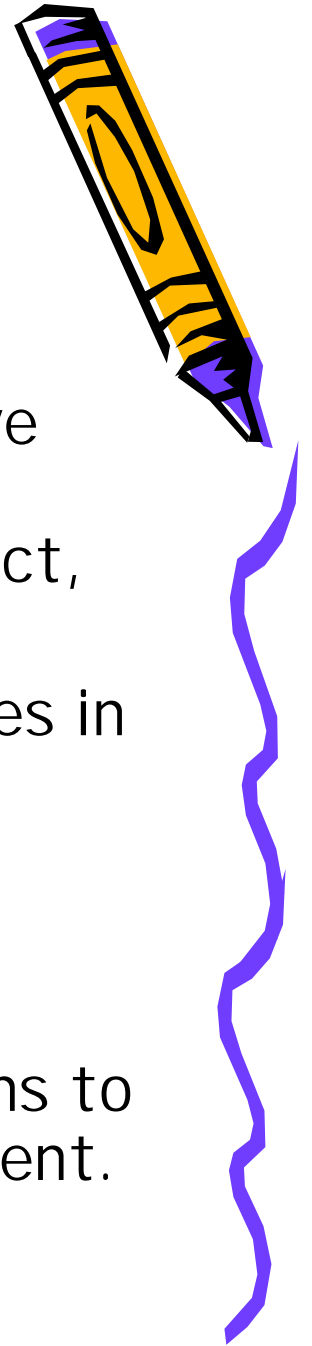
Background

- ESMH clinicians will be called upon to intervene and participate in interventions for a wide array of serious clinical issues, and it is important that staff are well trained to deal with these issues in a professional manner.
- Often clinicians are in the school as the crisis is occurring (versus just hearing about it in the past).
- ESMH programs must have clear procedures in place to review clinical decision making and care when there are emergency situations and serious presenting concerns such as disclosure of abuse or neglect, or self-report of suicidal or homicidal ideation.



Child Protection: Maltreatment

- All 50 states and the District of Columbia have laws and regulations that define child physical abuse, sexual abuse, emotional harm and neglect, and have a mandated system response.
- Clinicians must make reports to proper agencies in cases of child maltreatment (e.g., DHS, SRS, CPS).
- It is the responsibility of the social service agency to investigate reported incidents.
- Clients should be aware of indicated exceptions to confidentiality from the outset of treatment.



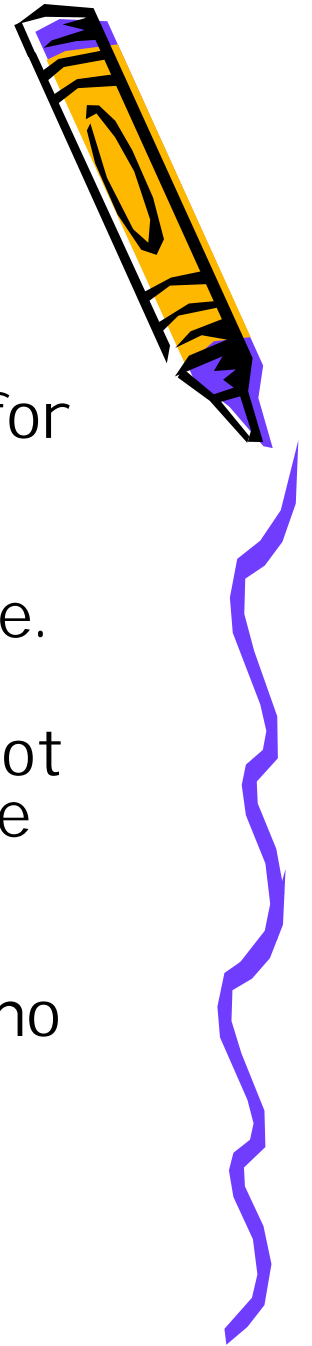
Child Protection: Threats of Harm to Self/Others

- Clinicians are mandated to maintain safety for students at risk for imminent suicide or homicide.
- This may entail “duty to warn,” (e.g., contacting target of specific threat).
- This may entail “Contracting for Safety” with the student and his or her parents.
- Emergency psychiatric consults are often indicated.
- Clients should be aware of indicated exceptions to confidentiality from the outset of treatment.



