

## Prevention of Escalating Adolescent Crisis Events (PEACE)

### **Green:**

- Current fleeting, superficial ideation
- Some past ideation or intent
- No current intent or plan

#### Plan of action

- Document time and extent of past or fleeting ideation
- Assess coping skills

### **Yellow:**

- Current thoughts of hurting self or other(s), but mildly to moderately intense
- Labile mood or greatly affected emotionally by external circumstances
- Vague/ambivalent intention to hurt self or other(s)
- Self-injurious behavior may be present, but explicitly not related to desire to die
- If homicidal nature, no specific target (ex. expresses desire to hurt people in general), nor specific type of group (ex. religious affiliation, sexual orientation)
- No specific plan or unrealistic/unreasonable plan (ex. holding one's breath)
- No or unreliable access to means
- Some risk factors with at least 1 protective factor (see back of page)

#### Plan of action

- Further discussion is absolutely necessary
- Assess and discuss alternative coping skills
- Refer for services or modify treatment goals to include relaxation exercises/stress management
- Use professional judgment and decide whether to notify school personnel
- Seek consultation from a colleague w/o breaking confidentiality
- Document all steps taken
- Follow up with the student within the week, preferably next day

### **Orange:**

- Current suicidal or homicidal ideation and intent
- Realistic and specific plan of hurting self or other(s)
- Potential but not definite access to means
- Self-injurious behaviors that are moderate to extensive in frequency or severity and/or related to desire to die
- Definite risk factors w/ at least 1 protective factor

#### Plan of action

- Seek consultation from colleague, preferably a licensed mental health professional
- Contact parents of student for emergency meeting
- Consult w/ community provider's mobile crisis team

- Notify school personnel & set up meeting with school personnel to be present in parent meeting
  - School principal involvement is optimal
  - If homicidal situation, Student Resource Officer (SRO) is optimal
- Involve individuals that are important in student's life (ex., coach) but not those who may project guilt/shame
- During family meeting → Complete Safety Plan w/ student & Parental Acknowledgement Form
- Homicidal: assert Duty to Warn → notify individual who has been threatened & parents of threatened student
- Document all events and those involved
- Follow-up with student before class begins the following morning (if absent, contact parents)
- Enroll for psychological services, if not already

### **Red:**

- Current suicidal or homicidal ideation and intent
- Realistic and specific plan for hurting self or other(s)
- If homicidal, clear target or group of individuals
- Have prepared for violence (ex., collecting pills, purchased a gun)
- Self-injurious behavior extensive in frequency or severity and/or related to desire to die.
- Risk further heightened if there has been past attempts or legal allegations/charges of student harming others
- Access to reliable means
- Several risk factors w/ no or weak protective factors

#### Plan of action

- Seek consultation from colleague, preferably a licensed mental health professional
- Contact parents immediately for emergency meeting
- Contact community provider's mobile crisis team immediately
- Notify school principal and professional school counselor
- Schedule immediate meeting for that day with the student, parent(s), school personnel, and any other relevant individuals
  - If homicidal, include SRO
  - If not hospitalized, complete Safety Plan w/ student & Parental Acknowledgement Form
- Homicidal: assert Duty to Warn → notify individual who has been threatened & parents of threatened student
- Document all events and those involved
- Follow-up with student and parents the hour in which the student returns to school; ask counselor to help w/ this
- Enroll or refer out for intensive psychological services

Risk factors:

- Male \*
- White or Native American \*
- Access to firearms or lethal medications \*\*
- History of past hospitalizations \*
- History of suicide in family
- History of past attempts \*
- Recent stressful event \*\*
- History of physical or sexual abuse \*\*
- Substance abuse \*
- Gay, lesbian, or bisexual sexual orientation \*\*

Protective factors:

- Ability to state reasons to live \*\*
- Religious beliefs \*\*
- Social support (close friends, close-knit family members) \*\*
- Connection or engagement in school (involvement in school activities) \*\*

**This tool requires extensive clinician judgment and should only be used by an individual trained in the use of PEACE and who is a licensed mental health professional or under the direct supervision of one.**

**Sale, R., Michael, K. D., Egan, T., Stevens, A., & Massey, C. (2014). Low base rate, high impact: Responding to teen suicidal threat in rural Appalachia. *Report on Emotional & Behavioral Disorders in Youth.***

\* Haney, E. M., O'Neil, M. E., Carson, S., Low, A., Peterson, K., Denneson, L. M., ... & Kansagara, D. (2012). Suicide risk factors and risk assessment tools: A systematic review. VA-ESP Project #05-225. Retrieved from [www.hsrd.research.va.gov/publications/esp/suicide-risk-EXEC.pdf](http://www.hsrd.research.va.gov/publications/esp/suicide-risk-EXEC.pdf).

\*\* Department of Veterans Affairs & Department of Defense, The Assessment and Management of Risk for Suicide Working Group. (2013). VA/DoD clinical practice guideline for assessment and management of patients at risk for suicide. Retrieved from <http://www.onlinecpg.com/review/Suicide>