

Emotional and Behavioral Distress Guide

Plan Template for Recognition, Screening, and Response to Emotional or Behavioral Distress in Students, Including Possible Sexual Abuse

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Washington State Suicide Prevention Legislation for Schools

Beginning in 2011, the Legislature prioritized requirements for schools to establish policies and plans to prevent, intervene, and respond to emotional and behavioral distress in students.

SSHB 1163 Bullying Prevention (2011)	ESHB 1336 Troubled Youth (2013)	SSB 6431 K-12 Schools Suicide Prevention (2014)	HB 2597 Sexual Abuse Response Plans (2016)
Adds mental health and suicide prevention to the essential academic learning standards in health and fitness RCW 28A.230.095	School counselor, psychologist, social worker, and nurse to receive suicide prevention training . RCW 28A.410.226	OSPI to assist schools in implementing youth suicide prevention activities. RCW 28A.300.288	School districts plan must also include training for recognition of sexual abuse, notification requirements, and staff response procedures . RCW 28A.320.127 , RCW 28A.320.160 , RCW 28A.400.317
	<i>Issues of Abuse</i> course content include recognition, screening, and response to emotional or behavioral distress in students, substance abuse, violence, and youth suicide. RCW 28A.410.035		
	School districts must adopt a plan for recognition, screening, and response to emotional or behavioral distress in students: substance abuse, violence, and youth suicide. RCW 28A.320.127		
	OSPI to develop and maintain a Model School District Plan for Recognition, initial screening, and response to emotional or behavioral distress. RCW 28A.320.1271		
	Requires that each Educational Service District develop and maintain the capacity to train on youth suicide screening and referral, and student emotional and behavioral distress. RCW 28A.310.500		

As per RCW 28A.320.1271, OSPI maintains a plan template for recognition, initial screening, and response to emotional and behavioral distress. This plan is informed by national best practice recommendations for prevention, intervention, postvention, media and communications.

National Best Practice Recommendations

- [Preventing Suicide: A Toolkit for High Schools](#) from the Substance Abuse and Mental Health Services Administration (SAMHSA)
- [The Trevor Project Model School Policy](#), developed in partnership with American Foundation for Suicide Prevention, the American School Counselor Association, and the National Association of School Psychologists
- [HEARD Alliance K-12 Toolkit for Mental Health Promotion and Suicide Prevention](#) a Toolkit based on evidence based youth suicide prevention guidelines.
- [National Association of School Psychologists](#) Preventing Youth Suicide

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- [To Live to See the Great Day That Dawns](#) Preventing Suicide by American Indian and Alaska Native Youth and Young Adults
- [Healthy Mind and Body: A Mental Health and Suicide Prevention Guide](#), resources from True Recovery
- [Effective Suicide Prevention](#) Instructional video from the Suicide Prevention Resource Center
- [Risk Factors and Warning Signs](#) from the American Foundation of Suicide Prevention
- [Now Matters Now](#) offers research based ways for managing the most painful moments of life, teaches Mindfulness, Mindfulness of Current Emotion, Opposite Action and Paced-breathing.
- [Beyond Blue: Guiding their Way Back](#) Information for people who are supporting someone after a crisis.
- [Suicide Safety Plan](#) and [Safety Planning Guide](#) from Stanley and Brown recommendations
- [A Journey Toward Health and Hope](#) a guide for recovery after a suicide attempt.
- [After a Suicide: A Toolkit for Schools](#) American Foundation for Suicide Prevention and the Suicide Prevention Resource Center
- [Suicide Postvention: The Role of the School Community After a Suicide](#) Kognito recorded webinar using the After a Suicide Toolkit
- [After a Suicide Resource Directory](#) offers links to resources for coping with grief, trauma, and distress. The downloadable Handbook guides people through the first steps toward recovery and a hopeful future after a suicide attempt.
- [Suicide Prevention Resource Center: Survivors of Suicide Loss](#)
- [Reportingonsuicide.org](#)
- [Talking About Suicide and LGBTQI Populations-Media Guide](#)
- [Action Alliance Framework for Successful Messaging](#)

Setting up the Internal School Systems

Develop a list of staff and others at the district and in each school building who have expertise in behavioral health and crisis response, including their contact information and days in the office.

Location	Position	Name	Trained to assess suicide risk	Phone extensions	Email
				509-332-3581	
District Office	Superintendent	Bob Maxwell	<input type="checkbox"/>	Ext. 1104	bmaxwell@psd267.org
District Office	Assistant Superintendent	Roberta Kramer	<input type="checkbox"/>	Ext. 1103	rkramer@psd267.org
District Office	Nursing Supervisor	Michelle Hyatt	<input type="checkbox"/>	Ext. 1606, 1437	mhyatt@psd267.org
District Office	Communications Officer or Designated Person	Shannon Focht	<input type="checkbox"/>	Ext. 1101	sfocht@psd267.org
District Office	Special Education/Special Services Supervisor	Megan Itani	<input type="checkbox"/>	Ext. 1124	mitani@psd267.org
District Office	Safety/Security Supervisor	Joe Thornton	<input type="checkbox"/>	Ext. 1105	jthornton@psd267.org
District Office	Threat Assessment Coordinator	Roberta Kramer	<input type="checkbox"/>	Ext. 1103	rkramer@psd267.org
Location	Position	Name	Trained to assess suicide risk	Phone Numbers	Email
PULLMAN HIGH SCHOOL (509) 332-1551 (ext. 1201)					
Pullman HS	Principal	Juston Pollestad	<input type="checkbox"/>	Ext. 1203	jpollestad@psd267.org
Pullman HS	Assistant Principal	Debbie Crabtree	<input type="checkbox"/>	Ext. 1202	dcrabtree@psd267.org
Pullman HS	Assistant Principal	Chris Franklin	<input type="checkbox"/>	Ext. 1210	cfranklin@psd267.org
Pullman HS	School Counselor/School Psychologist	Gene Baldeck	<input type="checkbox"/>	Ext. 1216	ebaldeck@psd267.org
Pullman HS	School Counselor	Kellie Glaze		Ext. 1235	kglaze@psd267.org
Pullman HS	School Counselor	Deanna Kile		Ext. 1282	dkile@psd267.org
Pullman HS	School Nurse	Debbie Carr	<input type="checkbox"/>	Ext. 1266	dcarr@psd267.org
All Schools	SRO/SSO/Security Person	Scott Patrick	<input type="checkbox"/>	Ext. 1264	scott.patrick@pullman-wa.gov
LINCOLN MIDDLE SCHOOL (509) 334-3411 (ext. 1301)					
Lincoln MS	Principal	Cameron Grow	<input type="checkbox"/>	Ext. 1302	cgrow@psd267.org