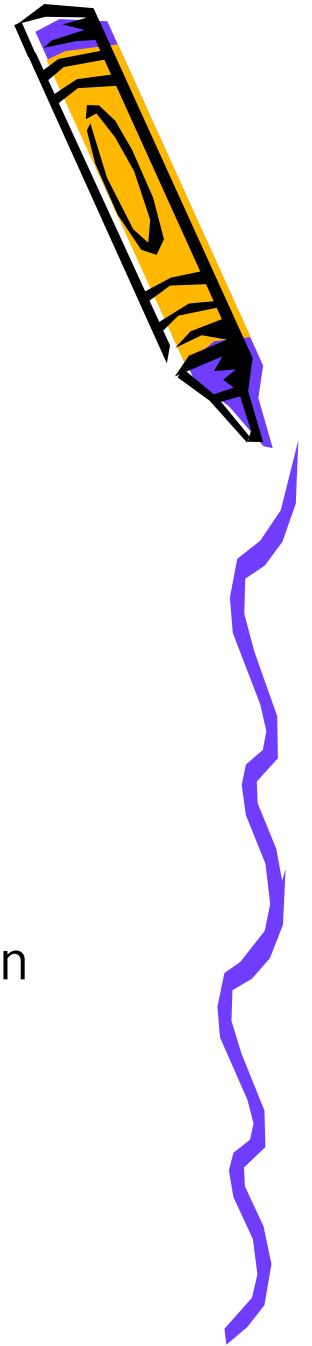
Menu of Suggested Activities

- Outline strategies and/or develop a protocol for handling different types of crisis situations.
- Develop or identify evaluation measures for suicide risk, risk for violence, or risk for abuse.
- Brainstorm about effective techniques for handling crisis situations. What has and has not worked in your handling of crises? How can the program be supportive of clinicians needing to handle crises?
- Develop supervision guidelines for clinicians who have students in serious situations.



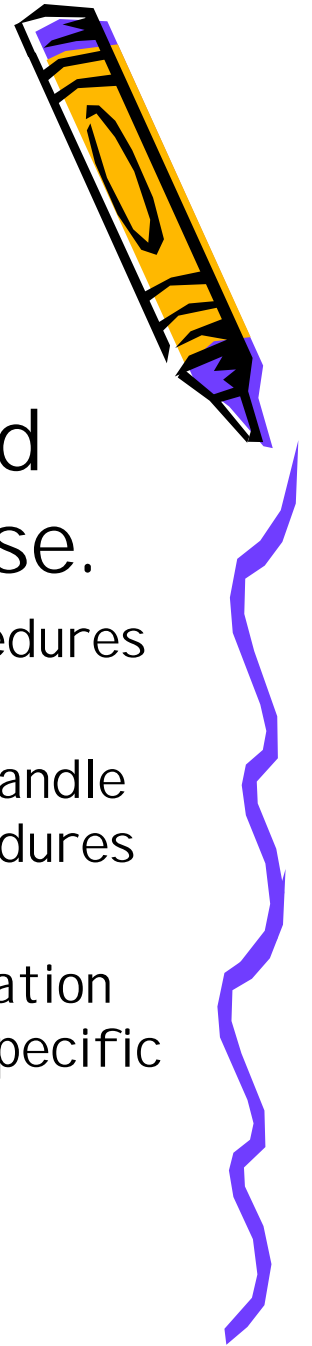
HELPFUL HINTS

- Develop a crisis team for suicide and/or abuse.
 - Crisis teams can:
 - Handle the crisis situation directly
 - Develop a policy and procedures manual
 - Lead training of clinicians
 - Provide live supervision, support, and consultation
 - Provide on-call supervision
 - Handle debriefing sessions



