

EMOTIONAL OR BEHAVIORAL DISTRESS ASSESSMENT SUMMARY FORM

Date:		DEMOGRAPHIC INFORMATION																																									
Student Name:		Age:	Grade:																																								
IEP? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:		504 Plan? <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:																																									
Existing Safety/Support Plan <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:																																											
Recent discipline issues: <input type="checkbox"/> No <input type="checkbox"/> Yes, specify:																																											
Other characteristics:																																											
Date of conduct of concern:																																											
Summary of conduct of concern:																																											
SUICIDE/SELF-HARM CONCERNS																																											
<p><u>Estimated Suicide Concern</u></p> <p><input type="checkbox"/> Low - no current ideation</p> <p><input type="checkbox"/> Med - previous attempt, meds for mood, risk taking behavior</p> <p><input type="checkbox"/> High - current thoughts, plans, or note, gave possessions away, refusal to sign no harm contract</p>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> suicidal ideation</td> <td><input type="checkbox"/> recent loss</td> <td><input type="checkbox"/> anhedonia*</td> <td><input type="checkbox"/> locus of control</td> </tr> <tr> <td><input type="checkbox"/> substance abuse</td> <td><input type="checkbox"/> attention seeking</td> <td><input type="checkbox"/> depression</td> <td><input type="checkbox"/> aggression/anger</td> </tr> <tr> <td><input type="checkbox"/> purposelessness</td> <td><input type="checkbox"/> recent discipline</td> <td><input type="checkbox"/> alienation</td> <td><input type="checkbox"/> medication</td> </tr> <tr> <td><input type="checkbox"/> anxiety</td> <td><input type="checkbox"/> humiliation</td> <td><input type="checkbox"/> ego-centrism</td> <td><input type="checkbox"/> change in behavior</td> </tr> <tr> <td><input type="checkbox"/> trapped</td> <td><input type="checkbox"/> rage outbursts</td> <td><input type="checkbox"/> poor self-control</td> <td><input type="checkbox"/> feels beh. is justified</td> </tr> <tr> <td><input type="checkbox"/> hopelessness</td> <td><input type="checkbox"/> little empathy</td> <td><input type="checkbox"/> easily agitated</td> <td><input type="checkbox"/> poor engagement</td> </tr> <tr> <td><input type="checkbox"/> withdrawn</td> <td><input type="checkbox"/> history of sadism</td> <td><input type="checkbox"/> poor coping</td> <td><input type="checkbox"/> school connections</td> </tr> <tr> <td><input type="checkbox"/> anger</td> <td><input type="checkbox"/> impulsivity</td> <td><input type="checkbox"/> home problems</td> <td><input type="checkbox"/> bully / victimization</td> </tr> <tr> <td><input type="checkbox"/> recklessness</td> <td><input type="checkbox"/> Hallucinations</td> <td><input type="checkbox"/> poor supervision</td> <td><input type="checkbox"/> psychiatric condition</td> </tr> <tr> <td><input type="checkbox"/> mood changes</td> <td><input type="checkbox"/> recent stress</td> <td><input type="checkbox"/> history of abuse</td> <td><input type="checkbox"/> self-injurious beh.</td> </tr> </table>			<input type="checkbox"/> suicidal ideation	<input type="checkbox"/> recent loss	<input type="checkbox"/> anhedonia*	<input type="checkbox"/> locus of control	<input type="checkbox"/> substance abuse	<input type="checkbox"/> attention seeking	<input type="checkbox"/> depression	<input type="checkbox"/> aggression/anger	<input type="checkbox"/> purposelessness	<input type="checkbox"/> recent discipline	<input type="checkbox"/> alienation	<input type="checkbox"/> medication	<input type="checkbox"/> anxiety	<input type="checkbox"/> humiliation	<input type="checkbox"/> ego-centrism	<input type="checkbox"/> change in behavior	<input type="checkbox"/> trapped	<input type="checkbox"/> rage outbursts	<input type="checkbox"/> poor self-control	<input type="checkbox"/> feels beh. is justified	<input type="checkbox"/> hopelessness	<input type="checkbox"/> little empathy	<input type="checkbox"/> easily agitated	<input type="checkbox"/> poor engagement	<input type="checkbox"/> withdrawn	<input type="checkbox"/> history of sadism	<input type="checkbox"/> poor coping	<input type="checkbox"/> school connections	<input type="checkbox"/> anger	<input type="checkbox"/> impulsivity	<input type="checkbox"/> home problems	<input type="checkbox"/> bully / victimization	<input type="checkbox"/> recklessness	<input type="checkbox"/> Hallucinations	<input type="checkbox"/> poor supervision	<input type="checkbox"/> psychiatric condition	<input type="checkbox"/> mood changes	<input type="checkbox"/> recent stress	<input type="checkbox"/> history of abuse	<input type="checkbox"/> self-injurious beh.
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<p><u>Estimated Level of Concern</u></p> <p><input type="checkbox"/> Low/transient: vague / lacking detail, implausible, no plan</p> <p><input type="checkbox"/> Med/substantial: evidence of preparation, lingering concerns</p> <p><input type="checkbox"/> High/serious: direct, specific, plausible, requires immediate police or mental health contact</p>	<table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> involved a note</td> <td><input type="checkbox"/> certain death as objective</td> <td><input type="checkbox"/> others are involved</td> </tr> <tr> <td><input type="checkbox"/> named target(s)/self</td> <td><input type="checkbox"/> action/explanation inconsistency</td> <td><input type="checkbox"/> others are concerned</td> </tr> <tr> <td><input type="checkbox"/> named time or place</td> <td><input type="checkbox"/> involve tension w/ others</td> <td><input type="checkbox"/> motive for threat behavior</td> </tr> <tr> <td><input type="checkbox"/> named method(s)</td> <td><input type="checkbox"/> interest or thoughts of violence</td> <td><input type="checkbox"/> capacity to carry out</td> </tr> <tr> <td><input type="checkbox"/> access to weapons</td> <td><input type="checkbox"/> sees violence as acceptable</td> <td><input type="checkbox"/> previous threats</td> </tr> <tr> <td><input type="checkbox"/> evidence of planning</td> <td><input type="checkbox"/> ambivalence upon interview</td> <td><input type="checkbox"/> states intent to attack</td> </tr> <tr> <td><input type="checkbox"/> practice behavior</td> <td><input type="checkbox"/> uncooperative upon interview</td> <td><input type="checkbox"/> few protective factors</td> </tr> </table>			<input type="checkbox"/> involved a note	<input type="checkbox"/> certain death as objective	<input type="checkbox"/> others are involved	<input type="checkbox"/> named target(s)/self	<input type="checkbox"/> action/explanation inconsistency	<input type="checkbox"/> others are concerned	<input type="checkbox"/> named time or place	<input type="checkbox"/> involve tension w/ others	<input type="checkbox"/> motive for threat behavior	<input type="checkbox"/> named method(s)	<input type="checkbox"/> interest or thoughts of violence	<input type="checkbox"/> capacity to carry out	<input type="checkbox"/> access to weapons	<input type="checkbox"/> sees violence as acceptable	<input type="checkbox"/> previous threats	<input type="checkbox"/> evidence of planning	<input type="checkbox"/> ambivalence upon interview	<input type="checkbox"/> states intent to attack	<input type="checkbox"/> practice behavior	<input type="checkbox"/> uncooperative upon interview	<input type="checkbox"/> few protective factors																			
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<p>Scoring 4 = Past month, 3 = 2 to 3 months ago 2 = 4 to 12 months ago 1 = 1+ years ago 0 = Never</p> <p>Estimated Level of concern</p> <p><input type="checkbox"/> 0 = None/Low: psycho-education</p> <p><input type="checkbox"/> 1-2 = Moderate: indicates concern - recommend substance abuse assessment</p> <p><input type="checkbox"/> 3+ = Serious: indicates need for treatment</p>	<p>When was the last time that.....</p> <p>a. you used alcohol or other drugs weekly or more often?</p> <p>b. you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or recovering from the effects of alcohol or other drugs (e.g., feeling sick)?</p> <p>c. you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?</p> <p>d. your use of alcohol or other drugs caused you to give up or reduce your involvement in activities at work, school, home, or social events?</p> <p>e. you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or other drugs to stop being sick or avoid withdrawal problems?</p>																																										

