Crisis Contact Form

Explanation

The Crisis Contact Form is designed to assist in record keeping and to minimize the confusion that often surrounds the process of identifying vulnerable students in the crisis climate of a sudden death.

- The **date** and **time of referral** can be helpful in the process of triaging, since a large number of vulnerable students are often immediately identified after the school receives official verification of the death.
- The **name of the crisis team member** addressing the referral, listed at the top of the form, provides a formal system of referral documentation.
- The **name, grade, and homeroom** of the student generally provide adequate identification details for large schools to easily track students' whereabouts and get to them quickly.
- The **referral source** is important because additional information about the reason for referral may be needed. When peers make a referral of a friend, it's important to reach out to these peers as well. They might need support themselves, which to them seems eclipsed by what they feel are their friend's greater needs.
- The **reasons for referral and other relevant information** can contain additional information, especially about students who may have been vulnerable prior to the current crisis.
- **Priority level** is included to assist in the triage process when a large number of students need to be contacted. Schools can define these levels subjectively, depending on the circumstances of the crisis. It is important, however, that the criteria for each level be spelled out clearly for all team members so everyone follows the same standards. In general, **high priority** always indicates, at the very least, students who require immediate assessment and may be at elevated risk of suicide themselves because of previous vulnerability. It may also include the most distressed students who require crisis stabilization, whether or not the reasons for their distress are known.
- **Observations** generally include a brief shorthand summary of the crisis team member's assessment, for example: "Student seems in shock; neighbor of deceased; saw him last night; no idea of suicidality; can't concentrate; needs support; referred to care station."
- **Location of referred care station** can be extremely important information to make sure students are referred to the places where they will receive the most support. Close friends of the deceased, for example, generally benefit from being at the same location where they can provide support to each other as well as receive it from the care station leader.

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- **Additional follow-up** can be an indicator of continuing priority. Types of follow-up can include referral to community partners for counseling support, referral to emergency services for immediate assessment of suicide risk, or daily check-in with crisis staff until after the funeral.
- **Parent/guardian contact information** is essential. It is highly recommended that the parents/guardians of every student who is assessed be contacted and informed of their child's distress and the need for increased parental awareness, especially over the next several days. A resource for parents/guardians is also available on the *Lifelines Postvention* chapter 6 handout When a Friend of Your Child's Dies by Suicide: A Guide for Parents and Guardians.

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Date _____ Time of referral _____

Crisis team member completing assessment _____

Student name _____

Grade/homeroom _____

Referral source:

_____ Self _____ Peer _____ Faculty/staff member (include names) _____ Other

Reasons for referral _____

Other relevant information _____

Priority level for crisis contact (explain):

_____ Low (classmate, ride same bus, etc.)

_____ Medium (teammate, same social circle, etc.)

_____ High (close friend of deceased, relative, someone with a history of recent losses, etc.)

Observations: _____

_____

_____

If referred to care station (specify location) _____

Additional follow-up indicated? _____ No _____ Yes

Describe: _____

_____

_____

_____

Parent/guardian contact information:

_____

_____

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