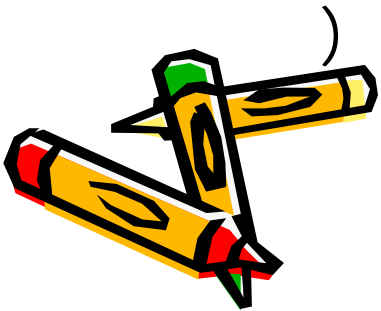
HELPFUL HINTS

- Develop procedures to evaluate and treat suicidality, violence, and abuse.
 - Make sure that clinicians are aware of the procedures and have received relevant training.
 - Involve clinicians in discussions of how to best handle crisis situations and in developing specific procedures and protocols.
 - Familiarize yourself with local policies and legislation regarding crisis management, as well as school-specific policies.



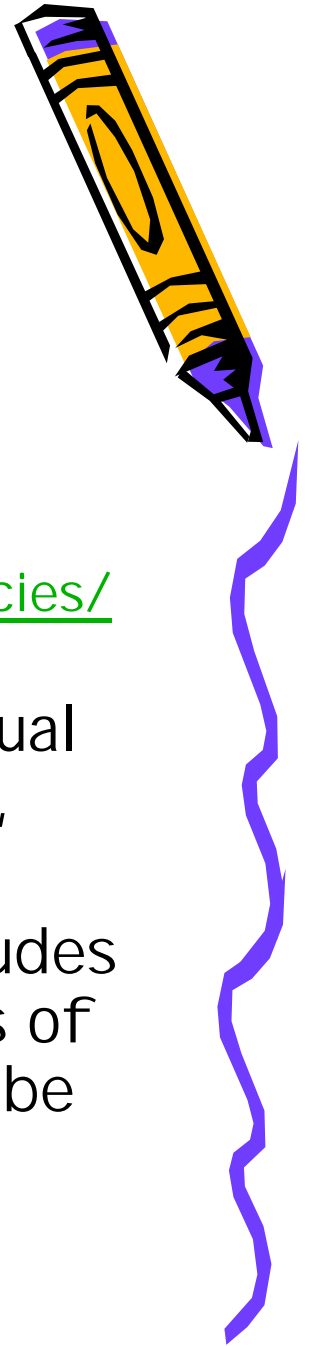
HELPFUL HINTS

- Develop or identify evaluation measures for suicide risk, risk for violence, or risk for abuse.
 - Assessment of Suicidal Behaviors and Risk Among Children and Adolescents
(<http://www.nimh.nih.gov/suicideresearch/measures.pdf>)
 - Distribute warnings signs of suicidality or abuse fact sheets
(<http://www.aacap.org/publications/factsfam/chldabus.htm>)



HELPFUL HINTS

- Develop safety procedures.
 - State specific reporting information:
http://www.childwelfare.gov/systemwide/laws_policies/search/index.cfm
 - Make sure there are resources in your manual for hospitals, crisis units, in-home services, etc. with referral phone numbers.
 - Make a safety kit for your school that includes suicide contracts, hotline numbers, outlines of safety plans, and other resources that can be accessed.