DOCUMENTATION OF ACTION TAKEN (CHECK ALL THAT APPLY)		
<input type="checkbox"/> Notify Parent or Guardian	<input type="checkbox"/> Issue Emergency Expulsion	<input type="checkbox"/> Social Services Referral (describe):
<input type="checkbox"/> Contact Law Enforcement/CPS	<input type="checkbox"/> Issue Discipline	
<input type="checkbox"/> Contact Crisis Line	<input type="checkbox"/> Recommend IEP or 504 Meeting	<input type="checkbox"/> Other (describe):
<input type="checkbox"/> Community Mental Health Referral	<input type="checkbox"/> Recommend Drug/Alcohol Assessment	
<input type="checkbox"/> Refer for Violence Risk Assessment	<input type="checkbox"/> Refer for Safety/Support Planning	
TEAM PARTICIPANTS		
		Date:
		Date:
		Date:
		Date:
		Date:
		Date:
		Date:
		Date:

* Anhedonia refers to the loss of the capacity to experience pleasure and/or the inability to gain pleasure from normally pleasurable experiences.

Modified from Best Practices in School Crisis Prevention and Intervention, NASP 2013, Intended for use with the Psychosocial Evaluation & Threat Risk Assessment (PETRA) by J. Schneller, PhD © PAR (2005) & the Adolescent & Child Urgent Threat Evaluation (ACUTE) by R. Copeland, MD & D. Ashley © PAR (2005). Suicide risk assessment criteria from: <http://www.suicidology.org/resources/multimedia-resources/suicide-warning-signs>. Alcohol/substance abuse risk assessment criteria from Comprehensive Life Resources.