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Location	Position	Name	Trained to assess suicide risk	Phone extensions	Email
				509-332-3581	
Lincoln MS	Assistant Principal	Tammy Sewell	<input type="checkbox"/>	Ext. 1303	tsewell@psd267.org
Lincoln MS	School Counselor	Paula Cartwright	<input type="checkbox"/>	Ext. 1316	pcartwright@psd267.org
Lincoln MS	School Counselor/School Psychologist	Susan Horstman	<input type="checkbox"/>	Ext. 1315	shorstman@psd267.org
Lincoln MS	School Nurse	Mary Lopes	<input type="checkbox"/>	Ext. 1323	mlopes@psd267.org
FRANKLIN ELEMENTARY SCHOOL					
(509) 334-5641 (ext. 1601)					
Franklin Elementary	Principal	Stephanie Bray	<input type="checkbox"/>	Ext. 1603	sbray@psd267.org
FES, SES, JES	Assistant Principal	Desiree Gould	<input type="checkbox"/>	Ext. 1413, 1502, 1603	dgould@psd267.org
FES, SES, JES	Principal, Kamiak Elementary	Evan Hecker		Ext. 1413, 1505, 1603	hecker@psd267.org
Franklin Elementary	School Counselor	Katie Everman	<input type="checkbox"/>	Ext. 1604	kevermann@psd267.org
Franklin Elementary	School Nurse	Michelle Hyatt	<input type="checkbox"/>	Ext. 1606	mhyatt@psd267.org
FES, JES	School Psychologist	Linda Baldeck	<input type="checkbox"/>	Ext. 1680	lbaldeck@psd267.org
SUNNYSIDE ELEMENTARY SCHOOL					
(509) 334-1800 (ext. 1401)					
Sunnyside Elementary	Principal	Pam Brantner	<input type="checkbox"/>	Ext. 1402	pbrantner@psd267.org
Sunnyside Elementary	School Counselor/School Psychologist	Katie Vandermark	<input type="checkbox"/>	Ext. 1403	kvandermark@psd267.org
Sunnyside Elementary	School Nurse	Michelle Hyatt	<input type="checkbox"/>	Ext. 1437	mhyatt@psd267.org
JEFFERSON ELEMENTARY SCHOOL					
(509) 332-2617 (ext. 1501)					
Jefferson Elementary	Principal	Jim Bruce	<input type="checkbox"/>	Ext. 1502	jbruce@psd267.org
Jefferson Elementary	School Counselor/School Psychologist	Abigail Lawton	<input type="checkbox"/>	Ext. 1505	alwaton@psd267.org
Jefferson Elementary	School Nurse	Cathy Dahlin	<input type="checkbox"/>	Ext. 1507	cdahlin@psd267.org

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Develop a list of agencies outside the school who will assist during a crisis:

Agency/Organization	MOU in Place	Lead Contact Title	Name	Trained to assess suicide risk	Office phone	Email
District Employee Assistance Program	<input type="checkbox"/>	Human Resources Manager	Dagny Myers	<input type="checkbox"/>	(509) 332-3584	dmyers@psd267.org
ESD SAPISP Coordinator	<input type="checkbox"/>			<input type="checkbox"/>		
Local Law Enforcement Contact	<input type="checkbox"/>	School Resource Officer	Scott Patrick	<input type="checkbox"/>	(509) 432-5576	scott.patrick@pullman-wa.gov
Certified Mental Health Provider	<input type="checkbox"/>			<input type="checkbox"/>		
Mobile Crisis Response or Evaluation Team	<input type="checkbox"/>	Director of Operations	Joe Thornton	<input type="checkbox"/>	(509) 332-3581, ext. 1105	jthornton@psd267.org
Local Crisis Line	<input type="checkbox"/>		Palouse River Counseling	<input type="checkbox"/>	(509) 334-1133	
Local Hospital with Emergency Beds for Adolescents	<input type="checkbox"/>		Pullman Regional Hospital	<input type="checkbox"/>	(509) 332-2541	
Surrounding School District(s) who will send staff to help	<input type="checkbox"/>	Colfax SD Superintendent	Jerry Pugh	<input type="checkbox"/>	(509) 397-3042	jerry.pugh@csd300.com
Other	<input type="checkbox"/>			<input type="checkbox"/>		

Identify staff member(s), who can communicate with students and families during a crisis, in the most common languages in the district.

Language	Staff who speak this language	Available translators and/or interpreters	Community resources with services in this language	Community leaders who can assist families in this language

Prevention

Schools should develop the contents of this plan and provide an annual update and training. Conduct an annual review of the plan and make any necessary plan revisions prior to the beginning of the school year. Plan revisions should include:

- Update contact and community resource lists.
- Update Memoranda of Understanding between the district, surrounding districts, and community agencies.
- Updated in-school and in-district resources to ensure that names, roles, and contact information are current.
- Updated contact information in all print and electronic copies of the plan.
- Updated contact information in all communications and educational materials, including the school's website, student handbooks, resource guides, parent education materials, procedure manuals, student ID cards, and other forms and publications.

Training for Staff:

School and/or District Suicide Prevention Coordinator will conduct an annual training for all school staff (administrators, teachers, school health staff, paraeducators, ESAs, and any other staff in the building to recognize the signs of emotional or behavioral distress and the procedures for referring the student for help.

Suggested training content:

- Background and scope of emotional and behavioral issues affecting students and their impact on the school environment, including review of school and district Healthy Youth Survey data;
- How to identify the signs of stress, depression, and other mental health issues related to suicide risk;
- The warning signs for suicide and suicide ideation, including imminent harm
- The signs of substance use/misuse;
- Internal policy and procedure for referring students when staff detect emotional or behavioral distress
- Identification of school safety and support team members and their roles in a crisis
- Resource hotlines including the local crisis line and the National Suicide Prevention Lifeline's phone number (800-273-TALK) should be posted around the school and covered in health classes.