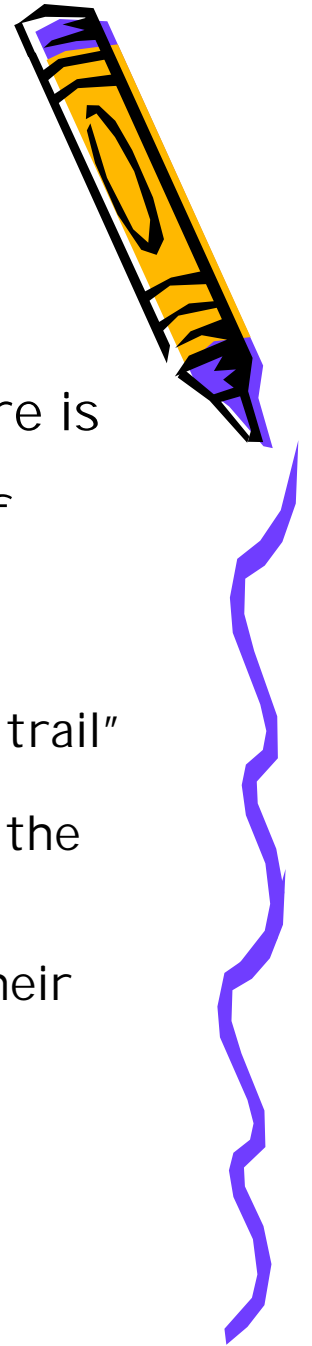
Helpful Hints

- Develop supervision guidelines for clinicians who have students in serious situations.
 - Have clear procedures in place to review clinical decision making and for when it is appropriate to call the supervisor for assistance outside of the supervision time.
 - Offer debriefing sessions with supervisors. This can offer quality control for the program, but also can be educational, help the clinician feel supported, and may reduce feelings of burnout.



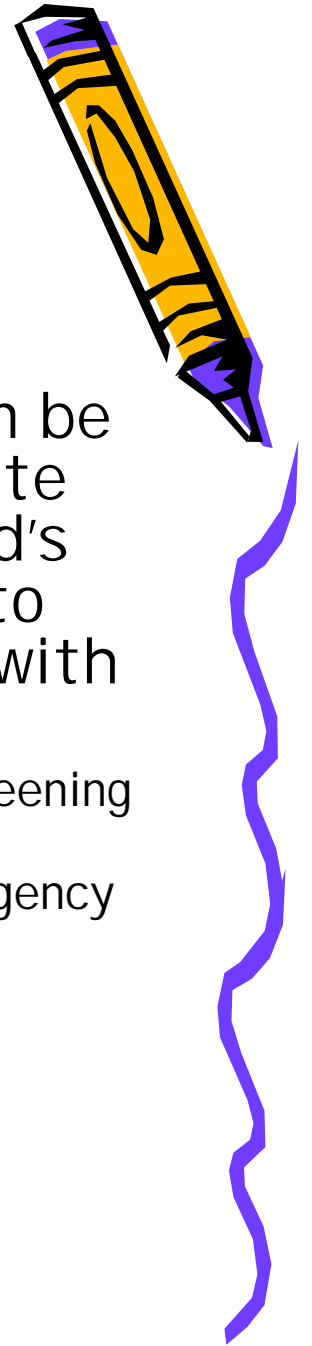
Helpful Hints

- Clinicians may become frustrated if they feel that there is too little or too great of a response by social service agencies after a report of maltreatment (or a series of reports, in some high-risk families) has been made.
 - Use supervision to process and try to understand the perceived action taken.
 - Document successive reports carefully, creating a “paper trail” that builds a case for further action.
 - Contact social service supervisors directly to understand the next steps for the case and to help coordinate care.
 - ESMH collectives can invite social service agency representatives for an in-service to better understand their procedures and constraints.



Helpful Hints

- Similarly, emergency psychiatric screening can be a frustratingly lengthy process and the ultimate decision regarding how to best maintain a child's safety (e.g., inpatient observation, discharge to family, medication referral) may not coincide with that of the referring clinician.
 - Use supervision to process and try to understand the screening process and outcome.
 - If caretakers fail to follow up with a recommended emergency screening, consult a supervisor or colleague to determine whether an emergency petition (EP) is warranted.
 - Clinicians should attempt to follow up when students are admitted for psychiatric inpatient observation.



