Navigating Resources During School Closure
April 2020

WEBINAR 6: Resources for Individuals in Crisis
Introductions

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NASP: Comprehensive Suicide Prevention in a Time of Distance Learning

- Review of existing suicide prevention guidance
- Review of platforms (don’t forget the phone)
- Telehealth considerations
- Compares opportunities and challenges at this time for:
  - Prevention
  - Intervention
  - Postvention
- This document is for school psychologists and other administrators and mental health professionals.
- Recommended starting point for a district and/or team.
  - Resources for different audiences are included throughout.
Preparing for School Suicide Intervention (team checklist)

- Use this checklist to guide your preparations; emphasis is on collaborative approach
- Review existing procedures and determine how to integrate telehealth
- Review available
- Review risk factors and warning signs with staff, with emphasis of impact of pandemic
- Review procedures, with modifications, with staff when imminent or at-risk
- Identify telehealth options, platforms, and alternatives
- Ensure access to student information
- Develop telehealth consent documents and protocol if consent not obtained
  - Suicide risk is a crisis and does not require consent for intervention!
NASP: Conducting School Suicide Intervention in a Time of Distance Learning (Checklist)

- Locate and contact primary caregivers - attempt informed consent and identify other steps if not obtained
- Identify current risk factors and warning signs
- Determine location and contact information for student
- Conduct suicide risk assessment interview
  - Key components: current thoughts, current plan, and previous behavior
- Conduct primary caregiver interview
- Determine risk level, select interventions, and develop student safety plan - consider apps such as Virtual Hope Box
- Identify primary caregiver action plan
- Collaborate with staff and community resources
- Plan for re-entry, with consideration of remote learning
NASP: Comprehensive Suicide Prevention and Intervention in a Time of Distance Learning

NASP Webinar
- Like other webinars you can download:
  - Slides
  - No written summary, but presenters reference documents that we just reviewed.
- Emphasis is on team approach

Managing Suicidal Clients During the COVID-19 Pandemic

Document includes a safety plan template at the end.

Red flags during teletherapy

- Avoidance of sessions
- Feelings of being a burden, which may be presented in a different way
- Increased precipitating events as result of pandemic - isolation, peer rejection, home safety, financial distress
- Rigid resistance to change in perceptions

Make sure to immediate parent/guardian contact on hand!

Telath Tips: Managing Suicidal Clients During the COVID-19 Pandemic

The current need for social distancing and isolation related to the COVID-19 pandemic has necessitated a quick expansion of the provision of mental health services via remote platforms. Here are some tips for evaluating and treating suicidal individuals remotely via telehealth.

Basic guidelines initiating contact when your client may be suicidal:
- Request the person's location (address, apartment number) at the start of the session in case you need to confirm emergency services.
- Request or make sure you have emergency contact information.
- Secure the client's privacy during the telehealth session as much as possible.
- Plan to contact, develop a plan for how to stay on the phone with the client while arranging emergency rescue, if needed.

Adaptations for conducting comprehensive suicide risk assessment:
- Consider the current stressful circumstances, broader assessment of suicide risk is indicated. Express concern and ask directly about recent suicidal ideation and behavior using a tool like the Columbia Suicide Severity Scale (C-SSRS).
- Consider using a risk assessment tool like SADHA/SAHRS.
- In addition to standard risk assessment, assess for the emotional impact of the pandemic on suicide risk. Factors that can exacerbate suicide risk include: increased social isolation; social conflict for those sheltering together; increased financial concerns; concerns about joblessness or unemployment in one's family; and family-decreased social support, increased anxiety and fear, disruption of routines and support.
- Identify protective factors that can be strengthened (e.g., living alone, hope for the future, children's) and factors that have diminished (e.g., family support).
- Insure about increased access to lethal means (particularly scissors, knives, or medications).

Adaptations for clinical management for suicidal clients:
- Identify ways to increase safety short of sending client to the Emergency Department (ED).
- Develop a safety plan that will help clients manage their suicide risk on their own. (See below)
- Make provisions for increased clinical contact (even brief checks) until risk decreases.
- Provide crisis hotline (1-800-273-8255) and crisis text (Text “Crisis” to 741741) information.
- Identify individuals in the client's current environment to help monitor the client's suicidal thoughts and behaviors; ingestion or overdose; seek permission to have direct contact with those individuals.
- If risk becomes imminent and cannot be managed remotely, arrange for the client to go to the nearest CRF (if possible) or medical ED (if a CRF is not available).
- If it is imminent, stay on the phone with the client until other care is present.

Adaptations to safety planning:
- Safety planning works best the same as when done in-person. Use the Safety Planning Intervention form (attached). Let the client know that you want to develop a safety plan with them to help maintain their safety and that it will take about 10 minutes to do.
- DURHASE: Having a Safety Plan is particularly important now as a way to stay safe without going to the ED or a medical facility.
- Arrange for the client to get a copy of the plan. Clients can write it down as you go, or the clinician can write it down, take a picture or scan, and email or text it to the client.
Columbia-Suicide Severity Rating Scale

cssrs.columbia.edu

Suicide risk screening tool that can be customized to assessor and setting.

- Scroll down and click on “Find your C-SSRS”
- Scroll down to select setting, population, and language
- Most likely to use is “CSSRS Screener with Triage for Schools”

Training is not required but 30 minute options available on training tab

(Columbia Lighthouse Project, n.d.)
Helping handouts are part of a larger offering from NASP
- Some are free, but some must be purchased
- This handout reviews
- Guidance to parents on selecting interventions
- Warning signs
- Recommendations for home

https://www.nasponline.org/x55107.xml

(Brock & Reeves, 2018)
Resources and References


Resources and References