Training for Staff:

Free online training for educators: [The 2016-17 National Version – Making Educators Partners in Youth Suicide Prevention: ACT on FACTS.](#)

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Training for Students:

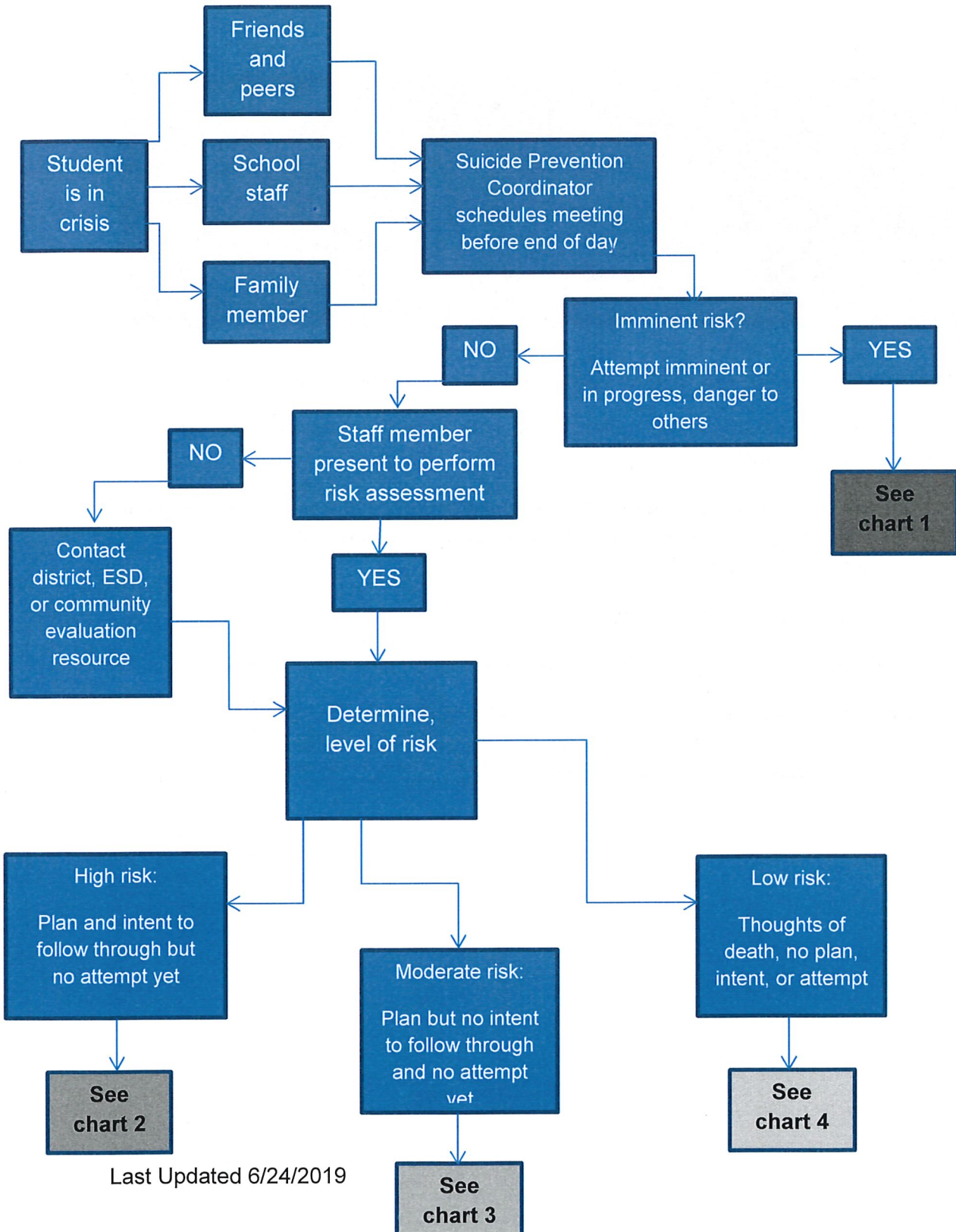
- The Washington Health Education Standards include outcomes for the Core Idea Social Emotional Health. Mental health, depression, and suicide prevention content are included for elementary, middle school, and high school.
- Resource hotlines including the local crisis line and the National Suicide Prevention Lifeline's phone number (800-273-TALK) should be posted around the school and covered in health classes.

Note: it is not a safe practice to teach suicide prevention in assemblies or other large gatherings. Prevention education should be taught in classrooms or other small group settings. For more information: The Suicide Prevention Resource Center offers Safe Messaging Guidelines in suicide prevention education with students.

Intervention

Screening for suicide risk:

The district should establish policies and procedures for intervening when students are observed to be experiencing emotional or behavioral distress. Follow the communication protocols set forth in this plan for notifying media, other students, parents, etc.



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At least three staff members should be trained to screen for the level of risk for imminent harm. All School Counselors, Social Workers, Nurses, and Psychologists are required to be trained in suicide risk as part of their certification or professional development. However, other school staff who are trained through an approved program may also conduct a screening, based on district policy and procedure. Procedures will differ based on the level of risk revealed by this risk assessment. All actions taken need to be documented and documentation placed in the student's file.

Procedure for IMMINENT RISK

There is immediate danger to the student's self or others (for example, possible presence of a weapon or other means the student intends to use to harm self or others).

There is a suicide attempt in progress (for example, the student has taken a drug or medication overdose).

The Suicide Prevention Coordinator or other designated staff should do the following:

Provide for continuous supervision of the student at risk until an emergency responder arrives, keeping personal safety in mind.

Call 911 or designate a person to call. Be mindful that in the presence of a weapon or danger to others, emergency medical personnel will need the scene secured by law enforcement personnel before they can intervene.

Notify the building administrator or their proxy.

Depending on the situation, the support team member, building administrator or proxy should:

Notify the person(s) responsible for security within the building to ensure the safety of the student at risk and the staff and student body. Even with no danger to others, if a suicide attempt is imminent or in progress, other students need to be removed quickly and calmly from the vicinity.