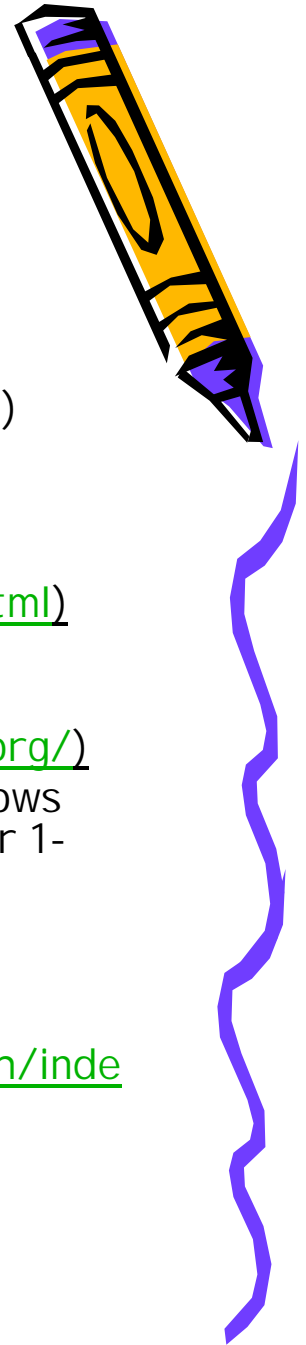
WEB RESOURCES: Suicide

- Assessment of Suicidal Behaviors and Risk Among Children and Adolescents
(<http://www.nimh.nih.gov/suicideresearch/measures.pdf>)
- National Association of School Psychologists, A national tragedy: Preventing suicide in troubled children and youth; Tips for parents and schools
(<http://www.nasponline.org/resources/prevention/resources.aspx>)
- National Strategy for Suicide Prevention
(<http://www.mentalhealth.org/suicideprevention/default.asp>)
- American Association of Suicidology
(<http://www.suicidology.org/>)



WEB RESOURCES: Child Maltreatment

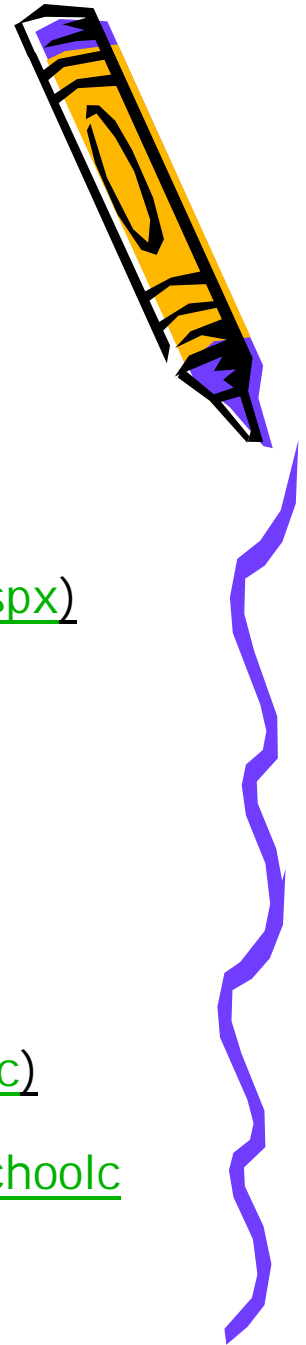
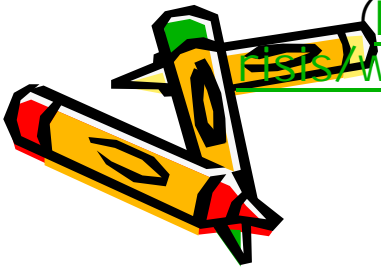
- The American Professional Society on the Abuse of Children (APSAC) (<http://www.apsac.org/>)
- Child Abuse Prevention Network (<http://child-abuse.com/>)
- Prevent Child Abuse America (<http://www.preventchildabuse.org/>)
- Parents Anonymous (<http://www.parentsanonymous.org/palindex10.html>)
800-421-0353
- Committee for Children (<http://www.cfchildren.org/>)
- National Center for Family Support (<http://www.familysupport-hsri.org/>)
- *Child Abuse and Neglect: The School's Response*. (2001). Connie Burrows Horton & Tracy K. Cruise. Guilford Publications. (www.guilford.com) or 1-800-365-7006
- National Clearinghouse on Child Abuse and Neglect Information (<http://www.childwelfare.gov>)
- State-specific reporting information (http://www.childwelfare.gov/systemwide/laws_policies/search/index.cfm)



WEB RESOURCES:

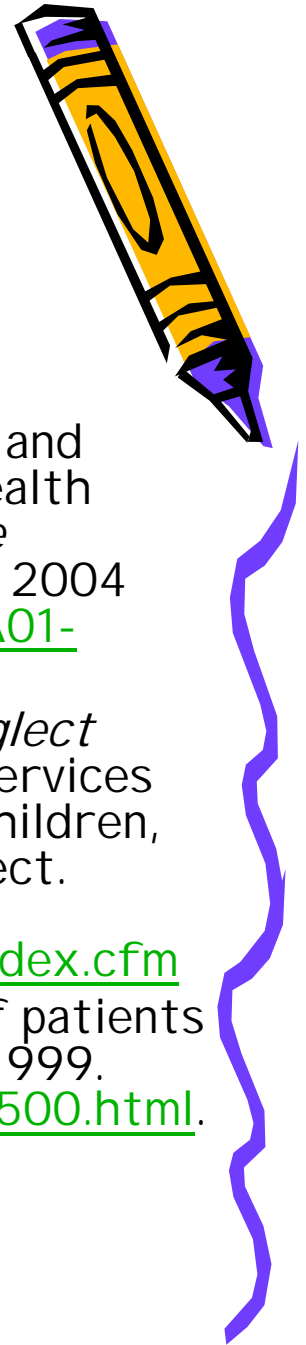
School Violence and Safety

- Center for the Prevention of School Violence
(<http://www.ncdjdp.org/cpsv/>)
- ED/OESE Safe and Drug-Free Schools Program
(<http://www.ed.gov/about/offices/list/osdfs/index.html>)
- National Association of School Psychologists (NASP)
NASP Safe School Resources
(http://www.nasponline.org/resources/crisis_safety/index.aspx)
- National Child Traumatic Stress Network
(http://www.nctsn.org/nccts/nav.do?pid=hom_main)
- The National Resource Center for Safe Schools.
(<http://www.safetyzone.org/index.html>)
- Safe Schools Healthy Students Action Center
(<http://sshs.jocoed.k12tn.net/>)
- School Violence Prevention
(<http://www.mentalhealth.org/schoolviolence/default.asp>)
- (<http://www.ed.gov/admins/lead/safety/edpicks.jhtml?src=qc>)
- School Crisis Prevention and Response Initiative.
(<http://www.ojp.usdoj.gov/ovc/publications/bulletins/schoolcrisis/welcome.html>)



Background References

- Department of Health and Human Services Substance Abuse and Mental Health Services Administration Center for Mental Health Services. (2001). *Summary of National Strategy for Suicide Prevention: Goals and Objectives for Action*. Retrieved June 2004 from <http://www.mentalhealth.org/publications/allpubs/SMA01-3518/default.asp>.
- Gentry, C.E. (1994). *Crisis intervention in child abuse and neglect* [Electronic version]. US Department of Health and Human Services Administration for Children and Families Administration on Children, Youth, and Families National Center on Child Abuse and Neglect. Retrieved from <http://www.childwelfare.com.gov/pubs/usermanuals/crisis/index.cfm>
- Gliatto, M.F., & Rai, A.K. (1999). Evaluation and treatment of patients with suicidal ideation. *American Family Physician*. March 15, 1999. Retrieved April, 2004 from <http://aafp.org/afp/990315ap/1500.html>.



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- National Strategy for Suicide Prevention. (2001). *National Strategy for Suicide Prevention goals and objectives* (SMA01-3517). Rockville, MD: U.S. Department of Health and Human Services. Retrieved July 2004 from <http://www.mentalhealth.samhsa.gov/publications/allpubs/SMA01-3517/>.
- Peterson, M.S. & Urquiza, A.J. (1993). *The role of mental health professionals in the prevention and treatment of child abuse and neglect*. U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, National Center on Child Abuse and Neglect. McLean, VA: The Circle. Article can be downloaded or requested for free from the National Clearinghouse of Child Abuse and Neglect Information: <http://www.childwelfare.com.gov/pubs/usermanuals/crisis/index.cfm>.