Chart 1: Sample IMMEDIATE RISK Process

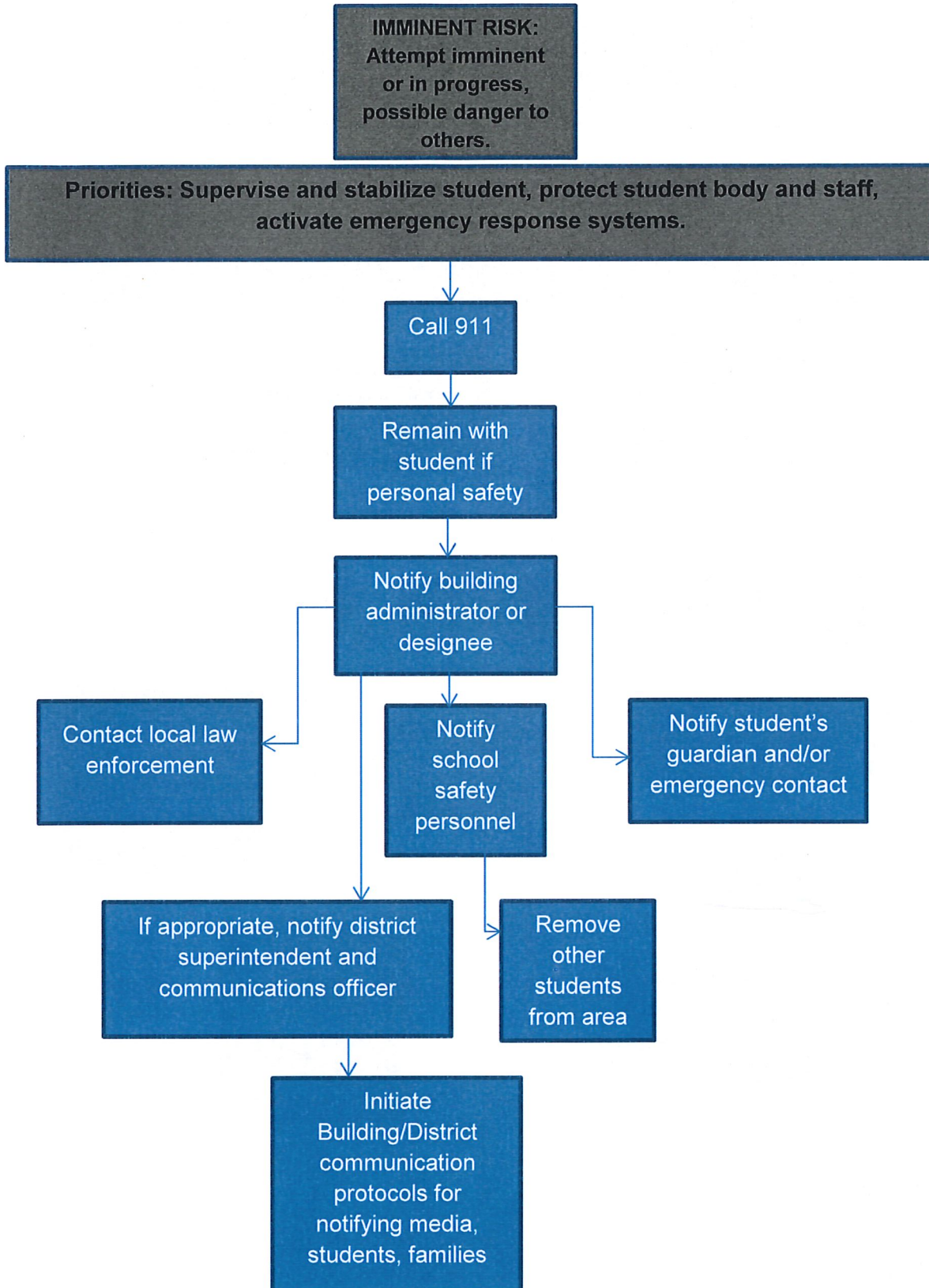
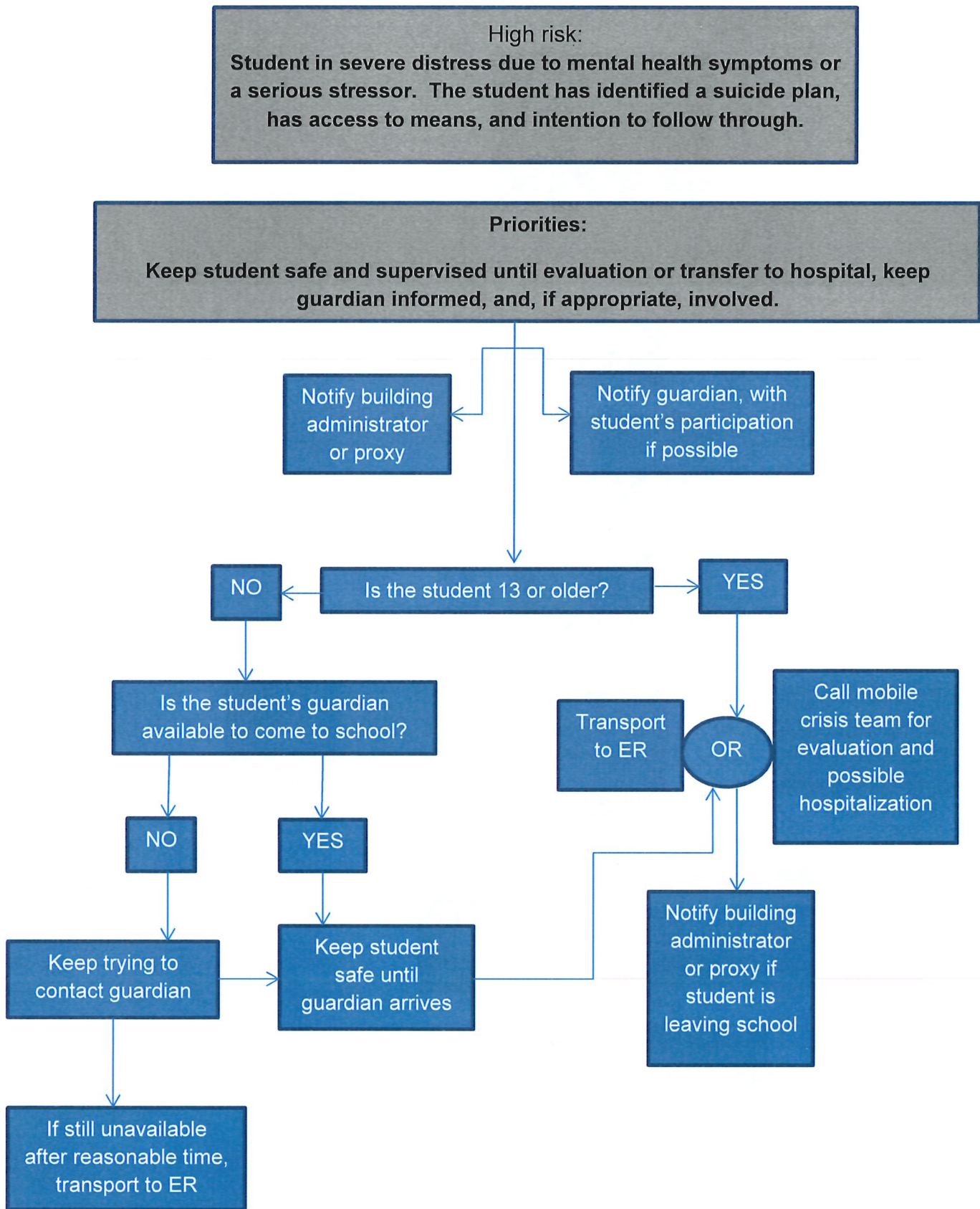


Chart 2: Sample HIGH RISK Process



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CHART 3: Sample MODERATE RISK Process

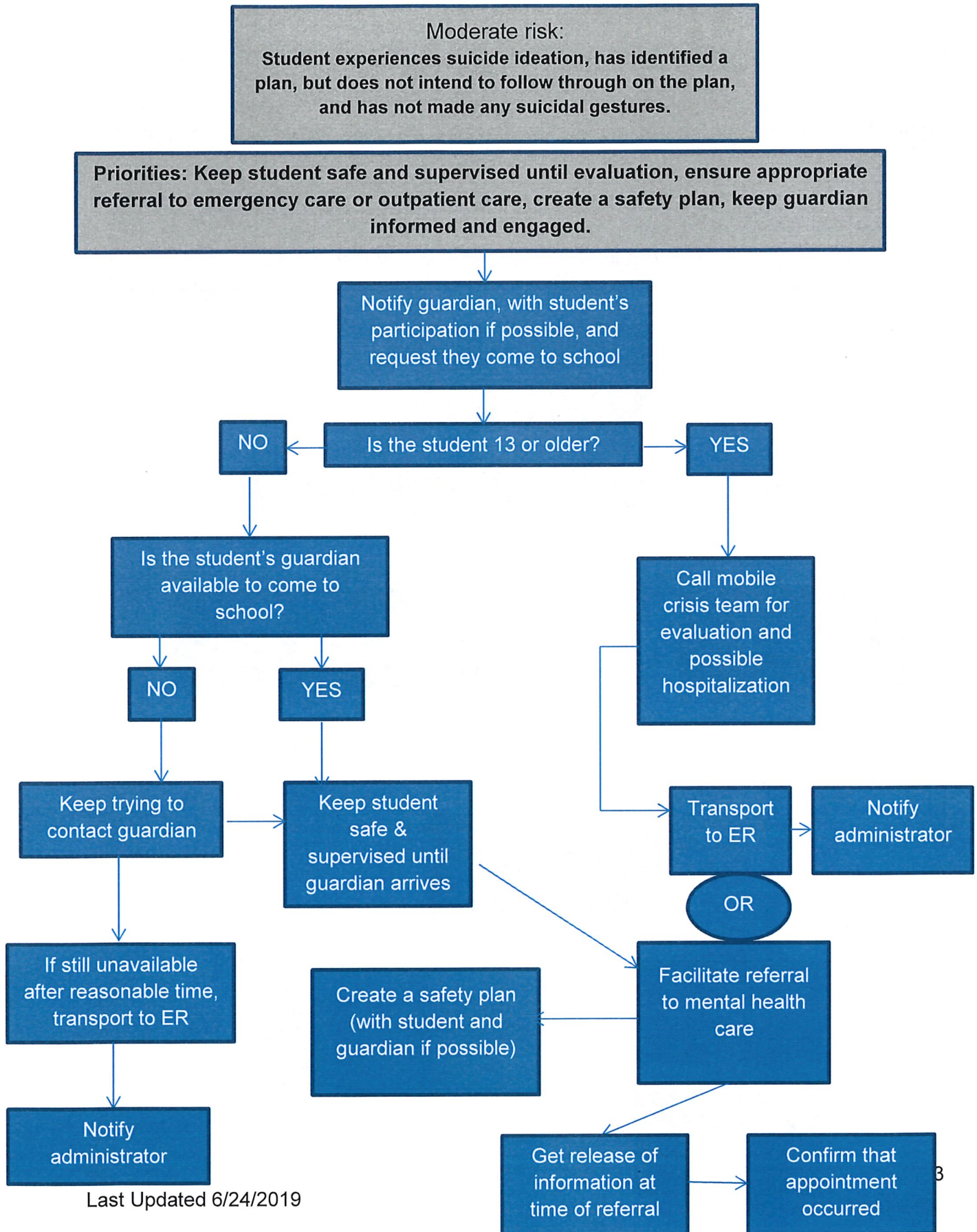


CHART 4: Sample LOW RISK process

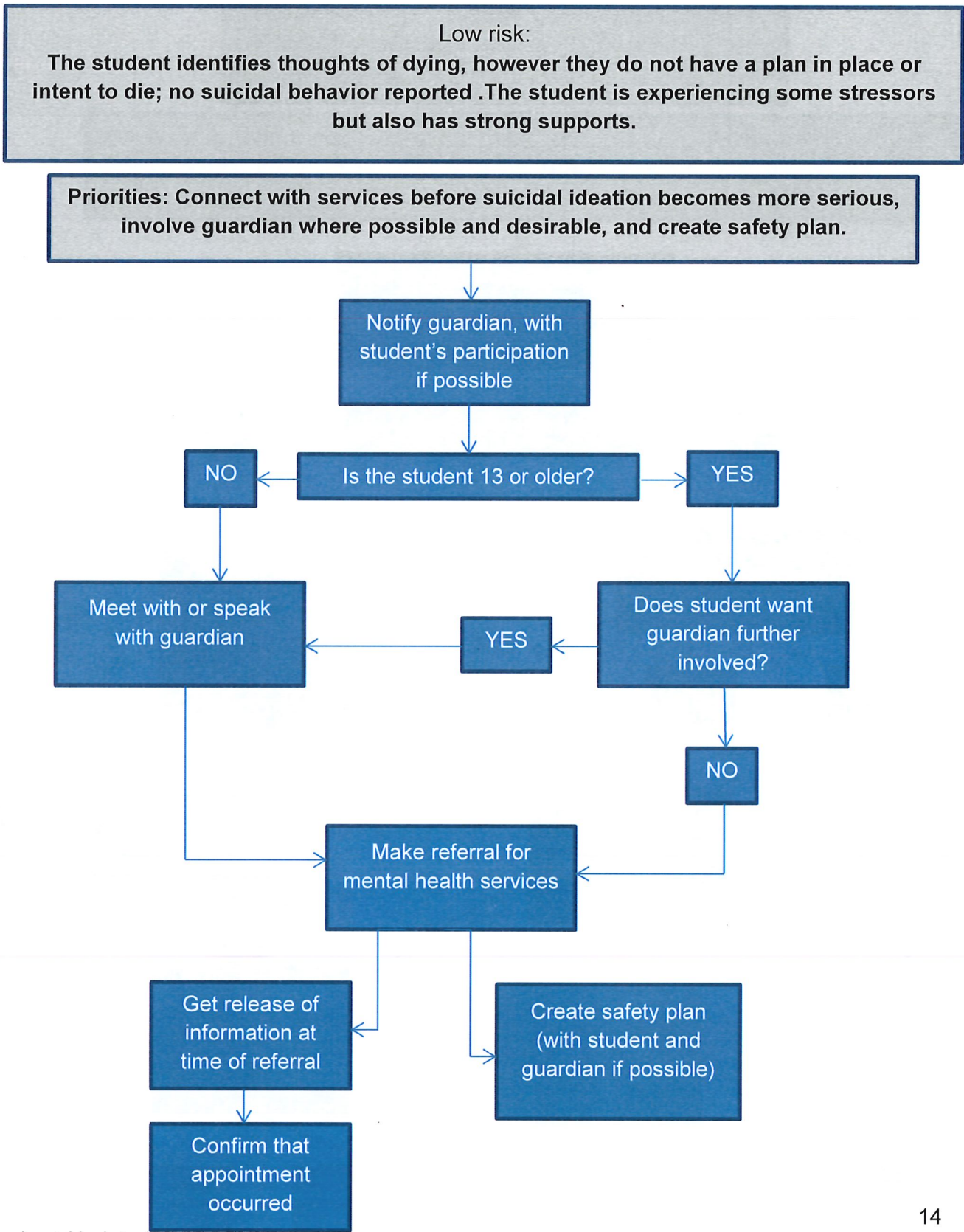
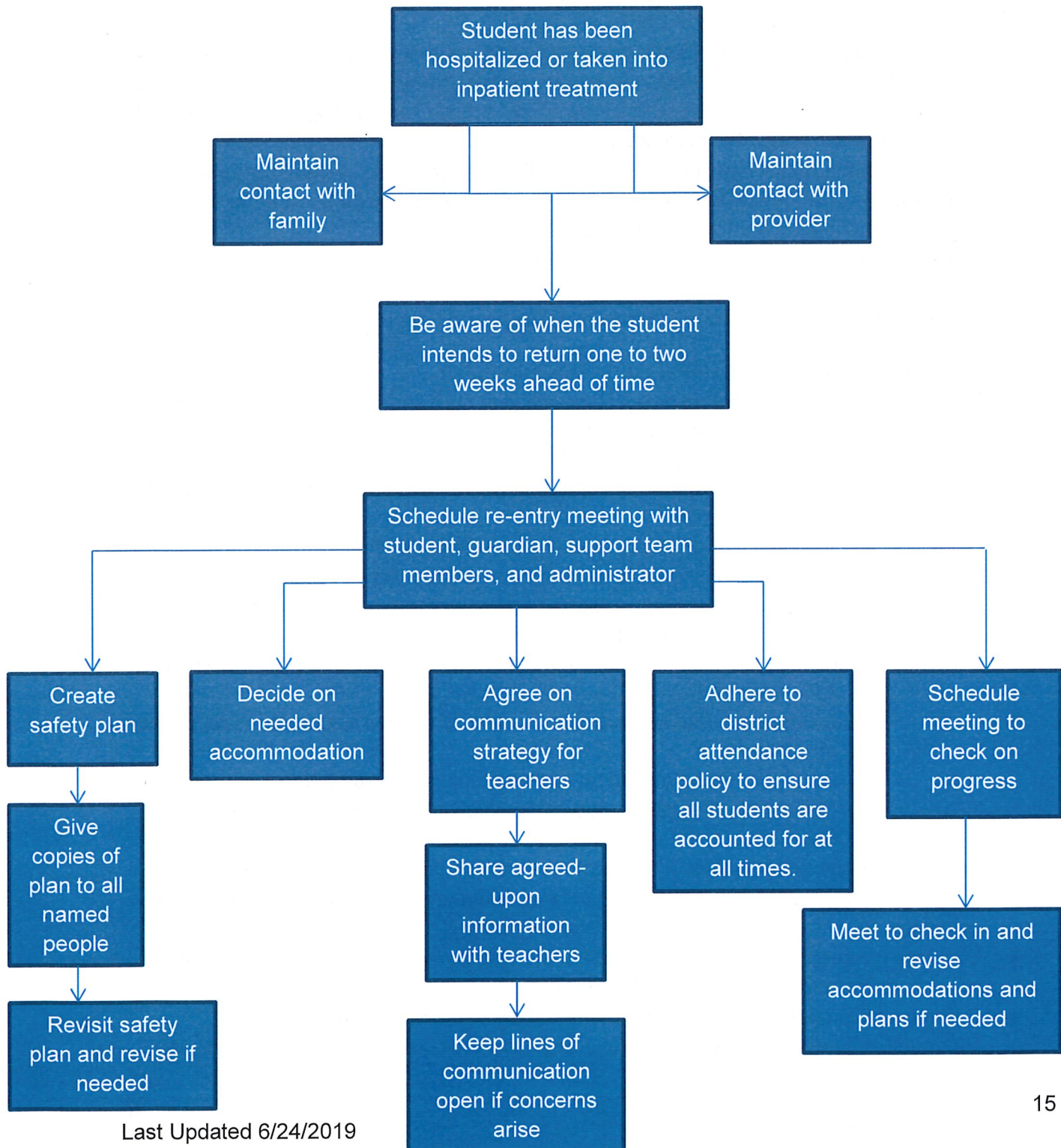


Chart 5: Sample REENTRY Process

REENTRY PRIORITIES:
Help student who has been absent for some period of time for behavioral health treatment reconnect with school, maintain safety, and receive appropriate accommodations.



Postvention

The death of a student, whether by suicide or other means, is a crisis that affects the students, staff, and the community at large. In the event of a student's death, it is critical that the school's response be swift, consistent, and intended to protect the students, staff and community. In the case of a death by suicide, using the district's established policies and procedures are the best way to prevent suicide contagion

1. Confirm the News And Convene the Crisis Team

- Upon receiving news of a student's death, including an unconfirmed rumor, a staff member must immediately contact the building administrator or designee. Contact must be made whether this is during our outside school hours. The building administrator will confirm the accuracy of the information.
- Discuss with the family how they want the death described to the school community. (For example, are they uncomfortable with it being referred to as a suicide? Is an ongoing investigation hampering communication?)
- Provide factual information to staff and students, while respecting the wishes of the family.
- Monitor social media for any inaccurate or exaggerated details of the event.

2. Activate the building's established communication plan

- Follow building communication protocol for notifying staff and holding staff meetings and other internal and external communication.
 - A sample staff meeting agenda could include:
 - Verifiable facts about the death and information about the family's needs and preferences.
 - Time for staff to ask questions and express feelings.
 - Information about grief counseling and support available through the Employee Assistance Program and procedures for accessing it.
 - Review of the school and district's postvention plans.
 - Identification of crisis team members and introductions if they are not known to staff.
 - Dissemination of statement to be read by teachers during the first period of the day.
 - Location of the Safe Room and what will take place there.
 - Discussion of students who immediately come to mind as at risk during this crisis.
- Follow building communication protocols for notifying student body. For more information about tailoring a statement to the situation and what topics to avoid in this conversation, see, [After a Suicide: A Toolkit for Schools](#).
- Consider the need to notify other schools in the district, in particular, schools who may have students related to the student in crisis.
- Building administrator or school suicide prevention coordinator should initiate communication with the crisis team, including other districts to help with the response.

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- Initiate the protocols for communicating with the media.
3. Establish a trauma-responsive school setting immediately following a crisis:
- Contact the Employee Assistance Program.
 - Designate a Safe Room with:
 - i. Staffing and counseling support until the end of the school day. At least two adults should be in the Safe Room at all times. At least one should be a person with advanced training in suicide prevention.
 - ii. That is accessible and known to all students
 - iii. Forms for students to sign in and out
 - iv. Information about grief
 - Remove the deceased student's name from:
 - i. The school's attendance roster
 - ii. Automated call system
 - iii. Any other place that a call home could be initiated.
 - Initiate the process that will be used to identify students who may be in need of extra support or at risk of suicide contagion. The following should be considered:
 - i. Students who are having an unusually strong reaction to the death.
 - ii. The deceased student's friends.
 - iii. The deceased student's dating partners.
 - iv. Students related to the deceased student.
 - v. Teammates, members of the same clubs, and other associates.
 - vi. Other students with a history of suicidal thoughts or behaviors.
 - vii. Other students who have dealt with a recent crisis or loss.
 - viii. Students experiencing mental health problems or other vulnerabilities.
 - ix. Where possible, parents may be encouraged to add their children to the list if they have concerns.
 - Identify staff responsibilities for subsequent days
 - i. For at least the day after the first day, there should be before-school and after-school staff meetings focusing on the following:
 - ii. Review of and adjustments to crisis plan implementation.
 - iii. Any emerging needs among the student body or community.
 - iv. Discussion of students identified as at risk and what they need.
 - v. Appreciations to helpful colleagues
 - Self-care plan implementation for all staff
 - The Safe Room will be open for multiple days after the incident if student need continues.
4. Next steps.
- The school will return to a normal schedule as quickly as possible, with accommodations available for students who have been identified as at elevated risk. Accommodations should be discussed on a case-by-case basis and provided in accordance with the district's intervention procedures.

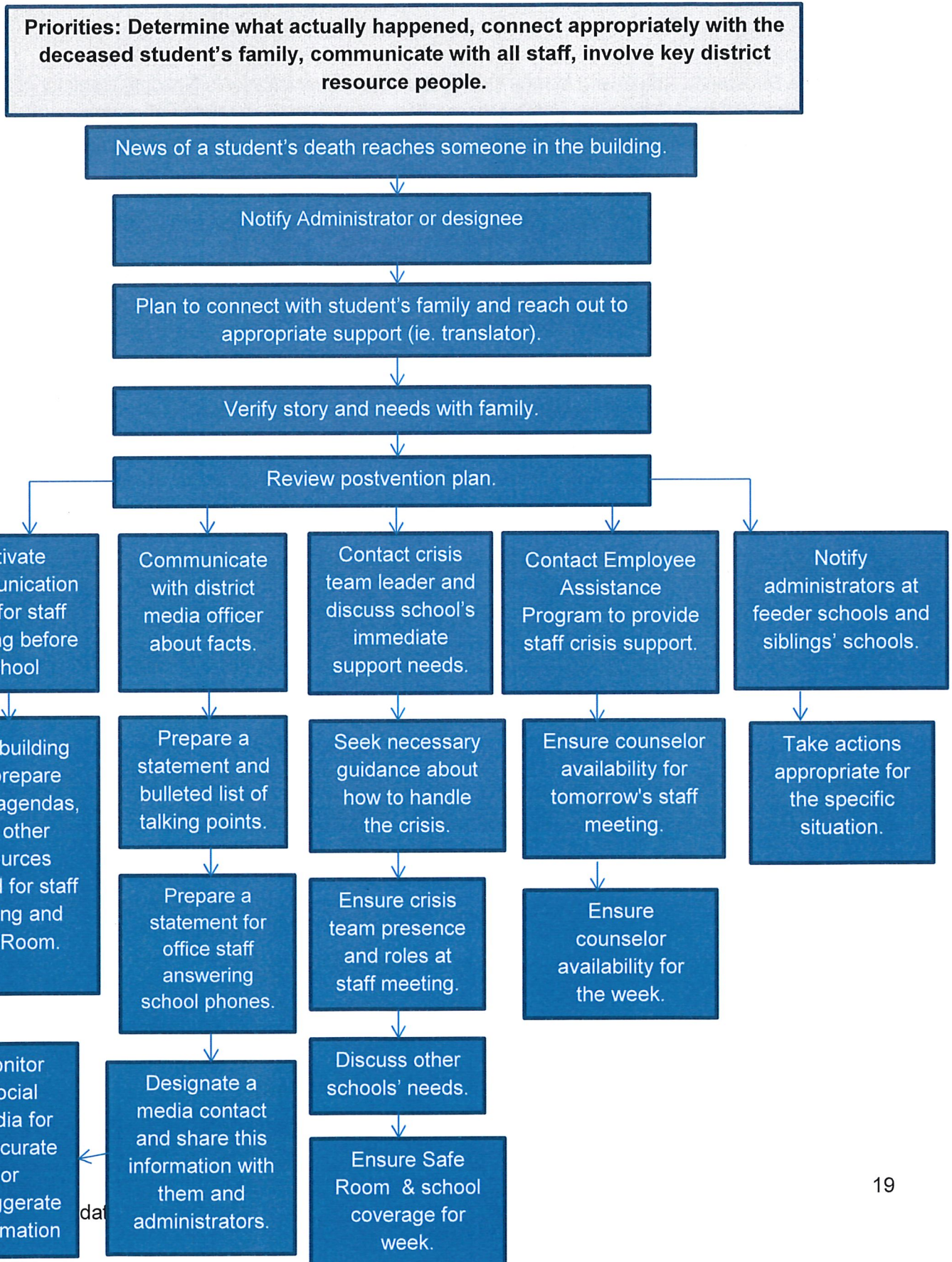
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- Students may wish to attend the deceased student's funeral. It is appropriate to make information about the date, time, and location of the funeral available to students. Having extra counseling staff available in the school the day of and the day after the funeral is recommended.
- Removal of the deceased student's desk or chair from classrooms must be done sensitively and with clear communication to students. Considerations:
 - It is best to remove the chair or rearrange the classroom during a weekend, school break, or other time that the student body will be away from the school for multiple days.
 - A member of the student support team may wish to be present during the first class period after the chair has been removed or the seating chart rearranged.
 - Messages to students will emphasize that the action is not meant to erase or disrespect the student but to help the class adjust to the "new normal." A class discussion facilitated by the support team member may be necessary at this time.
- Remove and return the deceased student's personal items:
 - Empty the student's locker, gym locker, cubbies, or other places personal items in a timely fashion.
 - A member of the crisis team, ideally the building administrator, will consult with the student's family about who should do this and what should be done with the items.
 - It is not a safe practice to hold a candlelight vigil, hold a memorial service, or erect a permanent memorial (such as a plaque, bench, or tree) at the school in the case of any student death, as these practices could contribute to sensationalizing of suicide or students considering suicide a means to gain admiration or attention.
 - Acceptable "living memorials" that decrease the risk of suicide contagion include:
 - A student-led suicide prevention initiative supervised by one or more faculty members.
 - A donation or fundraiser for a local crisis service or mental health care provider.
 - Participation as a school in a local suicide awareness event.
 - Hosting a suicide prevention or postvention training for students, staff, and/or families.
- Be mindful of anniversaries, such as the anniversary of the death, the student's birthday, the date the student would have graduated, etc. Vulnerable students may need extra support and observation during these times.

5. Crisis Debriefing

Debriefing after a crisis helps staff, students, and crisis team members reflect on the successes and challenges of the school and district's responses: Debriefing is critical to handling the next crisis better. Debriefing should focus on staff self-care and on process improvement. One outcome of quality postvention will be enhanced and improved prevention.

CHART 6: Sample POSTVENTION Process



Resources on evidence-based and best-practice programs

- [The Suicide Prevention Resource Center Page for Resources and Programs](#) has a searchable database of evidence-based programs and practices for education, screening, treatment, environmental change that can be filtered based on intended population.
- The Substance Abuse and Mental Health Services Administration's [National Registry of Evidence-based Programs and Practices](#) offers a searchable database of programs by intended outcome category (mental health, wellness) and intended populations to be served.

Tier 1: Core Program with Universal Supports. All students (100 percent) receive standards- and competency-based school counseling core curriculum, individual planning, and school-wide activities

Tier 2: Targeted Intervention for Some Students. A smaller set of students (20 percent), identified by data screening, receive targeted, data-driven interventions.

Tier 3: Intensive Intervention for a Few Students. Tier 3 provides a limited number of high needs students (5 to 10 percent) with supports of a greater intensity specifically tailored to meet individual needs.

MTSS and Response to Intervention (RTI) work in a complementary fashion to identify students in need, to provide support, to monitor student outcomes, and to modify support as needed. Examples of activities and interventions aligned with *Academic Success, Career and College Readiness, and Social/Emotional Development* for each tier include:

Tier 1

- **Academic Domain**
 - Classroom guidance lessons on study skills; organization skills
 - Guidance lessons on test-taking strategies
 - Guidance lessons on graduation/college entrance requirements
 - Guidance lessons on scholarships and financial aid
 - Learning styles assessment and interpretation
- **Career Domain**
 - Administration/interpretation of career interest/aptitude surveys for High School and Beyond Plan development
 - Career fairs
 - Implementation of Career Guidance WA or other career guidance curricula
 - Community collaborations such as Junior Achievement Program
- **Social/Emotional Domain**
 - School-wide implementation of Positive Behavior Intervention and Support (PBIS) or other program
 - Character Education curricula or program
 - Social-Emotional Learning (SEL) curricula implementation
 - Bullying Prevention and intervention curricula
 - Suicide and Self-Harm Prevention and intervention curricula
 - Alcohol, Tobacco, and Drug prevention and intervention curricula
 - Other social skills curricula determined by school-wide needs assessment
 - Crisis Response/Management training for school staff
 - Cultural Competency/Diversity training for students/staff
 - Peer Conflict Mediation Programs
 - Curricula regarding personal and sexual safety

Tier 2

- **Academic Domain**
 - Small group instruction/support with study skills
 - Small group tutoring/peer tutoring with struggling students
 - Adult mentoring/peer mentoring assistance with academics
 - Content area study and support groups
 - Individual intervention with academic placement of concerns
 - Small group of individual assistance with test anxiety coping strategies
- **Career Domain**
 - Collaboration support programs such as Gear Up or Upward Bound
 - Small group/individual assistance with college/scholarship applications
 - Small group/individual assistance identifying strengths and interests
 - Career/job-related adult mentoring programs
 - NCAA Clearinghouse assistance
- **Social/Emotional Domain**
 - Small group support/instruction with social skills development
 - Small group support with grief and loss issues
 - Small group support/intervention with alcohol, tobacco, and drug prevention
 - Small group/individual follow-up with depression, self-harm, and suicidal ideation
 - Support groups or sponsorship for LGBTQ students
 - Small support groups organized around ethnic or racial identify issues
 - Peer conflict mediation programs
 - Small group or individual support for pregnant and parenting teens
 - Small group or individual support for victims of abuse

Tier 3

- **Academic Domain**
 - Referral to intervention team for intensive assessment
 - Referral for IEP assessment and potential placement
 - Individual planning to address class placement or academic deficiencies
 - Individual assessment of strengths and learning styles
 - Develop individualized academic intervention plan
- **Career Domain**
 - Letters of recommendation or support for individuals
 - Individual assessment of strengths, interests, and deficits or barriers
 - Individual planning to support transition to post-secondary job training
- **Social/Emotional Domain**
 - Referral to RTI or similar team for intensive behavioral assessment
 - Design and implement individual behavior plan
 - Refer to mental health professional for intensive therapy
 - Solution-focused brief counseling with school counselor
 - Refer to inpatient/outpatient alcohol, tobacco, and drug treatment
 - Small group school re-integration following treatment program
 - Referral for IEP assessment and possible placement